

RAMSEY HOUSING INC.

This application is for rental housing located at: 13 North Central Avenue, Ramsey, NJ 07446

RENTAL APPLICATION CHECKLIST

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

- ☐ Questionnaire
- ☐ Completed application
- ☐ Copies of identification: Picture ID, Birth Certificate, Social Security Card, Driver's License (if applicable)
- ☐ Most recent bank statement and documentation for all sources of income (i.e., pay stubs, SSI award letter, child support, alimony, IRA and 401K investments, pension payments, etc.)
- ☐ Disability certification form completed by a licensed physician
- ☐ Proof of medical insurance/coverage
- ☐ Copy of the DDD Support Plan (if applicable)

Please mail completed applications to:
Madeline Corporation
555 10th Street
Palisades Park, NJ 07650

Completed applications must be received by **July 31, 2025**.
Incomplete applications will not be considered.

For questions or assistance, please contact Madeline Corporation at
201-944-3222 or tkorsgen@madelinecorp.com.

QUESTIONNAIRE

Please answer the questions below, so we can learn more about you.

1. What do you enjoy doing in your free time?

- | | |
|--|--|
| ☐ Bowling | ☐ Listening to/making music |
| ☐ Cooking/baking | ☐ Playing games |
| ☐ Drawing/painting | ☐ Taking walks |
| ☐ Going outside | ☐ Other _____ |
| ☐ Going to the movies | ☐ Other _____ |

2. What is your favorite thing to watch on TV?

3. What is your favorite food?

4. When you have a problem or a question, who do you talk to?

5. What time do you usually wake up?

6. What time do you usually go to bed?

7. Who do you live with right now?

8. How would you feel about living on your own?

9. How would you feel about living with a roommate?

10. Did someone help you answer these questions?

11. If so, who?

APPLICATION FOR RENTAL HOUSING

Ramsey Housing Inc. is accepting applications for its affordable special needs housing development located at 13 North Central Avenue in Ramsey. There are six (6) one-bedroom independent living units for individuals with developmental disabilities. They range in size from 720 to 741 square feet. On-site amenities include laundry facilities, parking, Community Room, and covered outdoor space.

Applicants for the special needs units must be 18 years of age or older, income eligible (maximum income \$42,144) and capable of living independently. Physician certification of a developmental disability is required. Applicants must also be registered for services with the NJ Division of Developmental Disabilities and be Medicaid eligible as all units have been assigned project-based vouchers administered by the Supportive Housing Connection (SHC). The amount of rent paid monthly will be based on NJ DHS Published Rent Standards to insure that tenants pay no more than 30% of their gross monthly income.

Completed applications must be received by **July 31, 2025**. Incomplete applications will not be considered.

Personal Information

Today's Date _____

Applicant's Full Name _____

Date of Birth _____

Social Security Number _____

Address _____

City/State/Zip Code _____

Home Phone _____

Mobile Phone _____

E-mail Address _____

How did you hear about this housing opportunity? _____

Parent/Guardian/Alternate Contact's Full Name _____

Daytime Phone Number _____

Cell Phone Number _____

Address _____

City/State/Zip _____

E-mail Address _____

In your own words, describe your developmental disability and level of independence. _____

Would you rather:

- ☐ Live in a one-bedroom apartment (by yourself)
- ☐ Live in a two-bedroom apartment (with a roommate)

Our independent living developments include both one- and two-bedroom apartments. We will take your preferences into consideration; however, apartment selection is based upon multiple factors including careful review of one's application and a person-to-person interview. Roommate pairings are made according to common likes and dislikes as well as schedule.

What agency, company or private individual is providing you with support services? *Do not include DDD, Medicaid or Social Security.* _____

Provider's Name _____

Provider's Address _____

Provider's Phone Number _____

Contact Person _____

How are services paid for? _____

Which daily activities do you participate in?

- ☐ Employment
- ☐ School
- ☐ Volunteering
- ☐ Day Program

Do you drive?

- ☐ Yes
- ☐ No

Do you own a car?

- ☐ Yes
- ☐ No

Legal Information

A background check will be conducted on each application. Findings may result in this application being disqualified.

