Urban League of Essex County

Empowering Communities. Changing Lives.

EQUAL HOUSING OPPORTUNITY

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	208 Fairmount Ave, Newark, NJ 07103	Low-Income/$1,286

The 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. The application deadline has passed, but we will continue to accept applications until all units are rented.

How to Apply?

Step 1: Determine whether you meet the eligibility criteria.
Step 2: Complete the application.
Step 3: Submit:

Mail to Attn: Julio Colón 508 Central Ave, Newark, NJ 07107
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
Email to ulecoc@ulec.org.

Urban League of Essex County

Empowering Communities. Changing Lives.

EQUAL HOUSING OPPORTUNITY

ELIGIBILITY CRITERIA

AHPNJ 2025 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	$97,440	$108,240	$116,960	$125,600
Low-Income Max / Moderate-Income Min	$60,900	$67,650	$73,100	$78,500
Low-Income Minimum	$36,540	$40,590	$43,860	$47,100

** 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:	

- ☐ I am a United States citizen or legal resident.
- ☐ I have NOT declared bankruptcy
- ☐ I have NOT been evicted
- ☐ I have maintained a stable source of income
- ☐ I have never owned a home.
- ☐ I have a credit score of 580 or higher.

Urban League of Essex County | *Empowering Communities. Changing Lives.*

EQUAL HOUSING OPPORTUNITY

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

Urban League of Essex County | *Empowering Communities. Changing Lives.*

EQUAL HOUSING OPPORTUNITY

Do you or anyone in your household own or plan to own any pets?	☐ Yes ☐ No
Do you or anyone in your household smoke?	☐ Yes ☐ No

DECLARATIONS

	Applicant	Co-Applicant
Do you have an active housing voucher?	☐ Yes ☐ No	☐ Yes ☐ No
Has a landlord or tenant filed against you or anyone in your household? Or have you been evicted?	☐ Yes ☐ No	☐ Yes ☐ 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.	☐ Yes ☐ No	☐ Yes ☐ 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.

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 and application fee after review selection. Tenant applicants are responsible for paying $64 in application fees, prior to leasing. Applicants are subject to background and credit check. There is a 1.5-month security deposit due upon leasing. We do business in accordance with the Federal Fair Housing Law (The Fair Housing Amendments Act of 1988). We do business in accordance with the New Jersey Fair Chance in Housing Act.

NEW JERSEY HOUSING AND MORTGAGE FINANCE AGENCY
HOUSING AFFORDABILITY SERVICE
RENTAL ELIGIBILITY WORKSHEET

Applicant Instructions:

This checklist must be submitted with the Rental Eligibility Worksheet attached. Please submit all documentation in the order listed on the checklist. Only include documentation that pertains to applicant, co-applicant, household members.

All household members 18 years and older must sign the worksheet, submit all supporting documents including all forms and Affidavits.

PLEASE NOTE: Any missing or incomplete information will delay the process of your application. If you have any questions, please ask your property manager before completing and submitting this Eligibility Worksheet.

DO NOT INCLUDE ORIGINAL DOCUMENTS. FORWARD COPIES ONLY.

Applicant Name _____ PROJECT NAME _____

Co-Applicant Name _____ Unit Address _____

SECTION I - HOUSEHOLD COMPOSITION for ALL household members

- Complete "Eligibility Worksheet" *(11 pages, including checklist)* with all affidavits and signatures
- Copy of official Birth Certificate for ALL household members
- Copy of Marriage Certificate (if married)
- Copy of Divorce Decree (if divorced)
- Copy of Social Security Card for ALL household members
- Copy of Certificate of Naturalization, Permanent Resident Card (if applicable)
- Copy of Driver's License for **ALL household members over age 18**
- Verification of Custody of ALL minor children not claimed on Federal Tax Returns
- Verification of full-time student status, if over age 18

