

# Allendale Housing Inc.

C/O Madeline Corporation 555 10<sup>th</sup> St, Palisades Park, NJ 07650

(P) 201.944.3222

(F) 201.944.3422

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January 2024

RE: 220 W. Crescent Avenue, Allendale

Dear Applicant:

Madeline Corporation is pleased to announce that on behalf of Allendale Housing Inc., we are accepting applications for affordable rental units located at 220 W. Crescent Avenue. The one and two – bedroom units at The Vale development are for income eligible households. **The maximum income for a one-bedroom (very low) unit is \$27,093. The maximum income for a two-bedroom (moderate) unit is \$86,697.**

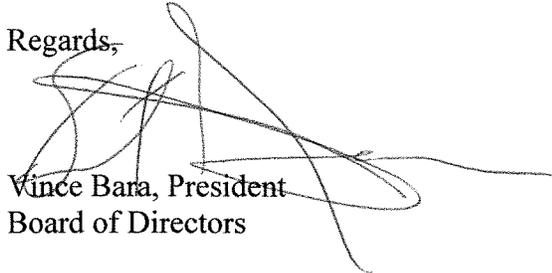
The units range from 744 to 1,175 square feet. The development includes amenities like laundry facilities, a clubroom and an elevator. Rents will range from \$590 to \$1,505 based on unit size and income level. Tenants will pay all utilities.

Enclosed is the application package. Completed applications will be accepted until the close of business on Friday, March 15, 2024 at:

Madeline Corporation  
555 10<sup>th</sup> Street  
Palisades Park, NJ 07650

Additional copies may be downloaded from the Borough of Allendale website at <https://www.allendalenj.gov>. However, if you have questions or require additional information, please call the offices of Madeline Corporation who is handling the application process for Allendale Housing Inc. Madeline Corporation can be reached at 201-944-3222.

Regards,

  
Vince Bara, President  
Board of Directors

## RENTAL APPLICATION CHECKLIST

The following forms are **REQUIRED** in order for your application to be considered:

- Completed application
- Copies of identification for ALL household members: picture ID, birth certificate, Social Security card, driver's license (if applicable)
- Three months of bank statements and paystubs for all applicable
- Most recent documentation of all sources of income (i.e., SSI award letter, child support, alimony, IRA and 401K investments, pension payments, etc.)
- Proof of current residence (i.e., utility bill, cable bill, etc.)
- Copies of the last two years' 1040 forms filed with the IRS
- Copy of Marriage License, Legal Separation, Divorce Decree (if applicable)
- Application fee of \$25. Checks can be made payable to Madeline Corporation.

Please mail completed applications to:  
Madeline Corporation  
Attn: Allendale Application  
555 10<sup>th</sup> Street  
Palisades Park, NJ 07650

Completed applications must be postmarked by Friday, March 15, 2024.  
Incomplete applications will not be considered.

For questions or assistance, please call our office at 201-944-3222.

# APPLICATION FOR RENTAL HOUSING

**This application is for rental housing located at:**

220 West Crescent  
Allendale, NJ

The development includes 6 units for low to moderate income individuals and families. There are 5 two-bedroom units and 1 one-bedroom unit. The development includes some amenities like in-unit laundry, lobby, clubroom, courtyard with grill and fire pit, gym, elevator and on-site maintenance.

Applicants must be income eligible. The maximum income for a one-bedroom (very low) unit is \$27,093. The maximum income for a two-bedroom moderate unit is \$86,697. Pets will be permitted at an additional cost.

Monthly rents will range from \$590 to \$1,505 based on unit size and income level. Tenants will pay all utilities.

**For questions or assistance, please call our office at 201-944-3222.**

## Personal Information

Today's Date: \_\_\_\_\_

1<sup>st</sup> Applicant's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

2<sup>nd</sup> Applicant's Full Name (i.e., spouse, partner): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

How did you hear about this housing opportunity? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly describe your reason for applying. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your current living situation.

