



**Bergen County's United Way**



FOR IMMEDIATE RELEASE

For More Information Contact:  
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MONTVALE – Bergen County's United Way has announced that it is accepting applications for their latest affordable housing development in Montvale, NJ. The Old School #2 at 11 East Grand Avenue has been renovated. The adaptive reuse of the building now includes 10 one-bedroom and Studio affordable rentals ranging from 400 to 700 square feet, laundry in each unit, an elevator, on-site parking and perimeter and interior security.

Applicants must be 60 years or older and income eligible.

“We are grateful to the Borough of Montvale, the County of Bergen Division of Community Development, HUD and our development team for making this project possible,” said Tom Toronto, President of Bergen County's United Way. “The collaboration and commitment of all who support the innovative and entrepreneurial approach we employ, have made it possible for older adults to live easily and comfortably in an age-friendly community that promotes health and wellness. Building these *Very Special Homes* is our passion.”

The application package may be downloaded from BCUW's website at [www.bergenunitedway.org](http://www.bergenunitedway.org) or hard copies may be picked up Monday through Friday (9 a.m. – 5 p.m.) at their Paramus offices located at 6 Forest Avenue, Suite 220.

Completed applications along with a \$25 application fee will be accepted until the close of business on Friday, May 18, 2018.

The Montvale project will be the 23rd completed by the Madeline Corporation and Bergen County's United Way. The two non-profit organizations formed a partnership in 2004 to address the housing crisis in New Jersey by providing safe, affordable housing for families, seniors and individuals with special needs.

Bergen County United Way/Madeline Housing Partners is one of only a few developers in New Jersey that provide the full spectrum of affordable housing from supportive housing to rental to affordable homeownership. Their award winning designs are state and national models.

For more information visit [www.bergenunitedway.org](http://www.bergenunitedway.org), email [info@bergenunitedway.org](mailto:info@bergenunitedway.org) (please include Montvale Senior Housing in the subject line), or call 201.944.3222.



**BCUW/MADELINE  
PARTNERSHIP**

*Special homes for very special people*

6 Forest Avenue  
Paramus, NJ 07652  
T 201-261-4050 | F 201-261-0681

555 10th Street  
Palisades Park, NJ 07650  
T 201-944-3222 | F 201-944-3422

[www.bcuw-madeline.org](http://www.bcuw-madeline.org)

April 2018

RE: Montvale Senior Housing – 11 East Grand Avenue

Dear Friends:

Bergen County United Way/Madeline Housing Partners is pleased to announce that applications for our latest housing project in Montvale are now available. The renovated two-story schoolhouse with elevator includes 10 one-bedroom and Studio apartments ranging from 400 to 700 square feet, laundry in each unit, on-site parking and perimeter and interior security. Rents will be determined based on the HUD FMR at the time of occupancy. Applicants must be 60 years or older and income eligible as follows:

<u>Household Composition</u>	<u>Minimum Income</u>	<u>Maximum Income</u>
1 Person	\$21,500	\$51,550
2 Persons	\$24,600	\$58,900
3 Persons	\$27,650	\$66,250

Enclosed please find the application form. Feel free to distribute copies to your family, friends, and clients. Additional copies may be downloaded from Bergen County's United Way website at [www.bergenunitedway.org](http://www.bergenunitedway.org); or hard copies may be picked up Monday through Friday (9 a.m. -5p.m.) at our Paramus office.

**Completed applications will be accepted until end of business on Friday, May 18, 2018. Applications may be mailed to Bergen County's United Way at 6 Forest Avenue, Paramus or may be dropped off between 9 am and 5 pm. No facsimiles will be accepted. In addition, any application postmarked or submitted after the deadline will not be accepted.**

All applications must be complete and include the \$25.00 application fee. Checks may be made out to *BCUW/Madeline Housing Partners, LLC*. Incomplete applications may not be processed.

If you have questions or would like additional information, please contact e-mail [info@bergenunitedway.org](mailto:info@bergenunitedway.org) (please include the subject line *Montvale Senior Housing*) or phone 201.944.3222.

Sincerely,

Shari DePalma  
Executive Director  
Madeline Corporation

Tom Toronto  
President  
Bergen County's United Way



**BCUW/MADELINE  
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The Madeline Corporation and Bergen County's United Way, both New Jersey 501C3 organizations with over 60 years of continuous service to the community, formed a partnership in 2004 to provide safe, affordable housing serving families, seniors and special needs individuals in NJ.

