

MULTIPLE DWELLING REPORTING RULE TENANT/APPLICANT INQUIRY

The **New Jersey Law Against Discrimination**, *N.J.S.A. 10:5-1 to -49*, makes it unlawful to discriminate in the sale or rental of housing based on a person's race, creed, color, national origin, ancestry, nationality, affectional or sexual orientation, disability, gender, marital status, or familial status (whether you have a child, a parent-child relationship with a minor, or you are pregnant).

The **New Jersey Division on Civil Rights** is the State agency that is authorized to enforce the Law Against Discrimination. Under the Division's **Multiple Dwelling Reporting Rules**, *N.J.A.C. 13:10-1.1 to -2.6*, the Division requires landlords to collect and record information about applicants for apartment rentals and tenants in apartment complexes throughout New Jersey. The **Multiple Dwelling Reporting Rule** requires landlords to provide a summary of this information to the Division and to retain the information on this form. **The information is used to prevent and eliminate discrimination in housing.** Your cooperation in filling out this form will assist the Division in enforcing the Law Against Discrimination.

Please note that, although landlords must record certain information about the race and ethnicity of applicants and tenants, it is unlawful to record or ask applicants or tenants about other characteristics such as religion, gender, marital status or affectional or sexual orientation.

If you feel you have been denied housing or treated differently for one of the reasons listed above, you may contact the Division on Civil Rights at (609) 984-3138 for referral to a local Division office for additional information or assistance.

Visit the Division on Civil Rights website at: www.state.nj.us/lps/dcr

CIVIL RIGHTS

Tenants/applicants: Fold & tear along dotted line and retain top portion for your records



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If the tenant/applicant chooses not to complete this form, the landlord or the landlord's representative is required to conduct a visual observation of the tenant or applicant and then complete this form as accurately as possible.

This form is not intended to be a part of the rental application process and must be kept separate and apart from rental records.

☐ Tenant ☐ Applicant Name: _____

Address: _____

City: _____ State: _____ Zip code: _____ Phone Number: _____

Race/Ethnicity: Please check all that apply to leaseholders (tenants) or applicants.

- ☐ **Black or African American:** a person having origins in any of the original peoples of Africa
- ☐ **Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish origin or culture, or a person having a Spanish surname
- ☐ **Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- ☐ **American Indian or Alaska Native:** a person having origins in any of the original peoples of North or South America
- ☐ **Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- ☐ **White or Caucasian:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Date: _____ Completed by: ☐ Tenant ☐ Applicant ☐ Landlord

If you have any questions regarding this inquiry please contact the Division on Civil Rights, Multiple Dwelling Unit at 609-984-3138 between the hours of 9:00 to 5:00 Monday through Friday.

AUTHORIZATION TO DISCLOSE INFORMATION

PLEASE NOTE:

"PUBLIC HOUSING AUTHORITY MUST EVALUATE EACH APPLICANT TO DETERMINE WHETHER THE APPLICANT WOULD BE REASONABLY EXPECTED TO HAVE A DETRIMENTAL EFFECT ON THE OTHER TENANTS OR ON THE PROJECT ENVIRONMENT. THE PHA MUST DENY ADMISSION TO ANY APPLICANT WHOSE HABITS AND PRACTICES MAY BE EXPECTED TO HAVE A DETRIMENTAL EFFECT ON THE OTHER TENANTS OR ON THE PROJECT ENVIRONMENT.

THE PHA MUST MAKE AN INFORMED JUDGEMENT ABOUT THE APPLICANT'S SUITABILITY AS A TENANT AND MUST ASSURE THAT SELECTION AMONG OTHERWISE ELIGIBLE APPLICANTS IS OBJECTIVE REASONABLE.

