




NEW COMMUNITY
RENTAL HOUSING
Residential Application



Please email completed applications to: housing.info@newcommunity.org

NOTE: ALL New Community Properties, residential or commercial are Smoke Free

Property/Address: _____ **Date:** _____

Household Information: Complete the following information for each household member that will occupy the unit at time of move-in:

Name (Last, First, MI)	Relationship to the Head of Household	Sex (M/F)	Birth Date (mm, dd, yyyy)	Student (Y/N)	Last 4 of SSN

Current Address: _____

Primary Phone: _____ **Alternate Phone:** _____

Type:
 1st Choice: Studio 1 BR 2 BR 3 BR 4 BR
 2nd Choice: Studio 1 BR 2 BR 3 BR 4 BR

Would you or anyone in your household benefit from a special needs unit?
 (Mobility, vision, or hearing impairment) Yes No

Will you or anyone in your household require a live-in care attendant? Yes No

Name of Live-In Care Attendant: _____

Relationship (If any): _____

Housing References:

List the **past 3 years** of housing references. (If additional space is required, use the back of this page.)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
1.	_____ _____ Phone: _____	_____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____
2.	_____ _____ Phone: _____	_____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____
3.	_____ _____ Phone: _____	_____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____

Household Information (continued)

1. Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members? **Yes** **No**
If YES, explain _____

2. Do you expect the number of household members to change in the future? **Yes** **No**
If YES, explain how many members will be added or reduced, and when that change will take place.

3. Have any of the household members used names or a social security number other than the names and numbers used above? **Yes** **No**
If YES, explain _____

- A. If you or any household member did not disclose or do not have a Social Security number, do you qualify for one of the following exemptions:
- a. Are you an ineligible, non-citizen member who does not contend eligible immigration status? **Yes** **No** ;
 - b. Were you age 62 or older as of January 31, 2010, and whose initial determination of eligibility began before January 31, 2010? **Yes** **No**;
 - c. The household member is under the age of six (6) and has not been assigned a Social Security number? **Yes** **No**

NOTE: A Social Security number must be provided within 90 days after admission.

4. Are any or ALL members of the household full-time students? **Yes** **No**
If YES, explain _____

5. Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program? **Yes** **No** **If YES, Please explain** _____

6. Have you ever been convicted of drug-related criminal activity for the manufacture or production of methamphetamine on the premises of federally assisted housing? **Yes** **No** **if yes please explain** _____

7. Have you ever been convicted of drug-related criminal activity for the manufacture or production of methamphetamine on the premises of federally assisted housing? Yes No **if yes please explain**

8. Do you live in subsidized housing now or have you in the past? Yes No
If YES, where? _____ From _____ To _____
Were you evicted? _ If YES, why? _____

8.

9. List other States or Territories of the United States where you or other adults on this application have previously lived:

_____	_____
_____	_____
_____	_____

10. Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason?

Yes No

If YES, explain _____

11. Have you ever filed or are you currently filing for bankruptcy? Yes No

If YES, give reason _____

Date of filing: _____

12. Have you ever lived at any other property managed by New Community Corporation? Yes No

If YES, where? _____

13. Why do you want to move from your current residence? _____

14. How did you hear about us? _____

15. Do you know or are you related to any of our residents or staff? _____

Income Information:

Earned income is counted only for household members ***18 or older and members who are legally emancipated***. Unearned income such as a grant or benefit is counted for all household members, including minors. Include Social Security payments (SS, SSI, SDI, Widowers Benefits and any or every source of income as asked at each question. If you do not receive the described source of income

do not leave the question blank, instead answer “**Not applicable**”

Include all **GROSS** income (before taxes) each household member, over the age of 18 and members who are legally emancipated expects to earn in the next 12 months. (Check either YES or NO to each question.)

Do YOU or ANYONE in your household receive OR expect to receive income from:

1. **Employment wages or salaries?** Self-employment? Regular pay as a member of the Armed Forces? **Yes** **No**
(Include overtime, tips, bonuses, commission and payments received in cash.)

<u>Household Member</u>	<u>Name of Company</u> (or note if self-employed)	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Include overtime, tips, bonuses, commission and payments received in cash.)