Do you have any felonies or misdemeanors? 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

Financial Information

Check all of the sources of income that you receive. **Include current documentation for the items that you check.**

Supplemental Security Income

☐ Yes ☐ No

If yes, what is the annual amount? _____

Social Security Disability Insurance

☐ Yes ☐ No

If yes, what is the annual amount? _____

Social Security Retirement

☐ Yes ☐ No

If yes, what is the annual amount? _____

Employment

☐ Yes ☐ No

If yes, what is the annual amount? _____

Unemployment

☐ Yes ☐ No

If yes, what is the annual amount? _____

Pension

☐ Yes ☐ No

If yes, what is the annual amount? _____

Alimony

☐ Yes ☐ No

If yes, what is the annual amount? _____

Welfare

☐ Yes ☐ No

If yes, what is the annual amount? _____

Supplemental Trust

☐ Yes ☐ No

If yes, what is the annual amount? _____

Housing Voucher

☐ Yes ☐ No

If yes, what type? _____

Other

If other, please specify type and annual amount. _____

Do you have a checking account?

☐ Single ☐ Joint ☐ No checking account

Name of Bank or Credit Union _____

Address _____

Phone Number _____

Account Number _____

Current Balance _____

Do you have a savings account?

☐ Single ☐ Joint ☐ No checking account

Name of Bank or Credit Union _____

Address _____

Phone Number _____

Account Number _____

Current Balance _____

Do you own stocks or bonds?

☐ Yes ☐ No

If yes, please provide the company name and address for each.

Do you own real estate?

☐ Single ☐ Joint ☐ No real estate

If yes, what is the value? _____

Do you have a budget from DDD?

☐ Yes ☐ No

If yes, please answer the following:

Tier Level: _____

Individual Budget Amount: _____

Which program?

- ☐ Community Care Waiver
- ☐ Supports Program
- ☐ Self-Directed Services
- ☐ Self-Directed Day Program
- ☐ Pending

Certification of Applicants

Please read this section carefully. It is very important.

I/We certify the information given in this application is accurate and complete. I/We further understand that any inaccuracies or information withheld may be the basis for immediate denial of my application by the Owner/Agent. I/We, by signature below, authorize the Owner/Agent to request a complete criminal background check through an outside independent background service company to secure a written report of all information pertaining to [but not limited to] sex offender records, criminal background, etc. I/We further agree that this application does not constitute any oral and/or written commitment on the part of the Owner/Agent. I/We understand the Owner/Agent will request only that information necessary to determine the person's eligibility or level of assistance.

Please be further advised.

Federal law prohibits the Landlord from discrimination against any applicant because of race, color, creed, religion, sex, national origin, political or other affiliation, family status, handicap, or source of income. As required by federal law, applicants must produce proof of their social security numbers. Individuals who have not been assigned a social security number are required to sign and date a certification stating that a social security number has not been assigned. This certification requires subsequent compliance should this apply.

Signature of Applicant

Date

Signature of Guardian, if applicable

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

Consent

I authorized and direct any Federal, State or local agency, organization, business, or individual to release to BCUW/Madeline Housing Partners, LLC 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
Residences and rental activity
Credit and criminal activity

Employment income and assets
Social Security benefits
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
Schools and/or colleges
Social Security Administration
Banks and other financial institutions
County Welfare Agencies

Law enforcement agencies
Past and present employers
Utility companies
Social services providers

Computer Matching Notice and Consent

I understand and agree that HUD, NJ DCA or Bergen County's United Way and Madeline Housing Partners, LLC 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 BCUW/Madeline Housing Partners, LLC 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 Applicant