THIS INCLUDES (A) EXAMINING THE APPLICANT'S HISTORY OF MEETING FINANCIAL OBLIGATIONS, ESPECIALLY RENT (B) DETERMINING WHETHER THE APPLICANT HAS A HISTORY OF; DISTURBING THE NEIGHBORS; DESTROYING PROPERTY, LIVING OR HOUSEKEEPING HABITS WHICH COULD ADVERSELY AFFECT THE HEALTH, SAFETY, OR WELFARE OF OTHER TENANTS; OR CRIMINAL ACTIVITY, ESPECIALLY INVOLVING VIOLENCE."*

TO WHOM IT MAY CONCERN:

AS AN APPLICANT FOR ADMISSION TO THE SUBJECT HOUSING, I HEREBY AUTHORIZE THE HOUSING AUTHORITY OF THE BOROUGH OF FREEHOLD TO CONDUCT ANY NECESSARY INVESTIGATIONS AS PERMITTED AND REQUIRED BY HUD REGULATION IN ESTABLISHING MY ELIGIBILITY FOR SELECTION AS A TENANT.

THE INVESTIGATIONS CAN INCLUDE, BUT ARE NOT LIMITED TO, INTERVIEWS, REPORTS AND TELEPHONE CONVERSATION WITH RELIABLE SOURCES.

THE SOURCES MAY INCLUDE, BUT ARE NOT LIMITED TO BANKS, LANDLORDS, EMPLOYERS, CREDIT REPORTING AGENCIES, FAMILY SOCIAL WORKERS, PAROLE OFFICERS, COURT RECORDS, SUBSTANCE ABUSE TREATMENT CENTERS, CLINICS, PHYSICIANS, AND POLICE DEPARTMENTS WHERE WARRANTED.

FURTHER, I HEREBY GRANT PERMISSION TO THE SOURCES LISTED ABOVE TO RELEASE TO THE HOUSING AUTHORITY OF THE BOROUGH OF FREEHOLD ALL INFORMATION WITHIN THE LAST FIVE YEARS WHICH MAY BE PERTINENT TO CONSIDERATION OF MY APPLICATION FOR TENANCY IN THE SUBJECT HOUSING DEVELOPMENT.

I UNDERSTAND THAT ALL INFORMATION WILL BE KEPT CONFIDENTIAL AND WILL BE USED ONLY FOR THE STATED PROGRAM PURPOSES.

A PHOTOCOPY OF THIS SIGN AUTHORIZATION SHALL BE AS EQUALLY VALID AS THE ORIGINAL.

HOUSING AUTHORITY OF THE BOROUGH OF FREEHOLD
REPRESENTATIVE'S SIGNATURE

APPLICANT'S SIGNATURE

DATE:

SPOUSE'S SIGNATURE

DATE:

DO NOT COMPLETE- FOR OFFICE USE ONLY

APPLICATION # _____

DATE & TIME RECEIVED _____

FAMILY COMPOSITION/
FAMILY STATUS:

- ☐ HEAD/ SPOUSE 62 OR OVER
- ☐ HEAD/ SPOUSE DISABLE
- ☐ HEAD/ SPOUSE HANDICAPPED
- ☐ SINGLE HEAD OF HOUSEHOLD
(ONE PARENT FAMILY)
- ☐ NONE OF THE ABOVE

FAMILY SIZE _____

OF BEDROOMS _____

LOCAL PREFERENCE:

- ☐ INVOLUNTARILY DISPLACED
- ☐ SUBSTANDARD HOUSING
- ☐ PAYING MORE THAN 30% OF
FAMILY (HOUSEHOLD) INCOME
FOR RENT

RENT + UTILITY

COST- _____ % OF INCOME

☐ NONE OF THE ABOVE

NON- FEDERAL PREFERENCE:

- ☐ LOCAL RESIDENCY
- ☐ VETERANS/ FAM. OF VETS.
- ☐ ELDERLY

**HOUSING AUTHORITY
OF THE
BOROUGH OF FREEHOLD, NEW JERSEY**

COMMISSIONERS
EUGENE W. SODEN, CHAIRMAN
SUSAN SWEETMAN, VICE-CHAIRMAN
MARGARET PEACE
FRANCES ANDERSON
RUTH WITTENBERG
GEORGE KELDER

ADMINISTRATIVE OFFICE
107 THROCKMORTON STREET
FREEHOLD, NJ 07728
(732) 482-2421
FAX (732) 409-7075

KATHLEEN SHEEDY
COUNSEL

FRANK F. GRAZIANO
EXECUTIVE DIRECTOR

"EMPLOYMENT VERIFICATION"

Dear Sir/Madam:

We are legally required to verify the income from all sources, of all families applying for admission to, or continued occupancy in developments in the low-income housing program of this Housing Authority.