SECTION II - INCOME VERIFICATION for ALL household members age 18 or older

- Four (4) current consecutive pay stubs for all employment, including bonuses, overtime or tips, **(Please note: If new employment, submit an Employment Verification Letter from the Human Resources Department detailing the number of hours worked weekly, the rate of pay, and the anticipated annual gross wages)**
- Pension letter that verifies current gross amount received
- Current Social Security or SSI award letter of ALL household members including minors
- Court order for divorce decree and/or alimony
- Probation letter for child support and payment history for the past12 months
- TANF current award letter
- Unemployment benefit verification
- Workers Compensation letter

SECTION III – ASSET VERIFICATION for ALL household members age 18 or older

- Copy of **Six (6) Months** of Bank statements, all pages, all accounts. (Checking, Savings, CD's. IRAs, or other) **(Do not send printouts from the Internet. These copies do not have name and account numbers)**
- Stock or Bond statements showing current value
- Quarterly profit and Loss statements or evidence or reports of income from real estate or business
- Property owners must submit most current Real Estate Tax Bill
- Current mortgage statement and proof of the property's market value - an Appraisal (less than 1 year old); or a Competitive Market Analysis (CMA), or Broker's Price Opinion (BPO) from a licensed real estate agent
- **Copies of the last 3 years Federal Income Tax Returns** including all **W-2's, 1099's, and schedules.** Tax returns must be signed. (Please note: Any adult household members who has not filed a tax return must submit a *non-filing letter* from the IRS that states there was "no record" found)

NEW JERSEY HOUSING AND MORTGAGE FINANCE AGENCY
HOUSING AFFORDABILITY SERVICE
RENTAL ELIGIBILITY WORKSHEET

Applicant			Sex (M/F)	
Date of Birth	Social Security Number	Home Phone	Work Phone	
Current Street Address	City		State	Zip Code
Mailing Address or P.O. Box #	City		State	Zip Code
Email Address:				
Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed				

Co-Applicant			Sex (M/F)	
Date of Birth	Social Security Number	Home Phone	Work Phone	
Current Street Address	City		State	Zip Code
Mailing Address or P.O. Box #	City		State	Zip Code
Email Address:				
Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed				

HOUSEHOLD COMPOSITION

Please list all household members, including the Applicant and Co-Applicant, who will live in the new residence.

	Name	Relationship	Sex	Date of Birth	Social Security Number
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

CURRENT HOUSING INFORMATION

Do you rent or own your home?
☐ Rent ☐ Own ☐ Other

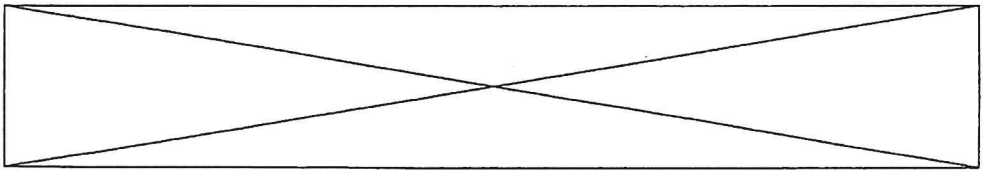
What is your monthly rent or mortgage payment?
$_____

How long have you lived at this address?
_____ Years _____ Months

Are you selling your current home? ☐ Yes ☐ No (If yes, provide a copy of listing)

Is there a current mortgage or home equity loan/line of credit?
☐ Yes ☐ No

What is the estimated market value of your home? _____



NEW JERSEY HOUSING AND MORTGAGE FINANCE AGENCY
HOUSING AFFORDABILITY SERVICE
RENTAL ELIGIBILITY WORKSHEET

EMPLOYMENT INFORMATION

List information for **each** household member who is **18 years of age or older** and receives income from employment. **If employment at current job is less than two years**, please indicate previous employment. Be sure to include all part-time employment. Attach additional sheets if necessary.
If you or any members of your Household that are Retired, please indicate how long you have been retired or not working.

1.

