

**Paramus Affordable Development L.P.  
Paramus Housing Non-Profit Corporation II  
General Partner**

**201-836-4500  
Fax 201-836-4545**

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Dear Applicant:

Prior to submitting your application for our housing, please remove and keep the last page. When you are called for your interview, bring with you **COPIES** of all documents listed on that page. **DO NOT FORWARD DOCUMENTS WITH YOUR APPLICATION!**

Current annual income guidelines and monthly rents are below. These income guidelines cannot be exceeded and may be subject to change in the future along with the rent amounts which do not include utilities.

1 Person Household	\$40,860.00
2 Person Household	\$46,680.00
3 Person Household	\$52,500.00
4 Person Household	\$58,320.00
5 Person Household	\$63,000.00
1 bedroom apartment	\$933.00
2 bedroom apartment	\$1,102.00
3 bedroom apartment	\$1,260.00

Please note there is a waiting list for all size apartments. Thank you for your interest in our affordable housing.

Yours truly,

Marge Knudsen  
Parkview Residences

# PARKVIEW RESIDENCES

11 ANN COURT & 12 ANN COURT  
PARAMUS, NEW JERSEY 07652

## APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

**Application will not be considered if it is not filled out in its entirety. Applications are placed in order of date and time received. Applicants will be interviewed at the scheduled appointment time ONLY. ALL family members must be present at interview. You must bring your own interpreter.**

### A. GENERAL INFORMATION

Applicant Name \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Children Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt.# City State ZIP

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

No. of BR's in \_\_\_\_\_ Do you  RENT or  OWN (check one)  
current apt.

Amount of current monthly rental or mortgage payment: \$ \_\_\_\_\_

If owned, do you receive monthly rental income from property?  Yes  No (check one)

Check utilities paid by you:  Heat  Electricity  Gas  Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ \_\_\_\_\_

In case of emergency notify:	
Address:	
Relationship:	Phone #:

### B. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List the head of household first.

	Name	Relationship to head	Marital Status D-divorced S-single L-legal separation E-estranged	Birth Date	Age	SS#	Student Y/N
Head							
Spouse							
Child							
Child							

Do you anticipate any additions to the household in the next twelve months?  Yes  No

If yes, explain


Will any of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?  Yes  No

**IF YES, YOU MUST ANSWER THE FOLLOWING QUESTIONS:**

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### C. INCOME

List ALL sources of income below. Include Employment, Social Security, SSI Benefits, Pension, Unemployment, Public Assistance, Military pay, Interest Income, Dividend Income, Alimony, Child Support, etc. for ALL family members.

<b>Household Member Name</b>	<b>Source of Income</b>	<b>Gross Monthly Amount</b>
		\$
		\$
		\$
		\$
		\$
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		\$
		\$
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Household Member Name	Source of Income	Monthly Amount
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Alimony</b>	
	Are you <i>entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive or pay alimony? (circle one)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive or pay.(circle one)	\$
	<b>Child Support</b>	
	Are you <i>entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive or pay child support? (circle one)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive or pay. (circle one)	\$
	<b>Other Income (explain)</b>	\$
	<b>Other Income (explain)</b>	\$
	<b>Other Income (explain)</b>	\$
<b>TOTAL GROSS ANNUAL INCOME</b> (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, explain:</b> ..... ..... ..... .....		

**D. ASSETS**

If your assets are too numerous to list here, please request an additional form.

If a section doesn't apply, cross out or write NA.

Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
Trust Account	#	Bank	Balance \$
	#	Bank	Balance \$
Certificates	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
Credit Union	#		Cash Value \$
	#		Cash Value \$
Savings Bonds	Name:	#Shares:	Interest or Dividend \$
	Name:	#Shares:	Interest or Dividend \$
	Name:	#Shares:	Dividend Paid \$
Life Insurance Policy	Name:	#Shares:	Dividend Paid \$
Life Insurance Policy	Name:	#Shares:	Dividend Paid \$
			Monthly/Annually circle one
Mutual Funds	Name:	#Shares:	Interest or Dividend \$
	Name:	#Shares:	Interest or Dividend \$
		Appraised Value \$	Value \$
Stocks			Value \$
			Value \$
Bonds			Value \$

Real Estate Property: <b><i>Do you own any property?</i></b>	Yes	No
<b><i>If yes</i></b> , Type of property		
Location of property		
Appraised Market Value: <b><i>Value must be verified</i></b>	\$	
Mortgage or outstanding loans balance due	\$	
Amount of annual insurance premium	\$	
Amount of most recent tax bill	\$	

