



Pre-application/Waiting List Form – Portland Pointe

202 First Avenue, Atlantic Highlands, NJ 07716/732-872-9040

This property is a U. S. Department of Housing and Urban Development funded project and operates in accordance with the federal Fair Housing Act which prohibits housing discrimination based on race, color, national origin, religion, sex, disability, and familial status (i.e., presence of children in the household). The U.S. Department of Housing and Urban Development enforces regulations that ensure its programs are open to all eligible individuals regardless of actual or perceived sexual orientation or gender identity.

If you have a disability and need assistance with the application process, please contact Judy Immordino at 732-872-9040.

1. List each person who would be living in the unit if you received assistance. (Begin with yourself)

Last Name	First Name	Birth Date	Relation to you	Social Security Number	Gross Annual Income
		/ /		/ /	\$
		/ /		/ /	\$

(Information from applicants who were age 62 or older as of January 31, 2010, and who do not have a SSN, if they were receiving HUD rental assistance at another location on January 31, 2010. This information is needed in order for the owner to verify whether the applicant qualifies for the exemption from disclosing and providing verification of a SSN).

2. Current Address _____ Apt. # _____

City _____ State _____ Zip _____ Tele _____
Day Night

3. a. Does anyone live with you now who are not listed above? YES NO

b. If yes, explain why this person will not be living with you if you move into a unit. _____

4. Is anyone listed above a full-time Student? YES NO

5. Have you ever lived in government subsidized housing? YES NO

If yes, provide the following information on the most recent subsidized housing:

Name and address of site/landlord _____

City _____ State _____ Zip _____ Tele # _____

6. Does any member of your household have any special needs? YES NO

If yes, please identify: _____

7. Have you or any household member been - evicted from assisted housing? YES NO

on any lifetime sexual offender registry? YES NO

8. How did you hear about Portland Pointe? _____

9. Race of Household (there is no penalty for not completing this item [optional])

- White Black or African American American Indian or Alaskan Native
- Asian Native or Hawaiian or Pacific Islander Other

10. Ethnicity of Head of Household (there is no penalty for not completing this item [optional])

- Hispanic or Latino Non-Hispanic or Non-Latino

Applicant Certification: I hereby certify that the statements made on this application are true and complete to the best of my knowledge and belief. I understand that providing false statements or incomplete information may result in punishment under Federal Law.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Management Office Use:

Date Application Mailed _____ Initials _____ Date & Time Application Returned _____ Initials _____



Pre-Application Housing Requirement Questionnaire

Please read the following regarding this questionnaire:

I choose **NOT** to complete this optional portion of the Pre-application.

If you do not complete the information below, please check the box above. The choice not to complete the information below will not affect the processing of your application for an apartment at Portland Pointe. These questions are included as part of every Portland Pointe's Pre-application and is used to determine the need for special features in a unit.

I choose to complete this portion of the Pre-application.

If you choose to complete this form, check the box above indicating your choice to furnish this information on the Pre-application. Provide the information requested below and sign and date in the box below.

Applicant Election to Provide Special Needs Information

Household Head Name _____	SS # _____ - _____ - _____
Print	
Applicant's signature _____	Date ____/____/____
Executive Director _____	Date ____/____/____

Information Relative to the Housing Requirements of Applicant's Family

1. Do you, or any member of your family, have a condition that requires:

- | | | |
|-------------------------------|------------------------------|-----------------------------|
| A. unit for hearing impaired? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| B. a barrier free apartment? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| C. unit for vision impaired? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| D. other? | <input type="checkbox"/> yes | <input type="checkbox"/> no |

Please explain: _____

2. If you have checked any of the above listed categories, please explain your need for accommodation(s): _____

3. Name of family member in need of accommodation(s) identified above.

Print

4. Will a live-in aide be needed for assistance? yes no

5. Provide the information below on who should be contacted for verification of recipients need for the features identified above (e.g. your doctor or other healthcare professional)

Name _____ Tel # _____ Fax # _____

Print

Address _____
Street City State Zip Code

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



PORTLAND POINTE

202 First Avenue
Atlantic Highlands, NJ 07716
732-872-9040 | f: 732-872-9522

Limited English Proficient Notice to Residents & Applicants

On August 11, 2000, President Clinton signed Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency. This Order was designed to enforce and implement the obligations of the Government under Title VI of the Civil Rights Act of 1964, which “prohibits recipients of federal financial assistance from discriminating based on national origin by, among other things, failing to provide meaningful access to individuals who are Limited English Proficient (LEP).” It also requires that federal agencies meet those same standards.

Portland Pointe is surveying all residents and applicants to identify possible language assistance needs. Please let us know if you need translation services by returning this form to the management office.

_____ No, I do not need the assistance of translating services.

_____ Yes, I need the assistance of translating services in the following language: _____

_____ I prefer to have a family member or friend translate for me as needed.

_____ I prefer to have translating services provided by Portland Pointe.

NAME (please print)

ADDRESS

SIGNATURE

_____/_____/_____
DATE

A Springpoint Affordable Senior Housing Community | www.SpringpointSL.org

The Presbyterian Home at Atlantic Highlands, Inc. D.B.A. Portland Pointe does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.



The Vice President of Affordable Housing has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988). 1-800-222-0609. Sprint NJ Relay Service 1-800-852-7899/TTY, 1-800-852-7897/Voice or 711.