Household member's Name	Job Title:		
Employer Name:			
Employer Address:	City:	State:	Zip Code:
Immediate Supervisor and Title			
Phone Number ( ) -	Date employed from: to:	Full/Part Time	

2.

Household member's Name	Job Title:		
Employer Name:			
Employer Address:	City:	State:	Zip Code:
Immediate Supervisor and Title			
Phone Number: ( ) -	Date employed from: to:	Full/Part Time	

3.

Household member's Name	Job Title:		
Employer Name:			
Employer Address:	City:	State:	Zip Code:
Immediate Supervisor and Title			
Phone Number: ( ) -	Date employed from: to:	Full/Part Time	

4.

Household member's Name	Job Title:		
Employer Name:			
Employer Address:	City:	State:	Zip Code:
Immediate Supervisor and Title			
Phone Number: ( ) -	Date employed from: to:	Full/Part Time	

5.

Household member's Name	Job Title:		
Employer Name:			
Employer Address:	City:	State:	Zip Code:
Immediate Supervisor and Title			
Phone Number: ( ) -	Date employed from: to:	Full/Part Time	

NEW JERSEY HOUSING AND MORTGAGE FINANCE AGENCY
HOUSING AFFORDABILITY SERVICE
RENTAL ELIGIBILITY WORKSHEET

INCOME INFORMATION: All income information from all sources is required for every household member who is 18 years of age or over, regardless of employment status.

State the amount of income received from each applicable source. Only list income based on how you are compensated e.g. – weekly, bi-weekly etc.

	Weekly	Bi-weekly	Monthly	Annually
1. Gross Salary or Wages	$	$	$	$
2. Gross Salary or Wages	$	$	$	$
3. Gross Salary or Wages	$	$	$	$
Pension	$	$	$	$
Social Security	$	$	$	$
Unemployment Compensation	$	$	$	$
Disability Payment	$	$	$	$
TANF/Welfare	$	$	$	$
Other:	$	$	$	$
Other:	$	$	$	$

State the amount of any additional income:

$_____ +$_____ +$_____ +$_____ +$_____ = $_____
Tips/Commission | Regular Overtime | Alimony | Child Support | Other | Annually

ANNUAL SUBTOTAL FROM WAGES, SALARY AND OTHER SOURCES $_____

List all checking and savings accounts including CD's, money market funds, assets held by financial institutions, stocks, bonds or other assets and attach verification and proof of current interest rate.

Name of Financial Institution (Bank and/or Credit Union)	Type of Account (Savings, Checking, IRA, Money Market, etc.)	Current Value	Interest Earned (Annually)
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$

If you own a home, indicate amounts: Actual equity $_____ Estimated Value $_____
Mortgage $_____ Other debts$_____

Do you own an income-producing real estate (rental property)? ☐ Yes ☐ No

If yes, list the net income and attach IRS documentation or other form of verification:
Net Monthly Income $_____ Net Annual Income $_____

ANNUAL SUBTOTAL FROM ASSETS, RENTS, AND BUSINESS RECEIPTS $ _____

Add all subtotals from each completed income section and enter amount below:

TOTAL ESTIMATED GROSS ANNUAL INCOME FROM ALL SOURCES $_____

DEMOGRAPHIC INFORMATION (optional)

Disclaimer: This section is in no way related to the eligibility determination process but is used for informational purposes only.

Racial/Ethnic: (Check ☑ one)