Have you sold/disposed of any property in the last 2 years?	Yes	No
<b><i>If yes</i></b> , Type of property		
Market value when sold/disposed	\$	
Amount sold/disposed for	\$	
Date of transaction	To Whom Sold:	

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	Yes	No
<b><i>If yes</i></b> , describe the asset		
Date of disposition	To Whom Given:	
Amount disposed	\$	

Do you have any other assets not listed above (excluding personal property)?	Yes	No
<b><i>If yes, please list:</i></b>		

<b>E. ADDITIONAL INFORMATION</b>		
Are you or any member of your family currently using an illegal substance?	Yes	No
Have you or any member of your family ever been convicted of a felony?	Yes	No
<b><i>If yes, describe</i></b>		
Have you or any member of your family ever been evicted from any housing?	Yes	No
<b><i>If yes, describe</i></b>		
Have you ever filed for bankruptcy?	Yes	No
<b><i>If yes, describe</i></b>		

Will you take an apartment when one is available?	Yes	No
<i>Briefly describe your reasons for applying:</i>		

**F. REFERENCE INFORMATION**

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Personal Reference #1:		Phone #:
Address:		
Relationship:		
Personal Reference #2:		Phone #:
Address:		
Relationship:		
Personal Reference #3:		Phone #:
Address:		
Relationship:		

**G. VEHICLE INFORMATION** (if applicable)

List any cars, or other vehicles owned. Vehicle must be insured and registered to tenant and in road condition.

Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:



**CERTIFICATION AND SIGNATURE CLAUSE**

I hereby certify that I **Will Not** maintain a separate subsidized rental unit in another location. I further certify that this will be my permanent residence. I understand I must pay a security deposit totaling one and one half month's rent for this apartment **PRIOR TO OCCUPANCY**. I certify that all information and answers to the above 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 am aware that this is a No Pet Community!**

I understand that Paramus Affordable Development or any agent(s) of Paramus Affordable Development may, in addition to verification of my Landlord and/or mortgage history, employment history, income verifications, and asset verifications, contact a credit reporting agency or agencies for the purpose of evaluating my past and present credit standing. Additionally, Paramus Affordable Development or any agent of Paramus Affordable Development may conduct a criminal background investigation and may obtain this and/or other information from various sources as permissible by law.

I authorize my consent to have management verify the information in this application for purpose of providing my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process.

The undersigned agrees that this application shall remain the property of Paramus Affordable Development regardless if a rental lease agreement is granted.

**SIGNATURE (S):**

\_\_\_\_\_

(Signature of Head)

\_\_\_\_\_

Date

\_\_\_\_\_

(Signature of Spouse)

\_\_\_\_\_

Date

\_\_\_\_\_

\_\_\_\_\_

## **KEEP THIS PAGE**

### **MAIL COMPLETED APPLICATION TO:**

**PARAMUS AFFORDABLE DEVELOPMENT  
PARKVIEW RESIDENCES  
P.O. BOX 309  
TEANECK, NEW JERSEY 07666-0309**

The following documentation **must be** presented at the interview appointment:  
Unless this office can keep the original, you are responsible to bring COPIES.

1. An official form of photo identification for ALL adult family members and a copy of passports if issued. Children photos can be current school photos.
2. Proof of Date of Birth for ALL family members
3. Proof of Current Residence (utility bill, cable bill, etc.)
4. Proof of Current Pension/Social Security or Disability Income (Must be S.S. Benefit Statement for current year), Employment stubs for last 6 months.
5. Social Security Card for ALL family members
6. Proof of Public Assistance if any (Food Stamps, rent assistance, etc.)
7. Alien registration card
8. Copies of most current bank statements for checking and savings accounts indicating a/c #, branch address and current balance
9. Copies of any certificates of deposit, stock dividend statements, etc.
10. Copies of last two year's 1040 forms filed with the IRS including W-2 And/or 1099 forms for last 2 years.
11. Copy of Legal Separation/Divorce Decree if applicable
12. Copy of Court Ordered Alimony/Child Support payments if applicable
13. Copy of Marriage License if applicable
14. Proof of legal guardianship/custodial parent rights.
15. An interpreter if necessary.
16. If real estate is owned, 2 realtor appraisal letters indicating the current market value of the property owned.