_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Unemployment benefits or worker’s compensation? **Yes** **No**

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Public Assistance, General Relief or Temporary Aid to Needy Families (TANF)? **Yes** **No**

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. (a) Child Support or Spousal Support (alimony)? **Yes** **No**

(We must count court ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered, rather, received directly from the payer. We have to make sure that the applicant has taken all reasonable legal actions to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payment.)

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(b) How is the support received? (Check all that apply)

- Child Support Enforcement Agency
- Court of Law
- Directly from Individual

Name of Agency: _____
Name of Court: _____
Name of Person: _____

Other

Explain: _____

(c) If money is not actually received, are you taking legal action to remedy? Yes No

Explanation: _____

5. Social Security, SSI, SSD or any other payments from the Social Security Administration? Yes No
Household Member SSA Office Amount

6. Regular payments from a pension, retirement benefit, annuities, or Veteran's benefits? Yes No
Household Member Source of Benefit Amount

7. Regular payments from a severance package? Yes No
Household Member Source of Benefit Amount

8. Regular payments from any type of settlement? (For example, insurance settlements) Yes No
Household Member Source of Benefit Amount

9. Disability, death benefits or life insurance dividends? Yes No
Household Member Source of Benefit Amount

10. Regular gifts or payments from anyone outside of the household? Yes No
(This includes anyone supplementing your income or paying any of your bills.)
Household Member Source of Benefit Amount

11. Educational grants, scholarships, or other student benefits? Yes No
Household Member Source of Benefit Amount

12. Regular payments from lottery winnings or inheritances? Yes No
Household Member Source of Benefit Amount

13. Regular payments from rental property or other types of real estate transactions? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

14. Any other income sources or types not listed above? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

15. Do you or any other household member expect any change in income in the next 12 months? Yes No
 If YES, explain: _____

Zero Income Verification:
 Are YOU or is ANY OTHER ADULT member of your household claiming zero income?
 Yes No If YES, who? _____
 You will be required to fill out a Zero Income form.

Asset Information:

Include all assets and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold in your name and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold or have:

1. Checking or savings account? Yes No

<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. CDs, money market accounts or treasury bills? Yes No

<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

3. Stocks, bonds or securities? Yes No

<u>Household Member</u>	<u>Source (Broker's Name)</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

4. Trust funds? Yes No

<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Are any of the above listed trusts irrevocable? Yes No

5. Pensions, IRAs, 401Ks, 403Bs, KEOGH or other retirement accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Household Member</u>	<u>Location of Account</u>
<u>Amount</u>	
_____	_____
_____	_____
6. Cash on hand?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Household Member</u>	<u>Source of Benefit</u>
<u>Amount</u>	
_____	_____
_____	_____
7. Surrender value of a whole life, universal life, or endowment insurance policy which is available to the policy holder before death?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Household Member</u>	<u>Life Insurance Company</u>
<u>Amount</u>	
_____	_____
_____	_____
8. Real estate, rental property, land contract/contract for deeds or other real estate holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Household Member</u>	<u>Source of Benefit</u>
<u>Amount</u>	
_____	_____
_____	_____
9. Personal property as an investment? (This includes paintings, coin or stamp collections, artwork collections or show cars and antiques. This does not include your personal belongings such as your car, furniture or clothing.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Household Member</u>	<u>Source of Benefit</u>
<u>Amount</u>	
_____	_____
_____	_____
10. Do you have a safe deposit box containing contents with a monetary value?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Household Member</u>	<u>Source of Benefit</u>
<u>Amount</u>	
_____	_____
_____	_____
11. Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Household Member</u>	<u>Description of Asset Disposed</u>
<u>Amount Received</u>	
_____	_____
_____	_____

Explanation: _____

Do you or anyone listed above own a vehicle? Vehicle registration and insurance must be in the owner's name who is applying for residency in our building.

Vehicle Identification:

1.	License #:	_____	State Issued:	_____	Make/Model/Year:	_____
2.	License #:	_____	State Issued:	_____	Make/Model/Year:	_____

All questions that were answered **YES** on this application will be verified through the appropriate third-party source. **It will be your responsibility to provide management with all necessary information to properly process your application and verify your**

eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

Signature Clause:

I understand that management is relying on this information to prove my household’s eligibility for housing assisted under a program of the U.S. Department of Housing and Urban Development (HUD). I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is contingent on meeting management’s resident selection criteria and the HUD Neighborhood Stabilization Program.