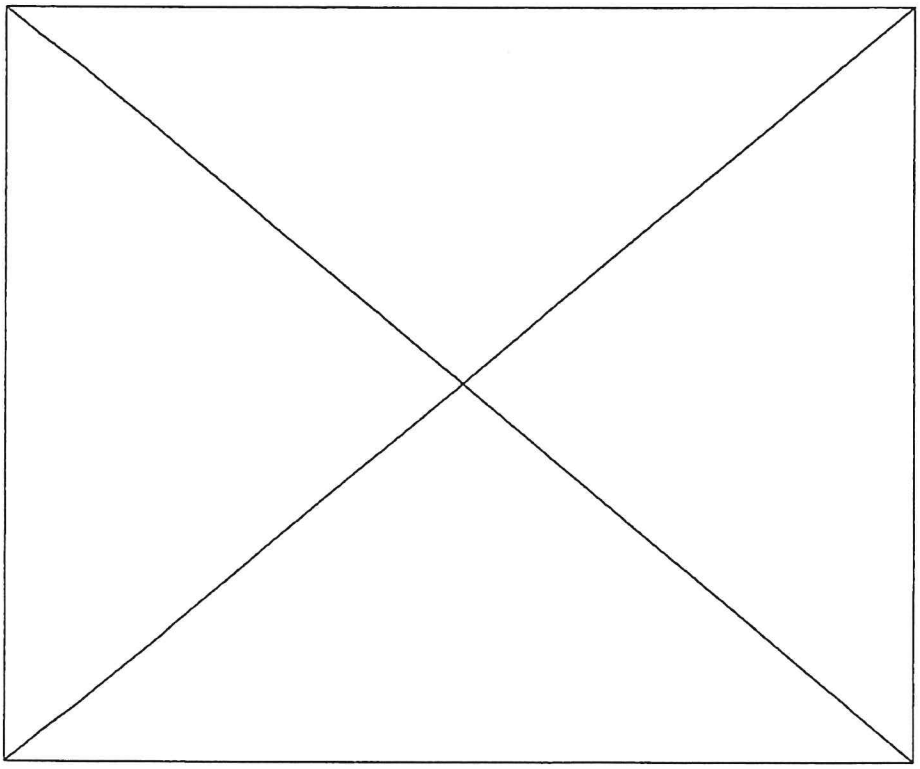
☐ 1-White ☐ 2- African-American/Black ☐ 3-American Indian ☐ 4-Asian
☐ 5-Hispanic (Non-black) ☐ 6-Hispanic (Non-white) ☐ 7-Other: _____

NEW JERSEY HOUSING AND MORTGAGE FINANCE AGENCY
HOUSING AFFORDABILITY SERVICE
RENTAL ELIGIBILITY WORKSHEET

ACKNOWLEDGEMENT

I/We, the applicant(s), acknowledge that this application shall be considered fraudulent if the applicant or any persons or entities acting at the direction of applicant or with applicant's knowledge or consent, are deemed to have given materially false, misleading or inaccurate information or statements to NJHMFA/HAS or failed to provide NJHMFA/HAS with material information in connection with the application. Material information includes, but is not limited to, representations concerning applicant's employment, income, household composition, assets, marital status, or occupancy of the property as applicant's principal residence. A Certificate of Eligibility based upon materially false, misleading or inaccurate information, omissions or statements concerning applicant's employment, income, household composition, assets, marital status, or occupancy of the property as applicant's principal residence, shall be void. In such event, the applicant shall be deemed ineligible for the affordable housing program and NJHMFA/HAS reserves all rights to legal and equitable remedies against applicant.

Signature of Applicant	Date
Signature of Co-Applicant	Date
Signature of other Household member(s) over age 18	Date
Signature of other Household member(s) over age 18	Date



NEW JERSEY HOUSING AND MORTGAGE FINANCE AGENCY
HOUSING AFFORDABILITY SERVICE
RENTAL ELIGIBILITY WORKSHEET

AFFIDAVIT OF HOUSEHOLD COMPOSITION

In connection with my application to rent an affordable HAS unit, I, _____ _____, certify that I am ☐ Married ☐ Divorced ☐ Single ☐ Separated. I further certify that my household, for certification and occupancy purposes, is comprised of the following people (including spouse if married):

Please list ALL occupants: ↓

_____

_____

_____

_____

_____

_____

I further certify that although I am married to _____, my ☐ Husband ☐ Wife has not resided in my household since _____. My spouse's income does not support my household in a defined amount or on a regular basis.

I declare, under penalty of perjury, that the information I have provided in this affidavit is true and correct to the best of my knowledge.