I rent.       I own.       Other: \_\_\_\_\_

If you **rent**, what are the terms of your lease? From (date) to (date) \_\_\_\_\_

How long have you lived at your current location? \_\_\_\_ years & \_\_\_\_ months

Monthly Rent Amount: \_\_\_\_\_

Monthly Utility Expense: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_

Landlord's Phone Number: \_\_\_\_\_

If you **own**, please include the appraised value on Pgs. 6 & 9\*.

How long have you lived at your current location? \_\_\_\_ years & \_\_\_\_ months

Monthly Mortgage Amount: \_\_\_\_\_

Monthly Utility Expense: \_\_\_\_\_

*\*You may be asked to submit an appraisal.*

List your last two addresses and the dates you lived there.

Address 1: \_\_\_\_\_

\_\_\_\_\_

From (date) to (date): \_\_\_\_\_

Address 2: \_\_\_\_\_

\_\_\_\_\_

From (date) to (date): \_\_\_\_\_

Have you ever lived in Public Housing?

Yes       No

If yes, please provide the name of the agency and dates.

\_\_\_\_\_

\_\_\_\_\_

Have you ever received rental assistance?

- Yes       No       I currently receive rental assistance.

List all persons who will live in the apartment.

	Applicant's Name	Gender	Age	Relationship(s) to Other Applicant
1				
2				
3				
4				
5				
6				

Do you require any reasonable accommodations?

- Yes       No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you have a pet(s)

- Yes       No

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

## Legal Information

A background check will be conducted on each member of the household should tenancy be offered. Findings may result in disqualification.

Has any member of the household been convicted of a felony?

Yes       No      Name \_\_\_\_\_

If yes, check all that apply.

- Sexual misconduct
- Illegal possession, manufacture, sale and/or distribution of a controlled substance
- Physical crime against a person or persons and/or another person's property

Has any member of the household ever been evicted?

Yes       No      Name \_\_\_\_\_

If yes, please provide the address of the unit(s) from which you were evicted:

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Has any member of the household ever filed for bankruptcy?

Yes       No      Name \_\_\_\_\_

If yes, please describe. \_\_\_\_\_

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## Financial Information

Include the gross monthly amount of income for EACH member of the household. Include current documentation for each item, if applicable. If an item is not applicable, list N/A.

*\*If any sources of income or assets are shared (i.e., joint accounts), please only include the information once under one applicant's name.*

1<sup>st</sup> Applicant Name: \_\_\_\_\_

Source of Income*	Gross Monthly Amount
Employment	
Unemployment	
Pension	
Social Security Retirement	
Supplemental Security Income	
Social Security Disability Insurance	
Alimony	
Child Support	
Public Assistance	
Military Pay	
Life Insurance Policy	
Supplemental Trust	
Interest Income	
Dividend Income	
Rental Property	
Other:	
Other:	
<b>Total Monthly Gross Income</b>	

Do you anticipate any changes in income in the next 12 months?

Yes       No

Assets*	Value
Certificates of Deposit	
Credit Union	
Savings Bond	
Life Insurance Policy	
Mutual Funds	
Stocks	
Bonds	
Annuities	
Real Estate	
Other:	
Other:	
<b>Total Value</b>	

*\*If any sources of income or assets are shared (i.e., joint accounts), please only include the information once under one applicant's name.*

2<sup>nd</sup> Applicant Name: \_\_\_\_\_

<b>Source of Income*</b>	<b>Gross Monthly Amount</b>
Employment	
Unemployment	
Pension	
Social Security Retirement	
Supplemental Security Income	
Social Security Disability Insurance	
Alimony	
Child Support	
Public Assistance	
Military Pay	
Life Insurance Policy	
Supplemental Trust	
Interest Income	
Dividend Income	
Rental Property	
Other:	
Other:	
<b>Total Monthly Gross Income</b>	

Do you anticipate any changes in income in the next 12 months?

Yes       No

<b>Assets*</b>	<b>Value</b>
Certificates of Deposit	
Credit Union	
Savings Bond	
Life Insurance Policy	
Mutual Funds	
Stocks	
Bonds	
Annuities	
Real Estate	
Other:	
Other:	
<b>Total Value</b>	

Do you anticipate any changes in income in the next 12 months?