Date

Print Name

DISABILITY CERTIFICATION FORM

IDENTIFYING INFORMATION					
Individual's Name:			Date of Birth:		
Last 4 Digits of Social Security Number:					
CIRCLE APPLICABLE CODES					
PRIMARY ICD-9 CODES	ICD-9 CODE	ICD-10 DIAGNOSTIC CODE	PRIMARY ICD-9 CODES	ICD-9 CODE	ICD-10 DIAGNOSTIC CODE
Abetalipoproteinemia	272.5	E78.6	Hallervorden-Spatz Syndrome	333.0	G23.0
Acrocephalosyndactyly (Apert's Syndrome)	755.55	Q87.0	Head Injury, unspecified – Age of onset:	959.01	S09.90XA
Adrenaleukodystrophy	277.86	E71.529	Hemiplegia, unspecified	342.9	G81.90
Arginase Deficiency	270.6	E72.21	Holoprosencephaly	742.2	Q04.2
Agenesis of the Corpus Callosum	742.2	Q04.3	Homocystinuria	270.4	E72.11
Agenesis of Septum Pellucidum	742.2	Q04.3	Huntington's Chorea	333.4	G10
Argyria/Pachygyria/Microgyria	742.2 Or 758.33	Q04.3	Hurler's Syndrome	277.5	E76.01
Aicardi Syndrome	333	G23.8	Hyperammonemia Syndrome	270.6	E72.4
Alcohol Embryo and Fetopathy	760.71	F84.5	I-Cell Disease	272.2	E77.0
Anencephaly	655.0	Q00.0	Idiopathic Torsion Dystonia	333.6	G24.1
Angelman Syndrome	759.89	Q93.5	Incontinentia Pigmenti	757.33	Q82.3
Asperger Syndrome	299.8	F84.5	Infantile Cerebral Palsy, unspecified	343.9	G80.9
Ataxia-Telangiectasia	334.8	G11.3	Intractable Seizure Disorder	345.1	G40.309
Autistic Disorder (Childhood Autism, Infantile Psychosis, Kanner's Syndrome)	299.0	F84.0	Klinefelter's Syndrome	758.7	Q98.4
Biotinidase Deficiency	277.6	D84.1	Krabbe Disease	333.0	E75.23
Canavan Disease	330.0	E75.29	Kugelberg-Welander Disease	335.11	G12.1
Carpenter Syndrome	759.89	Q87.0	Larsen's Syndrome	755.8	Q74.8
Cerebral Palsy, unspecified	343.69	G80.9	Leigh Disease	330.8	G31.82
Cerebral Palsy, Hemiplegic, Congenital	343.1	G80.2	Lesch-Nyhan Syndrome	277.2	E79.1
Cerebral Palsy, Paraplegic, Congenital	343	G80.1	Lissencephaly	742.2	Q04.3
Cerebral Palsy, Quadriplegic	343.2	G80.0	Lowe (Terrey MacLachlan) Syndrome (Oculocerebrorenal Dystrophy)	270.8	E72.03
Charcot Marie Tooth Disease	356.1	G60.0	Marfan Syndrome	759.82	Q87.40
CHARGE Association	759.89	Q89.8	Megalencephaly	742.4	Q04.5
Cockayne Syndrome	759.89	Q89.8	Menkes Disease (X-Linked)	275.1	E83.09
Coffin-Lowry Syndrome	759.89	Q89.8	Metachromatic Leukodystrophy	330.0	E75.25
Congenital Defects of Glycosylation	279.03	D80.3	Methylmalonic Aciduria (Acidemia)	270.3 or 270.7	E71.120
Cornelia de Lange Syndrome	759.89	Q89.8	Microencephaly	742.1	Q02
Cri-du-chat Syndrome	758.31	Q93.4	Mild Intellectual Disability	317.0	F70
Crouzon Syndrome	756.0	Q75.1	Mixed Conductive and Sensorineural Hearing Loss	389.2	H90.8

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DiGeorge Syndrome	279.11	D82.1	Moderate Intellectual Disability	318.0	F71
Down Syndrome	758.0	Q90.9	Moderate or Severe Impairment, Better Eye, Profound Impairment Lesser Eye	369.1	H54.10
Dubowitz Syndrome	742.8	Q07.8	Mucopolipidosis Type IV	330.1	E75.11
Duchenne Muscular Dystrophy	359.1	G71.0	Mucopolysaccharidosis (Hunter's Syndrome, Hurler's Syndrome, Scheie's Syndrome)	277.5	E76.01
Dystonia Musculorum Deformans	333.6	G24.1	Multiple Sclerosis	340	G35-37
Encephalopathy, not elsewhere classified	348.3	G93.40	Neuroaxonal Dystrophy	333	G23.0
Epilepsy, unspecified	345.9	G40.90	Neurofibromatosis (von Recklinghausen's Disease)	237.71	Q85.01
Fetal Alcohol Syndrome	760.71	Q86.0	Neuronal Heterotopia	742.8	Q07.8
Fragile X Syndrome	759.83	Q99.2	Niemann-Pick Disease	272.7	E75.249
Friedreich's Ataxia	334.0	G11.1	Noonan Syndrome	759.81	Q87.1
Fucosidosis	271.8	E77.1	Other Cerebral Degeneration	331.8 Or 349.89	G32.89 Nonspecified
Gaucher's Disease	272.7	E75.22	Other Chromosomal Abnormalities, not elsewhere classified	758.89	Q99.8
Generalized Convulsive Epilepsy	345.1	G40.309	Other Disorders of Purine and Pyrimidine Metabolism (Lesch-Nyhan Syndrome)	277.2	E79.1
Generalized Non-Convulsive Epilepsy	345.0	G40.401	Other Specified Anomalies (Cornelia de Lange Syndrome, Seckel Syndrome)	759.9	Q87.1
Gonadal Dysgenesis (Turner's Syndrome)	758.6	Q96.9	Other Specified Anomalies of Nervous System (Familial Dysautonomia; Riley-Day Syndrome)	742.8	G90.1
Grand Mal Status	345.3	G40.409	Other Specified Cerebral Degenerations in Childhood (Alper's Disease or Gray-Matter Degeneration; Infantile Necrotizing Encephalomyelopathy; Leigh's Disease; Subacute Necrotizing Encephalopathy or Encephalomyelopathy, Rett's Syndrome)	330.8	G31.81
Other Spinocerebellar Diseases (Ataxia-Telangiectasia [Louis-Bar Syndrome])	334.8	G11.3	Other Specified Pervasive Developmental Disorders (Asperger's Disorder, Atypical Childhood Psychosis; Borderline Psychosis of Childhood)	299.8	F84.5
Paraplegia (Paralysis of Both Lower Limbs)	344.1	G82.20	Spina Bifida without mention of Hydrocephalus	741.9	Q05.8
Partial Epilepsy, with Impairment of Consciousness (Psychomotor Epilepsy)	345.4	G40.201	Spinal Cord Injury (Initial Encounter)	952.9	S14.109A