_____ _____
Applicants Signature Date

_____ _____
Print Name

_____ _____
Co-Applicants Signature Date

_____
Print Name

Notary Statement:

Personally came and appeared before me, the undersigned Notary, the within named _____ _____, who is a resident of _____ County, State of _____, and made this his/her statement and general affidavit upon oath and affirmation of belief and personal knowledge that the following matters, facts and things set forth are true and correct to the best of his/her knowledge.

State of New Jersey)
)SS
County of (_____)

Sworn and subscribed to before me this _____ day of _____, 20____.

_____
Notary Public

_____
My commission expires

NEW JERSEY HOUSING AND MORTGAGE FINANCE AGENCY
HOUSING AFFORDABILITY SERVICE
RENTAL ELIGIBILITY WORKSHEET

AFFIDAVIT OF INCOME

Sources of Income

I, _____, hereby certify that my total gross annual income is from the following sources:

Current Employer: _____
Annual Salary: $_____

Unemployment Compensation
By-weekly Payment: $_____

Social Security/Disability Compensation
Monthly Payment: $_____

TANF/Welfare
Monthly Payment: $_____

Unreported/Other Income
Source: _____ $_____/per month
Source: _____ $_____/per month

Unemployment

I, _____, hereby certify that I am currently unemployed as of _____ (date of unemployment) and am receiving no income from stable employment for the following reason(s):

☐ I was injured
☐ I am out on disability
☐ Other (briefly explain) _____
_____

☐ I certify that at this time I have not applied for and am not receiving income from any source.
☐ I certify that I have no current offers of employment.

I declare, under penalty of perjury, that the income information that I has provided is true and correct, to the best of my knowledge and belief.

_____
Signature Date

_____
Print Name

Notary Statement:

Personally came and appeared before me, the undersigned Notary, the within named _____ _____, who is a resident of _____ County, State of _____, and made this his/her statement and general affidavit upon oath and affirmation of belief and personal knowledge that the following matters, facts and things set forth are true and correct to the best of his/her knowledge.

State of New Jersey)
)SS
County of)

Sworn and subscribed to before me this _____ day of _____, 20____.

_____
Notary Public

_____
My commission expires

NEW JERSEY HOUSING AND MORTGAGE FINANCE AGENCY
HOUSING AFFORDABILITY SERVICE
RENTAL ELIGIBILITY WORKSHEET

AFFIDAVIT PERTAINING TO ALIMONY/CHILD SUPPORT

I, _____, hereby certify that the following are true statements (please check all that apply):

☐ I have a divorce decree or settlement agreement that explains payment obligations. (Provide document)
☐ I have no formal agreement for alimony or child support payments.

☐ I am currently **making** regular and stable payments for alimony or child support.
☐ I am currently **not making** regular and stable payments for alimony or child support.

☐ I am currently **receiving** consistent payments of alimony and/or child support.
☐ I am currently **receiving** occasional and irregular payments for alimony and/or child support.
☐ I am **not** currently **receiving** payments of alimony or child support.

☐ I make or receive stable and regular alimony and/or child support payments in the following amounts:

Alimony: $_____ (weekly/ bi-weekly/ monthly/ annually)
Child Support: $_____ (weekly/ bi-weekly/ monthly/ annually)

Any payments I make or receive are in the form of:

☐ Cash
☐ Check or money order directly from the spouse/parent (documentation required)
☐ Garnishment by employer (documentation required)
☐ Administered through County Probation Office (documentation required)
☐ Other _____

Please provide the following documentation as proof of payments:

1) Bank statements showing regular or irregular deposits **(for payments received)**
2) Bank statements showing regular or irregular withdrawals or cancelled checks **(for payments sent)**
3) Probation office documentation showing regular payments or arrearages
4) Other _____

I hereby certify that the above statements are correct at this time and that I have no expectation of a change in the above information in the near future.

I declare, under penalty of perjury, that the information that I has provided is true and correct, to the best of my knowledge and belief.

