

Mongil Corporation announces the opening of its waiting list for its 202 PRAC property for Senior Citizens (62 years of age or older). John T. Gregorio Towers is a 78 unit building consisting of one bedroom apartments located at 1425 Dill Avenue, Linden, New Jersey.

Applicants must be 62 years of age or older and be income eligible. Current income limits are as follows:

Income Limits
1 person - \$37,600
2 person - \$43,000

Applications for the Mongil Corporation Senior Citizen (62 years of age or older) housing will be available for pick up starting September 15, 2021 between the hours of 9:30am-11:45am and 1:15pm-4:00pm (excluding Saturday, Sunday or Holidays). Applications will be accepted until a maximum of 200 are received, after which time the list will be closed and no other applications will be accepted. The applications received will be placed on the waiting list according to date and time and preference claimed.

Preference: If you live, work or have been hired to work in Union County, you may claim this on your application. All income and preferences claimed will be verified before any subsidy is approved.

Applications can be picked up at John T. Gregorio Towers, 1425 Dill Avenue, Linden, New Jersey. Applications may also be downloaded from the website. However, the application must be printed, completed and mailed in. The website does not offer electronic submission. To print the application, go to WWW.LINDENHOUSINGAUTHORITY.ORG

You must mail the completed application to:
HOUSING AUTHORITY CITY OF LINDEN – ATTENTION JTG
1601 Dill Avenue, Linden, NJ 07036

****If you need assistance to complete the application process because of a disability, please call Maria Feinerman at 908-298-3820 EXT. 407****

Only one application per person will be accepted. Duplicate applications will not be accepted.

Ann J. Ferguson, PHM, President
Mongil Corporation
1425 Dill Avenue
Linden, New Jersey 07036
908-298-3820



For Office Use Only: Date application received _____	Time application received _____	By _____
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**Application for Admission and Rental Assistance
Mongil Corporation of the City of Linden
Elderly Only Housing - 62 years of age or older**

MONGIL CORPORATION
1425 Dill Avenue
Linden, NJ 07036

Applicant name _____ Application number _____
 Current address _____
 City, state, zip code _____
 Home phone _____ work/cell phone _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the Head of Household and all other members who will be living in the unit. Give the Relationship of each family member to the head.

MEMBER NO.	MEMBER'S FULL NAME	RELATIONSHIP	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NUMBER

2. **Race of Head of Household** (check one) (For statistical purposes only)
 White Black American Indian/Alaskan Native Asian/Pacific Islander
3. **Ethnicity of Head of Household** (For statistical purposes only)
 Hispanic Non-Hispanic
4. Does anyone live with you now who is not listed above: Yes No
 If you answered YES to either Question 4, explain _____
-
5. **ARE YOU CURRENTLY A UNION COUNTY RESIDENT** Yes No
 If you answered YES to either Question 4 or 5, explain _____
-
6. Is the Head of Household or Spouse a person with disabilities? Yes No
7. Please identify any special housing needs your household has:

-
8. How many people live in your unit now? _____ How many bedrooms do you have? _____
9. Do you wish to move? Yes No If yes, why? _____
-
10. Are you now living in a federally subsidized housing unit? Yes No If yes:
 Name of Complex _____
 Name of Manager _____
 Manager's telephone number: _____
11. Have you ever lived in Public Housing? Yes No
12. Have you ever participated in the Section 8 Existing Program? Yes No If yes, enter the date(s) of occupancy: _____

13. Have you ever been evicted from Public Housing, Indian Housing, a Section 23 or Section 8 Program?
 Yes No If yes, when? _____ For what reason? _____
14. Have you ever been arrested for illegal use of a controlled substance or activities related to an abuse of alcohol?
 Yes No
15. Name and address of current landlord: _____ Phone: _____
16. Your last address: _____
 Dates you lived there: From _____ to _____
17. Name and address of previous landlord: _____
 _____ Phone: _____

INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each "yes" provide details in the chart below.