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Patau's Syndrome	758.1	Q91.7	Spinal Muscular Atrophy, Unspecified	335.1	G12.1
Pervasive Developmental Disorder-NOS	299.9	F84.9	Sturge-Weber Syndrome	759.6	Q85.8
Pick's Disease	331.11	G31.01	Symptomatic Torsion Dystonia (Athetoid Cerebral Palsy)	333.7	G80.3
Propionic Acidemia	270.3	E71.121	Tay-Sachs Disease	330.1	E75.02
Prader-Willi syndrome	759.81	Q87.1	Torch Syndrome	760.02	P00.2
Profound Intellectual Disability	318.2	F73	Trisomy 13	758.1	Q91.13
Pyruvate Dehydrogenase Deficiency (lactic, pyruvic)	271.8	E74.4	Trisomy 18 (Edwards' Syndrome)	758.2	Q91.3
Quadriplegia and Quadriparesis	344.00	G82.5	Tuberous Sclerosis	759.5	Q85.1
Refsum's Disease	356.3	G60.1	Unspecified (Traumatic Blindness NOS)	950.9	S04.019A
Rett's Syndrome	330.8	F84.2	Unspecified Anomaly of Brain, Spinal Cord and Nervous System	742.9	Q07.9
Rubinstein-Taybi Syndrome	759.89	Q87.2	Unspecified Cause of Encephalitis	323.9	G04.90
Sandhoff Disease	330.1	E75.01	Unspecified Delay in Development (Developmental Disorder NOS)	315.9	F89
Sanfillippo Syndrome	277.5	E76.22	Unspecified Disease of Spinal Cord	336.9	G95.9
Schindler Disease Type 1	271.8	E77.1	Unspecified Intellectual Disability	319	F79
Schizencephaly	742.4	Q04.6	Unspecified Pervasive Developmental Disorder (Pervasive Developmental Disorder NOS)	299.9	F84.9
Seckel Syndrome	759.89	Q87.1	Untreated Phenylketonuria	270.1	E70.0
Septo-optic Dysplasia	742.4	Q04.4	Urea Cycle Defects	270.6	E72.20
Severe Hypoxic Ischemic CNS Injury	768.73	P91.63	Usher Syndrome Type II	694.4	L10.4
Severe Intellectual Disability	318.1	F72	Vater Association	759.89	Q87.2
Sjogren-Larsson Syndrome	757.1	Q80.9	Werdnig-Hoffman	335.0	G12.0
Spastic Hemiplegia	342.1	G80.2	Williams-Beauren Syndrome	758.9	Q87.8
Spielmeyer-Vogt Disease	330.1	E75.4	Wilson Disease	275.1	E83.01
Spina Bifida	741	Q05	Zellwager Syndrome	277.86	E71.510
			Psychiatric Disorder or Problem		F99

DISABILITY CERTIFICATION FORM

My signature on this document certifies that the diagnosis identified is based on medical evaluation and documentation and/or established medical evaluation and documentation.

Physician's Name:

License Number:

Address:

Telephone Number:

Physician's Signature:

Date:
