



**Community Housing in Partnership  
Greater Bergen Community Action**

61 Voorhis Lane  
Hackensack, NJ 07601  
201-968-0200 ext. 7049  
[www.GreaterBergen.org](http://www.GreaterBergen.org)

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Date: \_\_\_\_\_

Dear \_\_\_\_\_:

Attached is an application you requested for a room at:

**Independence Hall**

Please provide us with the following documentation, as incomplete applications will not be considered.

- Proof of Income (8 Consecutive Pay-stubs if you get paid weekly or 4 if you get paid biweekly, Social Security Award Letter, Disability Award Letter or **any** form of Income you receive)
- Photo ID
- Birth Certificate
- Social Security Card

Please note this application will not place your name on Englewood Housing waiting list; it is strictly for our Single Room Properties.

If you have any questions, you may contact me at 201-968-0200 ext. 7049.

Sincerely,

Community Housing in Partnership, Inc.



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**89 James Street, Englewood, NJ  
COMMUNITY HOUSING IN PARTNERSHIP, INC.  
Application**

**1-APPLICANT INFORMATION**

Provide the requested information for the applicant and co-applicant, if any, below. If something is not applicable, write "NA" in the space.

<b>INFORMATION REQUIRED</b>	<b>APPLICANT</b>	<b>CO-APPLICANT</b>
Name		
Social Security Number		
Birth Date		
Street Address		
City/State/Zip Code		
Home Telephone Number		
Alternate Phone Number		
<b>****IF APPLICABLE****</b>		
Social Security (yes or no)		
Pension (yes or no)		
Disability (yes or no)		
Public Assistance (yes or no)		
<b>WORK HISTORY</b>		
Work Telephone Number		
Employer Name		
Employer Address		
Employer's City/State/Zip Code		
Position or Title		
Dates of Employment		
# of Years in Line of Work		
Previous Employer		
Previous Position		
Previous Dates of Employment		
Are you a US Citizen?		
Are you a Registered Alien?		



**2- HOUSEHOLD COMPOSITION**

List the name, relation to applicant, date of birth, and sex for all household members who will occupy the affordable home on the chart below.

Name (First & Last)	Relation to Applicant	Birth Date	Male/Female
1.			
2.			
3.			
4.			
5.			
6.			

**3- HOUSEHOLD INCOME**

Indicates gross annual income for all non-dependent household members 18 years and over. Identify the source of the other income (child support, alimony, disability, public assistance, social security, pensions, etc.) below.

Income Source	Applicant
Salary or Wages	
Commissions/Bonus	
Second Job	
Other *	

\* Source (s) and Recipients of Other Income:

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**4- HOUSEHOLD ASSETS**

List the Bank Name, Account Number, Account Type (Checking, Saving, Money Market, CD), and balance for all assets on deposits at financial institutions:

Financial Institution	Account Number	Account Type	Balance



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**5-OTHER ASSETS**

List the stocks, bonds, cash surrender value of life insurance, real estate owned, or other directly held liquid assets. Indicate the asset's current cash value and annual income generated by the asset.

Description of Asset	Current Value	Annual Income

**6- LIABILITIES**

List any outstanding installment, personal, auto, credit union, or student loans, credit cards, and alimony or child support payments. Indicate monthly payments, unpaid balances, and number of payments left.

Liability	Monthly Payments	Balance	#of Payments Left

**7- CREDIT QUESTIONS**

Check appropriate answers below. Explain, "yes" answers in space provided. A "yes" answer will not necessarily disqualify you.

Questions	Yes	No
1. Are there outstanding judgments against you?		
2. Have you declared bankruptcy in the past 7 years?		
3. Had you had property foreclosed upon?		
4. Are you parties to a lawsuit?		
5. Have you ever or do you currently own, Real Estate?		

Explanations of "yes" answers:

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**8- LANDLORD INFORMATION (For past two landlords)**

<b>Most Recent Landlord Name</b>	
Street Address	
City/State/Zip Code	
Telephone Number	
Reason for Moving	
<b>Previous Landlord Name</b>	
Street Address	
City/State/Zip Code	
Telephone Number	
Reason for Leaving	

**9- EMERGENCY CONTACT: (Relative or Friend)**

Name	
Relationship	
Street Address	
City/State/Zip Code	
Home Telephone Number	
Work Telephone Number	

**10- PHYSICIAN INFORMATION (Optional)**

Doctor's Name	
Street Address	
City /State/Zip Code	
Telephone Number	



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**CERTIFICATION OF INFORMATION**

I hereby certify all information I have provided on this application is true and accurate and authorize Community Housing In Partnership, Inc. to verify any information herein contained, check my credit history through a credit bureau, and use this information on reports to other organizations if my name is not mentioned.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_