I understand that in compliance with the Fair Chance in Housing Act management is limited in its ability to consider a person’s criminal history in deciding whether to extend an offer or whether to rent a home after extending an offer. By signing below, I acknowledge that I have received and read the Model Disclosure Statement drafted by the New Jersey Division of Civil Rights which explains the processing of this application in accord with the provisions of the Fair Chance in Housing Act.

I hereby grant this property owner and New Community Corporation the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

All household members 18 and over must sign below:

Signature: Date
Signature: Date
Signature: Date

NOTE:

ALL New Community Corporation properties, residential or commercial, are SMOKE FREE facilities. No Smoking will be permitted inside or within 30 feet of the grounds of the property. Smoking is only permitted in the designated areas of each property.

For Office Use Only

Application Date: Time: Desired Move-In Date:

Application Received by:

As Agent for Owner

Check here if Pre-Application is on file.

HOUSEHOLD ELIGIBILITY QUESTIONNAIRE

Property Name: _____ Unit: _____

Certification Type:
 Move In/Initial Certification
 Re-certification
 Other: _____

Housing Program:
 Low Income Housing Tax Credit
 HOME
 Other: _____

I. HOUSEHOLD COMPOSITION

- Unless assistance is required, this form must be completed by the applicant/tenant.
- List each person who will reside in the unit along with the relationship to the head of household, date of birth, and social security number.
- Do not include minors who will be present less than 50% of the time.
- List FT student status for any member who is currently enrolled, expects to become enrolled, or was previously enrolled for any part of 5 months in the calendar year. Include grades K-12; college; university; technical; trade; and mechanical schools.

HOUSEHOLD MEMBER NAME	RELATIONSHIP	DOB	Last 4 of SSN	FT STUDENT?	
1.	HEAD			YES	NO
2.				YES	NO
3.				YES	NO
4.				YES	NO
5.				YES	NO
6.				YES	NO
7.				YES	NO
8.				YES	NO

Are any HH changes expected in next 12 months? YES NO

If YES explain: _____

Are any student changes expected in next 12 months? YES NO

If YES explain: _____

II. STUDENT STATUS

Is every member of the household a FT student as defined above? <ul style="list-style-type: none"> • If NO continue to Section III • If YES please complete the following questions: 	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does a student receive assistance under Title IV of the Social Security Act (i.e. TANF or AFDC but not SS or SSI)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was a student previously a foster child?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is a student enrolled in a program funded by the Workforce Investment Act or similar federal/state/local program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is a student married and eligible to file a joint tax return?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is a student a single parent who is not claimed as a dependent by another individual?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are the minors in the household claimed as a dependent by a parent?	<input type="checkbox"/> YES <input type="checkbox"/> NO

INCOME INSTRUCTIONS:

- List gross amounts anticipated to be received in the 12 month period following move in or recertification
- For minors include unearned income such as benefits, SSA, SSI, gifts, child support, income from assets
- For adults include both earned income from jobs and unearned income
- Answer each YES-NO question. For each YES include the gross amount and frequency
- Do not leave any unanswered questions



III. HOUSEHOLD INCOME

*Use an extra copy of pages 2 and 3 as needed if more than 2 adult members are included in the household.
All adults must sign the form.*

Type of Income	Head of Household			Co Head and/or Other Member		
	Check One	Amount	Frequency	Check One	Amount	Frequency
1. Salary or pay from job	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
2. Overtime or shift pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
3. Bonus/commission/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
4. Do you have a 2 nd job?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
5. Seasonal/sporadic work	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
6. Tips	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
7. Cash pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
8. Self employment income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
9. Periodic gift income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
10. Non cash contributions	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
11. Formal child support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
12. Is child support awarded but not paid?			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
13. Informal child support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
14. Formal spousal support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
15. Is spousal support awarded but not paid?			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
16. Informal spousal support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
17. Social Security	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
18. SSI	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
19. TANF, AFDC, etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
20. Unemployment benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
21. Worker's compensation	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
22. Severance pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
23. Pension income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
24. Retirement acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
25. Investment acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
26. Annuity acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
27. Trust acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
28. Disability/death benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
29. Real estate rent income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
30. Student financial aid	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
31. Military pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
32. Veterans/VA income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
33. Other income:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
34. Other income:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	