Yes       No

<b>Assets*</b>	<b>Value</b>
Certificates of Deposit	
Credit Union	
Savings Bond	
Life Insurance Policy	
Mutual Funds	
Stocks	
Bonds	
Annuities	
Real Estate	
Other:	
Other:	
<b>Total Value</b>	

Does anyone in your household own property?

Yes       No      Name \_\_\_\_\_

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

Appraised Market Value: \_\_\_\_\_

Loan Balance Due: \_\_\_\_\_

Annual Insurance Premium: \_\_\_\_\_

Annual Real Estate Tax Amount: \_\_\_\_\_

Do you receive rental income from this property?

Yes       No

Has anyone in your household sold or disposed of property or assets in the last 5 years (including given money to relatives or set up a trust account)?

Yes       No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does anyone in your household own a vehicle?

Yes       No

If yes, include details about the vehicle(s) you will park at the apartment.\*

*\*All vehicles must be insured, registered to tenant and drivable.*

**1<sup>st</sup> Applicant**

**2<sup>nd</sup> Applicant**

Make: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Model: \_\_\_\_\_

Color: \_\_\_\_\_

Color: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

## Certification of Applicants

I hereby certify that I **WILL NOT** maintain a separate subsidized rental unit in another location. I further certify that this will be my permanent residence. I understand I must pay a security deposit totaling one and one half month's rent for this apartment **PRIOR TO OCCUPANCY**. 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 am aware that this is a **NO SMOKING AND NO PET COMMUNITY**.

I understand that Madeline Corporation or any agent(s) of Madeline Corporation may, in addition to verification of my landlord and/or mortgage history, employment history, income verifications, and asset verifications, contact a credit reporting agency or agencies for the purpose of evaluating my past and present credit standing. Additionally, Madeline Corporation or their agents may conduct a criminal background investigation and may obtain this and/or other information from various sources as permissible by law.

I authorize my consent to have management verify the information in this application for purpose of providing my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process.

The undersigned agrees that this application shall remain the property of Madeline Corporation regardless of whether or not a rental lease agreement is granted.

\_\_\_\_\_  
Signature of 1<sup>st</sup> Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of 2<sup>nd</sup> Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Dependent

\_\_\_\_\_  
Date

# AUTHORIZATION FOR RELEASE OF INFORMATION

## **Consent**

I authorized and direct any Federal, State or local agency, organization, business, or individual to release to Madeline Corporation any information or material needed to complete and verify my application for tenancy.

I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) or the NJ Department of Community Affairs (DCA) in determining possible rental assistance.

## **Information Covered**

I understand that, depending on the program policies and requirements, previous or current information regarding myself may be needed. Verifications and inquiries that may be requested include, but are not limited to:

Identity and marital status	Employment income and assets
Residences and rental activity	Social Security benefits
Credit and criminal activity	Medical or child care allowances

## **Groups or Individuals That May Be Asked**

The groups or individual(s) that may be asked include, but are not limited to:

Previous landlords	Law enforcement agencies
Schools and/or colleges	Past and present employers
Social Security Administration	Utility companies
Banks and other financial institutions	Social services providers
County Welfare Agencies	

## **Computer Matching Notice and Consent**

I understand and agree that HUD, NJ DCA or Madeline Corporation may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have the right to a notification of any adverse information found and an opportunity to disprove incorrect information. HUD or NJ DCA may in the course of its duties exchange such automated information with other Federal, State or local agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Service, The Social Security Administration, and State Welfare and Food Stamp agencies.

## **Conditions**

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with Madeline Corporation and will stay in effect for the life of tenancy. I understand that I have the right to review my file and correct any information that I can prove is incorrect.

## **Signature**

\_\_\_\_\_  
Signature of 1<sup>st</sup> Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of 2<sup>nd</sup> Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Dependent

\_\_\_\_\_  
Date