

**Unico Towers**  
 500 Manila Avenue  
 Jersey City, NEW JERSEY 08619  
PERSONAL DECLARATION

**Household Information**

What size apartment do you requesting? \_\_\_\_\_

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F	Social Security Number	Birthdate <i>Month, Date, Year</i>
	Head of Household			
Current Address:				
Daytime Phone:			Evening Phone:	

YES      NO

- 1. Do you expect any additions to the household within the next twelve months?
- 2. Is there anyone living with you now who won't be living with you at this property?
- 3. Do you have less than full custody of your child(ren)?
- 4. Are there any absent household members who under normal conditions would live with you?  
*(For example, a household member away in the military or school.)*
- 5. Have you *(if Yes, please explain below)*:
  - a. Filed for bankruptcy?
  - b. Been arrested and/or convicted of a felony?
  - c. Been evicted from a rental unit of any type?

*If "YES" was answered to any of the above questions, please explain below.  
 (If additional space is required, use the back of this page)*

<u>Question No.</u>	<u>Explanation</u>

## Housing References

List the past FIVE years of housing references. (If additional space is required, use the back of this page.)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
Name:	_____	_____	Own <input type="radio"/>	From: _____
Address:	_____	_____	Rent <input type="radio"/>	To: _____
Phone:	(        )	_____		
Name:	_____	_____	Own <input type="radio"/>	From: _____
Address:	_____	_____	Rent <input type="radio"/>	To: _____
Phone:	(        )	_____		

## Personal Reference

List a personal reference other than a relative.

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

## Vehicle Identification

List vehicle information for all vehicles that are owned or operated by the applicant.

	<u>Tag/License Plate #</u>	<u>State Issued</u>	<u>Make/Model/Year</u>
Vehicle #1:	_____	_____	_____
Vehicle #2:	_____	_____	_____

## Emergency Contact

List someone that we can contact in an emergency.

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

## Income Information

*Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant, it is counted for all household members including minors.*

**Include all income anticipated for the next 12 months.**

**Do YOU or ANYONE in your household receive OR expect to receive income from:**

<u>YES</u>	<u>NO</u>			
<input type="radio"/>	<input type="radio"/>	<b>6. Employment wages or salaries?</b> <i>(Include overtime, tips, bonuses, commissions and payments received in cash.)</i>		
		<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	<b>7. Self-employment?</b> <i>(Include overtime, tips, bonuses, commissions and payments received in cash.)</i>		
		<u>Household Member</u>	<u>Type of Business</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
		_____	_____	_____
		<b>8. Income from any of the following:</b>		
<input type="radio"/>	<input type="radio"/>	a. Regular pay as a member of the Armed Forces?		
<input type="radio"/>	<input type="radio"/>	b. Unemployment benefits or workman's compensation?		
<input type="radio"/>	<input type="radio"/>	c. Public Assistance, General Relief or Aid to Families with Dependent Children <i>(AFDC)?</i>		
<input type="radio"/>	<input type="radio"/>	d. Child Support or Alimony? <i>(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payor.)</i>		

*If "YES" was answered to "d" above, please complete 1, 2 & 3 below.  
If No, continue to question "e".*

<b>1. Household Member Receiving Support</b>	<b>Payor</b>	<b>Amount</b>
_____	_____	_____
_____	_____	_____
<b>2. How is the support received? (Check all that apply)</b>		
<input type="radio"/>	<b>Child Support Enforcement Agency</b>	<i>Name of Agency:</i> _____
<input type="radio"/>	<b>Court of Law</b>	<i>Name of Court:</i> _____
<input type="radio"/>	<b>Directly from Individual</b>	<i>Name of Person:</i> _____
<input type="radio"/>	<b>Other</b>	<i>Explain:</i> _____
<b>3.</b>	<input type="radio"/> <b>If money is not actually received, are you taking legal action to remedy?</b>	
	If Yes, obtain court papers.	
Explanation:		

- e. Social Security, SSI or any other payments from the Social Security Administration?
- f. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?
- g. Regular payments from a severance package?
- h. Regular payments from any type of settlement? *(For example, insurance settlements.)*
- i. Regular gifts or payments from anyone outside of the household?  
*(This includes anyone supplementing your income or paying any of your bills.)*
- j. Educational grants, scholarships, or other student benefits?
- k. Regular payments from lottery winnings or inheritances?
- l. Regular payments from rental property or other types of real estate transactions?
- m. Any other income sources or types not listed?
- 9. Do you or any other household members expect any changes to your income in the next 12 months?

If "YES" was answered to any of the above questions (6-9), please complete the information below.  
*(If additional space is required, use back of this page)*

<u>Question No.</u>	<u>Household Member</u>	<u>Source of Benefit/Payor</u>	<u>Amount</u>

**Asset Information**

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

- | <u>YES</u>            | <u>NO</u>             |  |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | 10. a. Checking or savings account?  |
| <input type="radio"/> | <input type="radio"/> | b. CDs, money market accounts or treasury bills?   |
| <input type="radio"/> | <input type="radio"/> | c. Stocks, bonds or securities?  |
| <input type="radio"/> | <input type="radio"/> | d. Trust funds?  |
| <input type="radio"/> | <input type="radio"/> | e. Pensions, IRAs, Keogh or other retirement accounts?   |
| <input type="radio"/> | <input type="radio"/> | f. Cash on hand over \$500?  |
| <input type="radio"/> | <input type="radio"/> | g. Real estate, rental property, land contracts/contract for deeds or other real estate holdings? <i>(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)</i>                             |
| <input type="radio"/> | <input type="radio"/> | h. Personal property held as an investment? <i>(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This <u>does not</u> include your personal belongings such as your car, furniture or clothing.)</i> |
| <input type="radio"/> | <input type="radio"/> | i. A safe deposit box?   |

If Yes, to any of the above complete below. If No, continue to question 11.

<u>Question No.</u>	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>

- 11. Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

**If Yes:** Household Member \_\_\_\_\_ Amount: \_\_\_\_\_

Explanation: \_\_\_\_\_

<b>Applicant Status</b>
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**YES**      **NO**

- 12. Are you currently a full-time student or expect to be one in the next 12 months?

Household Member(s): \_\_\_\_\_

- 13. Will your household be receiving or applying to receive Section 8 rental assistance in the next 12 months?      Expected Date: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**Signature**

I understand that management is relying on this information to prove my household's eligibility. 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 also understand that such action may result in penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident requirements.

**All ADULT household members must sign below:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Office Use Only**

Date of Interview: \_\_\_\_\_

Desired Apt. #: \_\_\_\_\_

Desired Move-in Date: \_\_\_\_\_