35. Are any income changes expected in the next 12 months? YES NO If YES please describe:

For each source of income checked YES above, please complete the following:

Income #	HH Member	Name of Source	Address/Phone/Email

IV. HOUSEHOLD ASSETS

- List assets for all household members including minors
- Cash value is market value minus any costs/penalties/fees required to convert to cash
- Do not list assets that are not accessible to the family



Type of Asset	Head of Household		Co Head and/or Other Member	
	Check One	Apprx Cash Value	Check One	Apprx Cash Value
1. Checking account	[] YES [] NO	\$	[] YES [] NO	\$
2. 2 nd checking account	[] YES [] NO	\$	[] YES [] NO	\$
3. Savings account	[] YES [] NO	\$	[] YES [] NO	\$
4. 2 nd savings account	[] YES [] NO	\$	[] YES [] NO	\$
5. Debit /direct deposit card	[] YES [] NO	\$	[] YES [] NO	\$
6. 2 nd prepaid debit card	[] YES [] NO	\$	[] YES [] NO	\$
7. Cash on hand	[] YES [] NO	\$	[] YES [] NO	\$
8. Certificate of Deposit	[] YES [] NO	\$	[] YES [] NO	\$
9. Other bank account	[] YES [] NO	\$	[] YES [] NO	\$
10. Mutual Fund	[] YES [] NO	\$	[] YES [] NO	\$
11. Stocks	[] YES [] NO	\$	[] YES [] NO	\$
12. Portfolio/brokerage	[] YES [] NO	\$	[] YES [] NO	\$
13. IRA/401K/etc.	[] YES [] NO	\$	[] YES [] NO	\$
14. 2 nd IRA/401K/etc.	[] YES [] NO	\$	[] YES [] NO	\$
15. Treasury bills/bonds	[] YES [] NO	\$	[] YES [] NO	\$
16. Company retirement acct	[] YES [] NO	\$	[] YES [] NO	\$
17. Annuity	[] YES [] NO	\$	[] YES [] NO	\$
18. Pension	[] YES [] NO	\$	[] YES [] NO	\$
19. Revocable trust	[] YES [] NO	\$	[] YES [] NO	\$
20. Life insurance (not term)	[] YES [] NO	\$	[] YES [] NO	\$
21. Real estate equity	[] YES [] NO	\$	[] YES [] NO	\$
22. Other asset	[] YES [] NO	\$	[] YES [] NO	\$
23. Other asset	[] YES [] NO	\$	[] YES [] NO	\$

24. Has anyone received any lump sum amounts in the past 2 years (i.e. lottery/gambling/inheritance)? [] YES [] NO

25. Has anyone disposed of any assets for less than fair market value in the past 2 years? [] YES [] NO

If yes, please list details such as the type of asset; the disposal date; the fair market value, and the amount received:

For each asset checked YES above, please complete the following:

Asset #	HH Member	Name of Source	Address/Phone/Email

Under penalties of perjury, I/we certify that the information presented on this form is true and accurate to the best of my/our knowledge. False, misleading, or incomplete information may result in the termination of this application/lease.

Head of Household Signature

Printed Name

Co Head and/or Other Member Signature

Printed Name

Management Signature

Date



The following Model Disclosure Statement has been drafted by the New Jersey Division on Civil Rights (DCR) to reflect housing protections set forth in the Fair Chance in Housing Act, N.J.S.A. 46:8-52 to 64, (FCHA) and the accompanying rules, N.J.A.C. 13:5. This Model Disclosure Statement can be used by housing providers as a resource in creating their own materials.

Model Disclosure Statement:

New Jersey's Fair Chance in Housing Act, N.J.S.A. 46:8-52 to 64 (FCHA), limits a housing provider's ability to consider a person's criminal history in deciding whether to extend an offer or whether to rent a home after extending an offer.