Does any member of your household:

- Yes No 1. Work full-time, part-time or seasonally?
- Yes No 2. Expect to work for any period during the next year?
- Yes No 3. Work for someone who pays them cash?
- Yes No 4. Expect a leave of absence from work due to lay-off, medical, maternity or military leave?
- Yes No 5. Now receive or expect to receive unemployment benefits?
- Yes No 6. Now receive or expect to receive child support?
- Yes No 7. Have an entitlement to receive child support that he/she is not now receiving?
- Yes No 8. Now receive or expect to receive alimony?
- Yes No 9. Have an entitlement to receive alimony that is not currently being received?
- Yes No 10. Now receive or expect to receive public assistance (welfare)?
- Yes No 11. Now receive or expect to receive Social Security or disability benefits?
- Yes No 12. Now receive or expect to receive income from a pension or annuity?
- Yes No 13. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
- Yes No 14. Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, earnings on a whole life insurance policy or income from rental property?
- Yes No 15. Own real estate or any assets for which you receive no income (checking account, cash)?
- Yes No 16. Have you sold or given away real property or other assets (including cash) in the past two years?

INCOME AND ASSET INFORMATION (continued)

MEMBER NO.	SOURCE OF INCOME/TYPE OF INCOME	MONTHLY INCOME	ANNUAL INCOME

ASSETS

1. List all checking and savings accounts (including IRAs, Keogh accounts, and Certifications of Deposit) of all household members.

MEMBER NO.	BANK NAME	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

2. List the value of all stocks, bonds, trusts, pensions, or other assets owned by any household member:

3. List the value of any assets disposed of for less than fair market value during the past two years:

EXPENSES

- Yes No

Do you pay a care attendant for any equipment for any handicapped or disabled household member(s) with disabilities necessary to permit that person or someone else in the household to work?

If yes:

Care Attendant's name _____

Address _____

Telephone _____

What is the cost to you for the care attendant and/or the equipment? _____

ELDERLY FAMILIES ONLY

- Yes No

Do you have medicare? If yes, what is your monthly premium? _____

- Yes No

Do you have any other kind of medical insurance? If yes, answer the following questions:

Carrier's name _____ Address _____

Policy number _____ Premium amount _____

- Yes No

Do you have outstanding medical bills? If yes, list them below. _____

What medical expenses do you expect to incur in the next twelve months? _____

If you use the same pharmacy regularly, please provide the name and address: _____

Please list names, addresses and phone numbers of two relatives or friends who know how to contact you.

1. _____ 2. _____

APPLICANT CERTIFICATION

I/we certify that the information given to the Housing Authority of the City of Linden on household composition, income, net family assets, and allowances and deductions is accurate & complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head _____ Date _____

Signature of Spouse/Co-Head _____ Date _____

PHA Representative _____ Date _____

Note to applicants: This project does not discriminate against any person on the basis of race, color, religion, sex, handicap, familial status, national origin or marital status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at (800) 424-8590.

ANN J. FERGUSON, P.H.M.
President

GEORGE KOSTREY
Vice President



1425 Dill Avenue
Linden, New Jersey 07036-1779
Phone: 908-298-3821
Fax: 908-486-4204
E-Mail: mongil@aol.com

PREFERENCE CERTIFICATION

I, _____ certify the following preference:

I am a Union County Resident

Applicant Signature

Date



EQUAL OPPORTUNITY EMPLOYER
TTY/TDD PLEASE CALL 1-800-852-7899

ANN J. FERGUSON, P.H.M.
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AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ (Legal Name), residing at:

_____, do hereby authorize any agencies, offices, groups, organizations or business firms to inform the Mongil Corporation of any information or materials which are necessary to complete and verify my application for participation and/or to maintain my continued assistance under the Mongil Corporation – Section 202 PRAC rental assistance program.

These organizations are to include, but are not limited to: Financial Institutions, Past or Present Employers, Social Security Administration, Welfare & Food Stamp Agencies, Veteran’s Administration, Court Clerks, Utility Companies, Workman’s Compensation Agencies, Attorneys, Credit Providers and Banks.

I understand that the Department of Housing & Urban Development (HUD) may conduct computer matching programs in order to verify the information supplied on my application or recertifications. It is with my understanding and consent that a photocopy of this authorization may be used for the purposes stated above.