_____
Signature Date

_____
Print Name

Notary Statement:

Personally came and appeared before me, the undersigned Notary, the within named _____ _____, who is a resident of _____ County, State of _____, and made this his/her statement and general affidavit upon oath and affirmation of belief and personal knowledge that the following matters, facts and things set forth are true and correct to the best of his/her knowledge.

State of New Jersey)
)SS
County of)

Sworn and subscribed to before me this _____ day of _____, 20____.

_____
Notary Public

_____
My commission expires

NEW JERSEY HOUSING AND MORTGAGE FINANCE AGENCY
HOUSING AFFORDABILITY SERVICE
RENTAL ELIGIBILITY WORKSHEET

APPLICANTS CERTIFICATION PERTAINING TO ASSETS

I, _____, hereby certify that I possess the following assets for which I am required to present for determination of eligibility of affordable housing:

Please indicate name of banking institution where accounts are located, current balance and interest rate (if any).

Bank Accounts:

Checking account(s)	_____	Balance	$ _____	Interest Rate	% _____
	_____	Balance	$ _____	Interest Rate	% _____
	_____	Balance	$ _____	Interest Rate	% _____
Savings account(s)	_____	Balance	$ _____	Interest Rate	% _____
	_____	Balance	$ _____	Interest Rate	% _____
	_____	Balance	$ _____	Interest Rate	% _____
CD(s)	_____	Balance	$ _____	Interest Rate	% _____
	_____	Balance	$ _____	Interest Rate	% _____

Investment Accounts:

IRA(s)	Current Value	$ _____	Interest Rate	% _____
Savings Bonds	Current Value	$ _____	Interest Rate	% _____
Stocks	Current Value	$ _____	Interest Rate	% _____
Real Estate	Current Value	$ _____	Interest Rate	% _____
Municipal Bonds	Current Value	$ _____	Interest Rate	% _____

Other Bonds:	Type _____	Current Value	$ _____	
	Type _____	Current Value	$ _____	
Other assets:	Type _____	Current Value	$ _____	
	Type _____	Current Value	$ _____	

1) Are you receiving disbursement from any IRA accounts? ☐ Yes ☐ No Monthly disbursement $_____

2) Have you disposed of any assets for less than their fair market value in the past 2 years? ☐ Yes ☐ No
Total Value $_____

Certification of No Assets

☐ I certify that I do not hold any financial accounts and/or assets.

I declare, under penalty of perjury, that the information that I has provided is true and correct, to the best of my knowledge and belief.

_____
Signature Date Print Name

Notary Statement:

Personally came and appeared before me, the undersigned Notary, the within named _____ _____, who is a resident of _____ County, State of _____, and made this his/her statement and general affidavit upon oath and affirmation of belief and personal knowledge that the following matters, facts and things set forth are true and correct to the best of his/her knowledge.

State of New Jersey)
)SS
County of)

Sworn and subscribed to before me this _____ day of

_____, 20____.

_____
Notary Public

_____
My commission expires

NEW JERSEY HOUSING AND MORTGAGE FINANCE AGENCY
HOUSING AFFORDABILITY SERVICE
RENTAL ELIGIBILITY WORKSHEET

CERTIFICATION OF ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE

I / We have ☐, have not ☐ disposed of any asset(s) for less than Fair Market Value in the 24 months (2 years) preceding _____/_____/_____. If asset(s) were disposed of, for less than fair market value, they are described below.

List Asset(s) Disposed Of	Date Of Disposition	Fair Market Value $	Reason

Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make any willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction.