We are requesting your cooperation in supplying the information below which applies to the period during which you employed this applicant. This information will be held in confidence for use only in determining the family's eligibility and rent.

I HEREBY AUTHORIZE AND REQUEST MY EMPLOYER TO FURNISH THE FOLLOWING INFORMATION WHICH IS NECESSARY IN DETERMINING MY ELIGIBILITY AND RENT FOR LOW-INCOME HOUSING.

TENANT SIGNATURE	DATE	HOUSING REPRESENTATIVE	DATE
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TENANT SOCIAL SECURITY NUMBER _____

TO BE COMPLETED BY EMPLOYER

EMPLOYER NAME _____	BUSINESS PHONE _____
ADDRESS _____	FAX NUMBER _____

DATE EMPLOYEE HIRED _____	POSITION _____
CURRENT PAY RATE _____	Hourly _____ Weekly _____ Monthly _____
HOURS PER WORK WEEK _____	
OVERTIME HOURS, if any _____	RATE OF OVERTIME PAY _____

EMPLOYER SIGNATURE	EMPLOYER PRINT - TITLE
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Remarks _____

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OVERTIME HOURS, if any RATE OF OVERTIME PAY

EMPLOYER SIGNATURE

EMPLOYER PRINT - TITLE

Remarks

REPORT OF RESIDENCY

THIS WILL AUTHORIZE FREEHOLD BOROUGH HOUSING AUTHORITY (landlord)
TO RECEIVE INFORMATION REQUESTED BELOW REGARDING MY RENTAL HISTORY.

APPLICANT NAME

SOCIAL SECURITY NUMBER

SIGNATURE

STREET ADDRESS

DATE

CITY, STATE, ZIP CODE

To Whom It May Concern:

The family/individual named above is an applicant for Freehold Borough Housing Authority. In order for this applicant to be eligible for an apartment at our housing development, it is necessary for us to have a history of previous rental relationships. This information will be held in strict confidence as is required under the provisions of the Privacy Protection Act, and will be used only to determine the eligibility of the family for housing at this housing development.

We would appreciate your cooperation in completing those applicable portions of the inquiry and returning it in the enclosed self-addressed envelope. Your early attention to this matter is necessary in order that we might give this family expeditious consideration in their desire for residency at our housing development.

INFORMATION REQUESTED

1. IS THE APPLICANT RENTING FROM YOU NOW? _____
2. OCCUPANCY DATE _____ MOVE OUT DATE _____
3. MONTHLY RENTAL AMOUNT \$ _____ NUMBER OF BEDROOMS _____
4. ARE UTILITIES INCLUDED IN THE RENT? _____
5. PAYMENT RECORD? PROMPT _____ SLOW _____ LATE _____
6. NUMBER OF FAMILY MEMBERS _____
7. PETS? YES _____ NO _____

over

8. WOULD YOU WANT TO RENT TO THIS FAMILY AGAIN? YES _____ NO _____
IF NO, WHY? _____
9. DOES THE TENANT MAINTAIN THE RENTAL PROPERTY IN A CLEAN
SANITARY CONDITION? YES _____ NO _____
IF NO, EXPLAIN _____
10. DOES THE TENANT AND/OR VISITORS/GUESTS PLAY THEIR MUSIC LOUDLY
OR MAKE EXCESSIVE NOISES? YES _____ NO _____
IF YES, EXPLAIN _____
11. IS THERE A HISTORY OF LEASE VIOLATIONS SUCH AS?
UNAUTHORIZED PERSONS LIVING WITH THEM: YES _____ NO _____
FIGHTING IN DWELLING, ON PROPERTY: YES _____ NO _____
DRUG SALES/USE: YES _____ NO _____
ALCOHOLISM: YES _____ NO _____
12. REASON(s) FOR LEAVING? _____

LANDLORD NAME

LANDLORD SIGNATURE

LANDLORD ADDRESS

DATE

LANDLORD PHONE NUMBER

REPORT OF RESIDENCY

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