

The Buena Housing Authority
Administrative Offices
 600 Central Avenue
 Minotola, NJ 08341-1014

Who is the Head of Household? (Legal Name)			Sex M F	SSN	DOB AGE
Last	First	M.I.			
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian or Pacific Islander		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Do you require any modifications or accommodations in order to fully utilize the unit or the program and its services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain below:	

What is your present address?

Street address					
Street	City	State	Zip		
Previous Address					
Street	City	State	Zip		
Home Tel. ()		Business Tel. ()		Cell # ()	

If we were unable to reach you, who could we contact locally? _____
Name Tel. #

Household member: List the legal names of all household members below. Start with the head of household, then spouse or co-head.

No.	Legal Name	Sex (M/F)	Relationship to head	SSN	DOB	Age	Place of Birth
1			HEAD				
2							
3							
4							
5							
6							
7							
8							

Program Integrity Information

Do you expect anyone to move in or out of your household within the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone live with you now who is not listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever lived in assisted housing before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes:
When? _____ Where? _____
Under what name? _____
Who was Head of Household? _____
Have you ever used a name other than the one you are using now? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes:
What name? _____
Have you ever used a social security number other than the one you listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes:
What is it? _____
Has anyone in your household been engaged in the use, sale, manufacture or distribution of controlled substances? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes:
Who? _____ When? _____ What? _____
Are you or any member of your family subject to a lifetime sex offender registration requirement in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes:
Who? _____ When? _____ What? _____
Have you ever been evicted from Public or Assisted housing for violent criminal or drug related activity? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever violated a family obligation in a HUD-assisted housing program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you owe any money to a Public Housing Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No

Current Expenditures

Rent	Phone	Medical	Credit Card
Electric	Auto Pmt	Cable	Credit Card
Gas	Auto Ins	Insurance	Loan
Water	Child Care	Rentals	Other
Do you have any other regular monthly payments besides those listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Specify: _____			

Income Information

Family Member	Source of Income	Rate/Frequency	Type of Income	Annualized Income

Asset Information

Family Member	Asset Description	Current/Disposed	Market Value	Cash Value	Int. Rate	Annual Income
			\$	\$	%	\$
			\$	\$	%	\$
			\$	\$	%	\$

Banking Information

Name of Bank	Account Number	Type of Account	Joint/Ind.	Balance	
				Current	6 Mo. Avg.

Local preferences may be claimed by Buena Residents only.

<input type="checkbox"/> Buena Borough Resident	<input type="checkbox"/> Buena Vista Township Resident
<input type="checkbox"/> Landisville Resident	
<input type="checkbox"/> Minotola Resident	

The information given on this application is correct to the best of my knowledge. I have no objections to inquiries for the purpose of verifying the facts herein stated.

APPLICATION/TENANTS CERTIFICATION**Giving True and Complete Information**

I certify that all the information provided on household composition, income, family assets and items for allowance and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and/or the HUD Form 50058 or 50059, whichever applies to me, and certify that the information shown is true and correct.

Reporting Changes in Income or Household Composition

I know I am required to report immediately in writing any changes in income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No Duplicate Resident or Assistance

I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

Cooperation

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstance. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

Criminal and Administrative Actions or False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance and/or termination of tenancy.

Signature and Date of Household Adults

- 1) _____ Date _____
- 2) _____ Date _____
- 3) _____ Date _____
- 4) _____ Date _____

**NOTIFICATION OF CHANGE OF ADDRESS
MUST BE SUBMITTED WITH APPLICATION**

It is the responsibility of each applicant to notify the Buena Housing Authority, 600 Central Avenue, Minotola, NJ 08341-1014, **in writing**, each time you change your address. The Post Office provides a "Change of Address Form" with free mailing privilege for local mailing. This form should be used to notify the Authority office.

Failure to keep this office informed of all changes of address will prevent us from contacting applicants by mail and will leave us no alternative but to remove your application from the waiting list. In the event this happens, it will be necessary for you to file a new application effective the date you resubmit it to this office.

I understand my obligation as described above and assume full responsibility for notifying the Buena Housing Authority concerning change of address.

- 1) Signature _____ Date _____
- 2) Signature _____ Date _____
- 3) Signature _____ Date _____
- 4) Signature _____ Date _____

**The Buena Housing Authority
Administrative Offices
600 Central Avenue
Minotola, NJ 08341-1014**

Jacqueline S. Jones, Executive Director

**AUTHORIZATION
For Release of Information Consent**

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to **Buena Housing Authority** any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD or the PHA to release information from my file about my rental history to HUD credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or PHA policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verification and inquiries that may be requested include but are not limited to:

Identity and Marital Status	Employment, Income, and Assets	Residence and Rental Activity
Medical or Child Care Allowances	Credit and Criminal Activity	

I understand that this authorization can't be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but not limit to:

Previous Landlords (including Public Housing Agencies)	Past and Present Employers Welfare Agencies	Veterans Administration Retirement Systems	Medical and Child Care Providers Support and Alimony Providers
Courts and Post Offices	State Unemployment Agencies	Banks and other Financial Inst.	Utility Companies
Schools and Colleges	Social Security Administration	Credit Providers and Credit Bureau	
Law Enforcement Agencies	Disability or Workman's Compensation		

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Public Housing Authority may conduct computer-matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have the right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with the Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State Welfare and food stamp agencies.

CONDITIONS:

I agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file with the PHA and will stay in effect for a year and one month from the date signed. I understand I have the right to review my file and correct any information that I can prove is incorrect.

Signatures:

_____	_____	_____
Head of Household	(Print Name)	Date
_____	_____	_____
Spouse	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date