



# St. Paul's Community Development Corporation

451 Van Houten Street

Paterson, NJ 07501

Tel. 973.278.7900 Fax. 973.684.0686

"Hope for Today ... Building for Tomorrow"

Monique Baptiste  
Executive Director

## Women Living Independently House

### Application Process

Thank you for your interest in applying for consideration to become a resident of the *Women Living Independently House*! This is a Single Room Occupancy residence with five individual private rooms that are furnished with shared bathroom and kitchen facilities. Each room is for one person only and you will be living with up to four other residents at any given time. The *Women Living Independently House* is an affordable housing project that charges rent based on your income.

### Application Steps

1. Completely fill out and sign the Women Living Independently House Intake Application and Department of Community Affairs forms. Applications will be processed in the order they are received.
2. You will be called to schedule and complete an Intake Interview with St. Paul's CDC after which you will receive a lottery number.
3. Complete the income certification and criminal background check process for Section 8 qualification.
4. Individuals who successfully complete the income certification process and pass the criminal background check will be entered into the lottery drawing to be held by July 15, 2010.
5. The first five individuals drawn from the lottery will be offered a placement in the Women Living Independently House and a wait list will be created from the remaining lottery applicants in the order in which they are drawn. You will be notified of a placement offer or your position on the wait list.
6. If you are placed on the wait list, please be sure to keep your contact information updated so you can be reached if a space opens up!

**Please submit the completed application by mail or in person to:**

St. Paul's Community Development Corporation  
Attention: Kimberly El-Sadek  
451 Van Houten Street  
Paterson, NJ 07501

Visit us online at [www.stpaulscdcnj.org](http://www.stpaulscdcnj.org).

See photographs of recent events, volunteer opportunities and upcoming activities.



*Getting Things Done for St. Paul's CDC*



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## Women Living Independently House

### Application & Documentation Checklist

- Completed and signed St. Paul's Community Development Corporation Women Living Independently House Intake Application (5 Pages)
- Completed and signed Department of Community Affairs Application for Housing Assistance-SRO Moderate Rehabilitation Program (1 Page)
- Completed and signed Department of Community Affairs Authorization for the Release of Information (1 Page)
- Copy of Birth Certificate (Do not submit the original)
- Copy of Social Security Card (Do not submit the original)
- Proof of income received within the last 60 days such as copies of employer pay stubs, letters showing monthly benefit from Social Security, Disability, Welfare, Unemployment, Retirement, Pension, Child Support, Veterans Benefits, or Worker's Compensation are acceptable examples of income documents.

**Applications missing any of the above items will not be processed.**

**If you have any questions or need assistance please call or email:**

**Kimberly El-Sadek**  
**St. Paul's CDC Housing Manager**  
**973-278-7900 ex. 43**  
[kimberly@stpaulscdcnj.org](mailto:kimberly@stpaulscdcnj.org)

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## Women Living Independently House Intake Application

**Application Date**

\_\_\_\_\_

**Referring Agency**

\_\_\_\_\_

### 1. Personal Information

Name

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Other Names Used

\_\_\_\_\_

### 2. Living Situation

Are you homeless?

Yes

No

Where are you currently living?

\_\_\_\_\_

Why do you want to move?

\_\_\_\_\_

\_\_\_\_\_

Have you ever stayed in a homeless shelter?

Yes

No

When and where?

\_\_\_\_\_

Why did you leave?

\_\_\_\_\_

\_\_\_\_\_

### 3. Rental History

Where have you lived for the past 6 months?

1. Address

\_\_\_\_\_

Type of place/name of place

\_\_\_\_\_

Dates of stay

\_\_\_\_\_

Reason you left

\_\_\_\_\_

2. Address

\_\_\_\_\_

Type of place/name of place

\_\_\_\_\_

Dates of stay

\_\_\_\_\_

Reason you left

\_\_\_\_\_

3. Address \_\_\_\_\_  
 Type of place/name of place \_\_\_\_\_  
 Dates of stay \_\_\_\_\_  
 Reason you left \_\_\_\_\_

Have you ever been evicted? Yes No How many times? \_\_\_\_\_  
 Why were you evicted? \_\_\_\_\_

**4. Family Situation**

Marital Status Single Married Separated Divorced Widow Other  
 Do you have children? Yes No How many? \_\_\_\_\_  
 Where do they live? \_\_\_\_\_  
 Do you have a DYFS caseworker? Yes No Contact \_\_\_\_\_  
 Are you pregnant? Yes No Due Date \_\_\_\_\_  
 Are you in contact with your family? Yes No Who? \_\_\_\_\_

**5. Employment & Income**

Are you employed? Yes No  
 Employer Name \_\_\_\_\_  
 Employer Address \_\_\_\_\_  
 Employer Phone \_\_\_\_\_  
 Salary \$ \_\_\_\_\_ per hour day week month  
 Hours per week \_\_\_\_\_  
 Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_

Other Income	Paid To	Amount
TANF (Welfare)	_____	\$ _____ per month
Food Stamps	_____	\$ _____ per month
Social Security	_____	\$ _____ per month
Social Security SSI	_____	\$ _____ per month
Unemployment	_____	\$ _____ per week
Disability	_____	\$ _____ per month
Worker's Compensation	_____	\$ _____ per month
Retirement/Pension	_____	\$ _____ per month
Child Support	_____	\$ _____ per month
Other	_____	_____

If you have no income how do you support yourself? Please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6. Education**

Do you have a high school diploma?      Yes      No      Year \_\_\_\_\_

Do you have a GED?      Yes      No      Year \_\_\_\_\_

What is the highest grade you completed? \_\_\_\_\_

Do you want to go back to school for more education/job training?      Yes      No

**7. Veteran Status**

Have you served in the U.S. military?      Yes      No      Branch \_\_\_\_\_

Dates of service \_\_\_\_\_      Rank \_\_\_\_\_

Do you receive veteran benefits?      Yes      No      Amount \_\_\_\_\_

Do you use veteran services?      Yes      No      Type \_\_\_\_\_

**8. Immigration/Refugee Status**

Were you born in the United States?      Yes      No

If no, when did you arrive in the U.S.? \_\_\_\_\_

What has been good about your relocation? \_\_\_\_\_

What has been difficult about your relocation? \_\_\_\_\_

How are your English skills?      Proficient      Good      Limited      None

Are you studying ESL?      Yes      No      Where? \_\_\_\_\_

**9. Medical**

How is your physical health? \_\_\_\_\_

Do you have insurance?      Medicaid      Medicare      Private      None

If no insurance, have you tried to get a medical card?      Yes      No

Do you have health issues that you need help getting treatment for?      Yes      No

**10. Substance Abuse History**

Do you drink alcohol?      Yes      No

Do you use drugs?      Yes      No

	Date Last Used	Amount Used	How Often Used
Alcohol			
Marijuana			
Cocaine/Crack			
Methamphetamine			
Prescription Drugs			
Other			

Do you consider yourself to be in recovery?      Yes      No      How long? \_\_\_\_\_

What kind of treatment have you received?      In-patient    Out-patient    Meetings    Religion    Family    Self

Which treatment program have you recently been in?      \_\_\_\_\_

How are you maintaining your recovery?      \_\_\_\_\_

**11. Criminal Justice History**

Have you ever been arrested and convicted of a crime?      Yes      No

Details of conviction(s)      \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any outstanding criminal justice issues?

Outstanding warrants      Yes      No

    Details      \_\_\_\_\_

Bail violations      Yes      No

    Details      \_\_\_\_\_

Outstanding bail conditions      Yes      No

    Details      \_\_\_\_\_

Awaiting sentencing      Yes      No

    Details      \_\_\_\_\_

**12. Questions**

How do you feel about sharing a house with up to four other people?     

What might bother you about sharing common areas like a kitchen or bathroom with others?     

How do you deal with someone that makes you angry?     

St. Paul's Community Development Corporation offers case management services that can help you find job training, health care, and educational services. How would you take advantage of these services?

**13. Personal References**

We will be contacting 2 personal references as part of the screening process. One can not be a relative. Please provide us with a third reference in case we are unable to contact the first two references.

