



# ULEC RENTAL UNIT APPLICATION

## Urban League of Essex County

The Urban League of Essex County (ULEC) is an organization dedicated to improving the lives of disadvantaged residents throughout Essex County, New Jersey. Since our founding in 1917, our mission has been to help African Americans and disadvantaged residents achieve economic and social advancement. ULEC offers relevant programs and services in education, employment, housing, and economic development that empower communities and change lives.

### Rental Units Available:

3 Bedroom	147 Camden Street, Newark, NJ 07103	Low-Income/\$1,286
3 Bedroom	172-174 Fairmount Avenue, Newark, NJ 07103	Low-Income/\$1,286
3 Bedroom	176 Fairmount Ave, Newark, NJ 07103	Low-Income/\$1,286
3 Bedroom	178 Fairmount Ave, Newark, NJ 07103	Mod-Income/\$1,824
3 Bedroom	187 Fairmount Ave, Newark, NJ 07103	Mod-Income/\$1,824
3 Bedroom	195 Fairmount Ave, Newark, NJ 07103	Mod-Income/\$1,824
3 Bedroom	208 Fairmount Ave, Newark, NJ 07103	Low-Income/\$1,286
3 Bedroom	210 Fairmount Ave, Newark, NJ 07103	Mod-Income/\$1,824

The eight rental units available consist of a living/dining area, kitchen, laundry closet, 2 full bathrooms, and three bedrooms, 1,236 square feet, located on the third floor.

**This application will assist in qualifying prospective tenants after random selection.** To be included in the random selection, join the rental lottery pool by submitting your application by September 30, 2024. The random selection will take place approximately 14 days after the application deadline.

### How to Apply?

**Step 1:** Determine whether you meet the eligibility criteria.

**Step 2:** Complete the application.

**Step 3: Submit:**

- 1) **Online** at [www.ulec.org/realstate](http://www.ulec.org/realstate)
- 2) **Mail** to Attn: Nethaniah Josma, 508 Central Ave, Newark, NJ 07107
- 3) **Drop off** to the ULEC offices at 508 Central Ave, Newark, NJ 07107, Monday through Friday, between the hours of 9:30am and 4:30pm
- 4) **Email** to [ulecoc@ulec.org](mailto:ulecoc@ulec.org).



## ELIGIBILITY CRITERIA

### AHPNJ 2024 Affordable Housing Regional Income Limits by Household Size

#### REGION 2 - Essex, Morris, Union, or Warren County

	# Persons in Household			
	3	4	5	6
Moderate-Income Maximum	\$93,180	\$103,533	\$111,816	\$120,098
Low-Income Max / Moderate-Income Min	\$58,237	\$64,708	\$69,885	\$75,061
Low-Income Minimum	\$31,061	\$38,826	\$41,932	\$45,038

\*\* This opportunity is open to households between 3 to 6 people

Income and Assets for all household members over 18 will be counted and reviewed based on the following U.H.A.C (Uniform Affordability Controls} N.J.A.C. 5:80-26.1 et seq. regulations.

**Household annual income must not exceed maximum limits.**

**Rent cannot exceed 30% of the household’s monthly income at initial occupancy.**

Self-reported household income and size:

Low Income:		Household Income:		# of Persons in Household:	
Moderate Income:		Household Income:		# of Persons in Household:	



### 1. APPLICANT INFORMATION

**Applicant/Head of Household:** (Please include name as it appears on legal documents)

First Name Last Name Sex (M/F)

Home Address Apt/Lot No. City State Zip Code

Home Phone Number Cell Phone Number Email Address

Are you at least 18 years old?  Yes  No Birth date: Social Security #

I am a Veteran, active-duty, reserves/National Guard, or a surviving spouse of a Veteran  Yes  No

**Co-Signer (if applicable):** (Please include name as it appears on legal documents)

First Name Last Name Sex (M/F)

Home Address Apt/Lot No. City State Zip Code

Home Phone Number Cell Phone Number Email Address

Are you at least 18 years old?  Yes  No Birth date: Social Security #

**What is your current housing condition?**

Number of bedrooms: Number of bathrooms:

Do you:  Own  Rent  Other (please explain) How long have you lived at this location?

Monthly housing cost: \$

Does anyone in your household require accessible home modifications? If so, explain:

Does anyone in your household need access to any of ULEC's social services? If so, explain:

**Landlord Contact Information (if applicable)**

Name Address Phone Number

Do you have a section 8 voucher?  Yes  No



**OTHER PEOPLE WHO LIVE WITH YOU:** List the names and ages of people who currently live with you **AS WELL AS** people who plan on living in your ULEC home at least half (50%) of the time. Please be advised this opportunity is open to household sizes between 3 to 6 people.

Please explain any shared child custody arrangements on a separate sheet of paper.

Name	Birth Date	Gender	Relationship to Applicant (child, mother, friend, etc.)	Will this person live in ULEC home at least 50% (half) of the time?
1.		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N
2.		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N
3.		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N
4.		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N
5.		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N
6.		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N
7.		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N
8.		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N

**EMPLOYMENT INFORMATION; All members 18 or older. Do not include full time students who work part time. Please provide information for your present employment and any part time employment you may have.**

1. Household Member Name:		Job Title:
Employer Name:		
Employer Address:		
Employer Phone Number:		
Wage: \$ _____ per hour		Average monthly earnings before tax (including tips & commission): \$ _____
Is this job temporary? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what date do you expect this job to end?		
Supervisor Name:		Phone:
2. Household Member Name:		Job Title:
Employer Name:		
Employer Address:		
Employer Phone Number:		
Wage: \$ _____ per hour		Average monthly earnings before tax (including tips & commission): \$ _____
Is this job temporary? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what date do you expect this job to end?		
Supervisor Name:		Phone:



3. Household Member Name:		Job Title:
Employer Name:		
Employer Address:		
Employer Phone Number:		
Wage: \$ _____ per hour		Average monthly earnings before tax (including tips & commission): \$ _____
Is this job temporary? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what date do you expect this job to end?		
Supervisor Name:		Phone:

### UNEARNED INCOME

If you or anyone in your household is receiving money from a source other than employment, please check each type of income.

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Tips/Commissions      | <input type="checkbox"/> Military Allotment | <input type="checkbox"/> Pension              | <input type="checkbox"/> Retirement/Pension |
| <input type="checkbox"/> Food Stamps           | <input type="checkbox"/> Social Security    | <input type="checkbox"/> SSI                  | <input type="checkbox"/> Tribal Money       |
| <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Veterans Benefits  | <input type="checkbox"/> Workers Compensation | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Alimony               | <input type="checkbox"/> Child Support      | <input type="checkbox"/> Disability Benefits  |   |

**For each box checked above, complete the following information** (Use an additional sheet of paper if needed):

Person receiving income	Type of income	Amount	Frequency (weekly/monthly)	Will this income end? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
6.				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
7.				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?

### ASSET INFORMATION

Tell us about your household assets. An asset is cash, money in the bank, anything that can be sold, or can be converted into cash. An asset does not include personal property such as jewelry, furniture, electronics, etc. Check all that apply.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Bank Account (Checking/Debit) | <input type="checkbox"/> Bank Account (Savings)          | <input type="checkbox"/> Inherited Property |
| <input type="checkbox"/> Houses/Buildings              | <input type="checkbox"/> Land                            | <input type="checkbox"/> Stocks/401K/IRA    |
| <input type="checkbox"/> Savings Bonds                 | <input type="checkbox"/> Vehicle (Car, Truck, ATV, Boat) | <input type="checkbox"/> Other              |

**For each box checked above, complete the following information** (Use an additional sheet of paper if needed):



Owner	Type of Asset (Describe)	Value	Where is asset located? (Include name of bank or company where it is held, address of property, etc.)
1.			
2.			
3.			
4.			
5.			

**DECLARATIONS**

Have you ever been evicted from your residence?	Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	Co-Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No
Has a landlord or tenant filed against you or anyone in your household?	Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	Co-Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that I am responsible for the accuracy of my submission, and that if I submit incorrect information, I may not be eligible for certain properties due to my error.	Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	Co-Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No

**MARKETING INFORMATION**

Where did you hear about ULEC’s Affordable Housing Program?

**Please return this application** to the main office located at the address below. If you have questions, please email us at [ulecoc@ulec.org](mailto:ulecoc@ulec.org).

508 Central Ave  
Newark, NJ 07107

Information submitted is to be used only to determine your preliminary eligibility for referral to an affordable home and will not obligate you in any way to rent an affordable home. Prepare for additional documentation requests for certification purposes after random selection. Minimally, identification documents for all household members, documentation for all reported income from all sources, copies of complete Federal Tax Returns with W2s, pay stubs, bank statements, investment account statements, proof for regional preference, and any related court documentation. There is no application fee to submit a preliminary application; however, prior to signing a lease a background and credit check of \$50 would be required. There is a 1.5-month security deposit.