Signature – Applicant/Resident

Social Security Number

For Office Use

Mongil Corporation Representative

Date

“Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f), (g) and (h).



EQUAL OPPORTUNITY EMPLOYER
TTY/TDD PLEASE CALL 1-800-852-7899

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Mongil Corporation

State Lifetime Sex Offender Registration Policy

PURPOSE

The Mongil Corporation (hereafter referred as the "MC"), as notified by HUD Notice H 2009-11/PIH 2009-35 issued September 9, 2009, has established a zero tolerance policy to prevent lifetime sex offenders from receiving federal housing assistance.

PROCEDURES

In addition to conducting a Criminal Background check through the State Bureau of Identification (SBI) for all applicants and applicants' household members before approving their subsidy, the MC will also screen applicants and household members to determine whether any member is subject to a lifetime registration requirement under a state sex offender registration program. The screening requirements and procedures are set under 24 C.F.R. 5.856 and 5.905. In addition, 24 C.F.R. 960.204 requires a Multifamily Housing Assistance Program to "establish standards that prohibit admission to the Multifamily Housing Assistance Program if any member of the household is subject to a lifetime registration requirement under a State sex offender registration program."

The MC will screen applicants using the Dru Sjodin National Sex Offender Database, hosted by the Department of Justice, which combines the data from individual state sex offender registries, in order to confirm that members and federal housing assistance recipients are not lifetime registered sex offenders. The applicant will be asked the question, "Are you or any members of your household subject to a lifetime state sex offender registration program in any state?" Applicants will also be notified that if they withhold or falsify information on the application, the MC will deny them admission to the program.

In addition to screening adult members of the household, the HUD Notice recommends that screening include background checks on juvenile household members to the extent allowed by state and local law. The MC will also screen juvenile household members as permitted under state and local law.

If the screening process reveals that an applicant is a lifetime registered sex offender, or if the applicant withholds or falsifies information on the application, the MC must deny admission. The applicant will be given written notice of the

MC's decision to deny admission and will be advised to their right to dispute the accuracy and relevance of the background check information.

A record of the search of this screening, including the date performed, will be retained. The MC will destroy the results according to their Destruction of Records Policy.

RECERTIFICATION / REEXAMINATION

At each annual recertification/reexamination, the MC will provide tenants with a copy of this policy, which includes the question, "Are you or any members of your household subject to a lifetime state sex offender registration program in any state?" The MC will conduct a screening on all tenants and their household members through the Dru Sjodin National Sex Offender Database, and will document this information utilizing the same method used at admission.

For any admissions after June 25, 2001 (the effective date of the Screening and Eviction for Drug Abuse and Other Criminal Activity final rule), if the recertification/reexamination screening reveals that the tenant or any member of the tenant's household is subject to a lifetime sex offender registration requirement, or if the tenant has falsified information or otherwise failed to disclose his or her criminal history on the application and/or recertification/reexamination forms, the MC will pursue eviction.

Notwithstanding the above, if a tenant or any member of the tenant's household, regardless of his or her date of admission, commits any criminal activity while living in federally assisted housing, the MC will pursue eviction.

Each applicant/ tenant will be given a copy of this policy along with its attachment.

This attachment requires a signature of the applicant/tenant.

Mongil Corporation
State Lifetime Sex Offender Registration Policy:

APPLICANT/TENANT ACKNOWLEDGMENT

Are you or any members of your household subject to a lifetime state sex offender registration program in any state?

NO _____

YES _____

If yes, please set forth the following:

1. Identify State of registration
2. Date of Conviction
3. Offense

Notice to Applicants: If you falsify or fail to disclose information on your application the Mongil Corporation will deny you admission to the program.

Notice to Applicant and Tenants: If you falsify or fail to disclose information at your annual recertification/reexamination, the Mongil Corporation will pursue eviction.

I hereby acknowledge that I received a copy of the Mongil Corporation's State Lifetime Sex Offender Registration Policy. I also acknowledge that the above information regarding my household's lifetime state sex offender registration status is correct.

Applicant/Tenant

Date

For Office Use Only

- A national sex offender search was conducted through Dru Sjodin National Sex Offender Database hosted by the Department of Justice on _____ .