1. Name	_____
Phone #	_____
Relationship	_____
2. Name	_____
Phone #	_____
Relationship	_____
3. Name	_____
Phone #	_____
Relationship	_____

**Permission**

I certify that the information in this application is true and correct. I authorize St. Paul's Community Development Corporation and its agents to contact the sources and references listed in this application for the purposes of verifying the accuracy of the information. I also authorize the New Jersey Department of Community Affairs to share income certification with St. Paul's Community Development Corporation. I understand that the completion and submission of this application does not constitute a guarantee of housing or a rental contract with St. Paul's Community Development Corporation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Applicant)

NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS  
 DIVISION OF HOUSING  
 HOUSING ASSISTANCE PROGRAMS - APPLICANT SERVICES UNIT  
 P. O. BOX 051, TRENTON, NJ 08625-0051

APPLICATION FOR HOUSING ASSISTANCE  
 S.R.O. MODERATE REHABILITATION PROGRAM

PLEASE PRINT

Applicant's Name	Application for: _____ County
Current Mailing Address:	Other Contact Person:
	Name:
	Address:
Daytime Telephone Number: ( )	Telephone: ( )
Social Security Number:	Note: If your mailing address changes, you must notify this office to maintain your waiting list status.

Applicant's Name	Sex (M or F)	Date of Birth (mm/dd/yyyy)	Current Gross Annual Income	Source(s) of Income
		/ /	\$	

Are you a person with disabilities?  Yes  No If you are a person with disabilities, do you require a specific accommodation to utilize our program's services? If yes, briefly explain.

**Consent:** I consent to allow HUD or the N.J. Department of Community Affairs (DCA) to request and obtain income information from the sources listed below for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I authorize (1) HUD and the DCA to request verification of salary and wages from current or previous employers; (2) HUD and the DCA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law (42 U.S.C. 3544) also requires independent verification of income information. Therefore, HUD or the DCA may request information from financial institutions to verify your eligibility and level of benefits. HUD and the DCA may participate in computer matching programs in order to verify your eligibility and level of benefits. Information may also be obtained directly from current and former employers concerning salary and wages and from financial institutions concerning unearned income (i.e., interest and dividends). This consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years. I understand that the income information received by the DCA under this consent form cannot be used to deny assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

**U.S. Citizenship Notification and Certification:** Housing assistance may be contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time housing assistance is made available.

**Warning:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction. I hereby certify that the above information is true to the best of my knowledge.

Signature of the Head of Household \_\_\_\_\_ Date \_\_\_\_\_

- THIS SPACE FOR OFFICE USE ONLY -



# Authorization for the Release of Information

Tenant ID

HA Requesting release of information:

**Authority:** 42 U.S.C. 1437f and 1535(d), implemented at 24CFR 982.551(b).

**Purpose:** In signing this consent form you are authorizing HUD and the above-named HA to request information including but not limited to: identity and marital status, employment income and assets, residences and rental activity, Medicare or Child Care Allowances, Credit and Criminal Activity. HUD and the HA need this information to verify your eligibility for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Users of Information to be Obtained:** HUD is required to protect the information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine users, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the information that is obtained based on the consent form.

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal review and hearing procedures.

**Sources of Information:** The groups or individuals that may be asked to release the authorized information include but are not limited to:

- Previous Landlords (including Public Housing Agencies)
- Courier and Post Offices
- Schools and Colleges
- Law Enforcement Agencies
- Support and Alimony Providers
- Past and Present Employers
- Social Service Agencies
- State Wage Information Collection Agencies
- Social Security Administration
- Medical and Child Care Providers
- Veterans Administration
- Retirement Systems
- Banks and other Financial Institutions
- Credit Providers and Credit Bureaus
- Utility Companies
- Internal Revenue Service

**Consent:** I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization or business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing program. I understand that HAs that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

### Signatures:

_____	_____	_____
Head of Household	Date	Social Security Number (if any) of Head of Household
_____	_____	_____
Spouse	Date	Other Family Member over age 18
_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18
_____	_____	_____
	Date	Date

### Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer of employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.