Before making a conditional offer of housing, **New Community Corporation** may consider only whether an applicant has a conviction for the manufacture or production of methamphetamine on the premises of federally assisted housing, or whether an applicant has a lifetime registration requirement under a State sex offender registration program. **New Community Corporation** will not consider, or request from an applicant or any other person or entity, any other information about an applicant's criminal history as part of the application process until and unless a conditional offer of housing has been made.

After extending a conditional offer of housing, **New Community Corporation** intends to review and consider an applicant's criminal record in determining whether to rent a home, in accordance with the FCHA and its accompanying rules.

New Community Corporation will not, either before or after the issuance of a conditional offer, evaluate or consider any of the following criminal records:

- (1) arrests or charges that have not resulted in a criminal conviction;
- (2) expunged convictions;
- (3) convictions erased through executive pardon;
- (4) vacated and otherwise legally nullified convictions;
- (5) juvenile adjudications of delinquency; and
- (6) records that have been sealed.

New Community Corporation may consider, after the issuance of a conditional offer, a criminal record that:

- Resulted in a conviction for murder, aggravated sexual assault, kidnapping, arson, human trafficking, sexual assault, endangering the welfare of a child in violation of N.J.S.2C:24-4(b)(3);
- Resulted in a conviction for any crime that requires lifetime state sex offender registration;
- Is for any 1st degree indictable offense, or release from prison for that offense, within the past 6 years;
- Is for any 2nd or 3rd degree indictable offense, or release from prison for that offense, within the past 4 years; or
- Is for any 4th degree indictable offense, or release from prison for that offense, within the past 1 year.

For more information about how these rules apply, please refer to the resources at <https://www.njoag.gov/about/divisions-and-offices/division-on-civil-rights-home/fcha/>.



New Community Corporation may withdraw a conditional offer based on your criminal record only if **New Community Corporation** determines, by a preponderance of the evidence, that the withdrawal is necessary to fulfill a substantial, legitimate, and nondiscriminatory interest.

If **New Community Corporation** utilizes any vendor or outside person/entity to conduct a criminal record check on their behalf, **New Community Corporation** will take reasonable steps to ensure that the vendor or outside person/entity conducts the criminal record check consistent with the requirements of the FCHA and rules. Specifically, if **New Community Corporation** receives a criminal history inquiry conducted by a vendor or outside person or entity that is conducted in violation of the FCHA in that it reveals a record that is not permitted to be considered under the FCHA, **New Community Corporation** must show that it did not rely on that information in making a determination about your tenancy.

If you are subjected to the withdrawal of a conditional offer of housing due to criminal history, you have the right to request and receive the materials relied upon by [name of housing provider] in making this determination.

You have the right to dispute, within ten (10) days of receiving this statement, the relevance and accuracy of any criminal record, and to offer evidence of any mitigating facts or circumstances, including but not limited to your rehabilitation and good conduct since the criminal offense. You may also provide evidence demonstrating inaccuracies within aspects of your criminal record which may be considered under the FCHA, or evidence of rehabilitation or other mitigating factors to New Community Corporation at any time, including after the ten days.

Any action taken by **New Community Corporation** in violation of the process laid out in this statement may constitute a violation of the FCHA. **If you believe that any owner, agent, employee, or designee of New Community Corporation violated any of the above requirements, you may contact the New Jersey Division on Civil Rights at www.NJCivilRights.gov 1-866-405-3050).** A complaint must be filed with DCR within 180 days of the allegedly discriminatory conduct. You cannot be subjected to retaliation for filing a complaint or for attempting to exercise your rights under the FCHA.

DCR has several fair housing fact sheets available at <https://www.nj.gov/oag/dcr/housing.html>, or available for pickup in any of DCR's four (4) regional offices.

31 Clinton Street, 3rd Floor
Newark, NJ 07102

1601 Atlantic Avenue, 6th Fl.
Atlantic City, NJ 08401

5 Executive Campus
Suite 107, Bldg. 5
Cherry Hill, NJ 08002

140 East Front Street, 6th Floor
Trenton, NJ 08625

Housing Provider Signature

Date

Prospective Tenant Signature

Date