Applicant/Head of Household – signature	print name	date
Co-Applicant/Adult Member of the Household – signature	print name	date
Co-Applicant/Adult Member of the Household – signature	print name	date
Adult Member of the Household – signature	print name	date

NEW JERSEY HOUSING AND MORTGAGE FINANCE AGENCY
HOUSING AFFORDABILITY SERVICE
RENTAL ELIGIBILITY WORKSHEET

PARTICIPANT'S CONSENT TO THE RELEASE OF INFORMATION

Organization Requesting Release of Information:

New Jersey Housing and Mortgage Finance Agency
HOUSING AFFORDABILITY SERVICE
637 S. CLINTON AVENUE
P.O. Box 18550
TRENTON, NJ 08650-2085

This form is not be used to request a copy of tax returns. Instead, use IRS form 4506, Request for a copy of Tax Forms.

Your signature on this form, and the signature of each member of your household who is 18 years of are or older, authorized the above named organization to obtain employee income information and employment status from current and previous employers.

CONFIDENTIALITY: NJHMFA/HAS shall maintain files on the certification of family income. Such files are to be kept confidential and shall not be accessible to, nor shall information contained therein, be disclosed to any person except authorized representative of the NJHMFA/HAS. NJHMFA/HAS shall require identification from each person claiming authority to review such confidential files and maintain a list of individuals who have been provided access to the same. If NJHMFA/HAS is not satisfied that a person requesting review has proper authority, review shall be denied.

INSTRUCTIONS: Each adult member of the household must sign this form at time of application for certification.

EMPLOYMENT INFORMATION: I/We, the undersigned, authorize the above name organization to obtain information regarding my/our income and employment status from current and former employers.

CONDITIONS: I/We agree that photocopies of this authorization may be used for the purposes slated above. If I/we, fail to sign this authorization, I/we understand that this action may constitute grounds for denial of certification for consideration to rent an affordable housing unit.

Applicant/Head of Household – signature	print name	date:
Co-Applicant/Adult Member of the Household – signature	print name	date:
Adult Member of the Household – signature	print name	date
Adult Member of the Household – signature	print name	date

Bank	Account Number	Date of Deposit	*Make as many copies as needed* Amount	Identify the source and reason for the deposit

This memorandum contains advisory, consultative and deliberative material
and is intended only for the person(s) named as recipient(s).

Urban League of Essex County

Empowering Communities. Changing Lives.

AUTHORIZATION TO PULL CREDIT REPORT

To Whom It May Concern:

Authorization is hereby granted to the Urban League of Essex County and its subsidiaries to obtain a credit report for the purposes of my rental inquiry application through a credit reporting agency chosen by the Urban League of Essex County.

My/our signature(s) below authorizes the release of a copy of my/our credit application and authorizes the release of a copy of my/our credit application and authorizes the Urban League of Essex County and its subsidiaries to obtain information regarding my/our employment, asset accounts, and outstanding credit accounts.

Applicant(s) hereby authorizes the Urban League of Essex County and its subsidiaries to release a copy of applicant(s) credit report to landlord and/or their representatives (such as the Urban League of Essex County). The applicant(s) agrees the cost of obtaining the credit report is the responsibility of the applicant(s).

Print Name	**SSN#**
Signature	Date
Print Name	**SSN#**
Signature	Date

Urban League of Essex County

Empowering Communities. Changing Lives.

Urban League of Essex County Financial Opportunity Center Credit Report Release and Disclosure

☐ This credit pull will not lower your credit score. As you are not applying for credit, it is considered a "soft' inquiry and for information purposes only.

☐ You will not receive a copy of this report for your use. However, your Financial Coach will facilitate your receipt of your free credit report.

☐ Your credit report will be pulled via this method every six months in order to gauge your credit health over time.

☐ Your credit report will always be stored in a secure file at the Urban League of Essex County Financial Opportunity Center.

☐ You have the right to revoke this authorization at any time by emailing **tmatthews@ulec.org** or mailing your written notice to Urban League of Essex County Financial Opportunity Center, 506 Central Avenue, Newark, NJ 07107.

Customer Signature _____ Date _____

Name _____ _____

Street Address _____ _____

City _____ State/Zip _____

Date of Birth _____ SS# _____

Financial Name Urban League of Essex County _____

Financial Coach Signature *Tanya D. Matthews* _____