**BCUW/Madeline Housing Partners, LLC  
Application for Senior Housing  
11 East Grand Avenue, Montvale, NJ  
Anticipated Housing Availability – June 1, 2018**

Included in this package are the application for lease and checklist of supporting documents. Completed applications must be received by **Friday, May 18, 2018**. All applications are subject to lottery. However, only fully complete applications will be included. If you have questions or would like additional information about the application process, please email [info@bergenunitedway.org](mailto:info@bergenunitedway.org) with "Application Help" in the subject line.

**A. GENERAL INFORMATION**

Applicant Name: S.S. # DOB  
Spouse Name:  
Home Address:  
Mailing Address (if different):  
Phone: Email:

*Current Living Arrangements*

Do you  Rent or  Own (check one) If you rent, what is the term of your lease?

Mortgage Amount: Do you receive rental income from the property?  Yes  No

Rent amount: Are utilities paid by the  Landlord or  Tenant

Approximate cost of utilities paid by you (excluding phone and Cable TV):

Landlord's Name:

Address:

Telephone:

*Previous Living Arrangements*

List your last two addresses

## B. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List the head of household first.

	Name	Marital Status D=Divorced S=Single L=Legal Separation E=Estranged	Birth Date	Age	SS #	Gender M/F
Head						
Spouse						
Child*						

\*Housing guidelines permit a disabled child and parent to reside in a one-bedroom unit. Documentation of the child's disability must be provided by a licensed physician at the time of application.

List the name(s) of any household member who does not have legal residency in this country.

Please answer the following questions.

1. Do you anticipate a change in your family size within the next year? Yes  No   
If yes, please explain
  
2. Do you and/or your spouse require a unit accessible to a wheelchair? Yes  No
  
3. Do you and/or your spouse require any special features as a reasonable accommodation? Yes  No
  
4. Have you ever lived in Public Housing or received Rental Assistance? Yes  No   
If yes, please provide the name of the agency and dates.
  
5. Have you ever been evicted? Yes  No  If yes, please provide the address of the unit (s) from which you were evicted.

6. Have you, or any member of your household, ever been convicted of a violent criminal or drug related activity? Yes  No  If yes, please list the household member, the crime and when and where it was committed.
7. Are you, or any member of your household, subject to sex offender registration in any state? Yes  No
8. Have you ever filed for bankruptcy? Yes  No   
If yes, please describe
9. Will you take an apartment as soon as one is available? Yes  No
10. Briefly describe your reason for applying.

*Optional – For Statistical Purposes Only*

Are you a U.S. Citizen? Yes  No

Are you, your spouse or your child a military veteran? Yes  No

African American  Asian  Caucasian  Hispanic  Native American  Other



### D. ASSETS

If your assets are too numerous to list here, please request an additional form. If a section doesn't apply, cross out or write NA.

<b>Checking Accounts</b>	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
<b>Savings Accounts</b>	#	Bank	Balance \$
	#	Bank	Balance \$
<b>Trust Account</b>	#	Bank	Balance \$
	#	Bank	Balance \$
<b>Certificates of Deposit</b>	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
<b>Credit Union</b>	#		Cash Value \$
	#		Cash Value \$
<b>Savings Bonds</b>	Name:	#Shares:	Interest or Dividend \$
	Name:	#Shares:	Interest or Dividend \$
	Name:	#Shares:	Dividend Paid \$
<b>Life Insurance Policy</b>	Name:	#Shares:	Dividend Paid \$
<b>Life Insurance Policy</b>	Name:	#Shares:	Dividend Paid \$
<b>Mutual Funds</b>	Name:	#Shares:	Interest or Dividend \$ Monthly <input type="checkbox"/> Annually <input type="checkbox"/>
	Name:	#Shares:	Interest or Dividend \$ Monthly <input type="checkbox"/> Annually <input type="checkbox"/>
		Appraised Value \$	Value \$
<b>Stocks</b>			Value \$
			Value \$
<b>Bonds</b>			Value \$
<b>Annuities</b>			Value \$

Real Estate Property: <b>Do you own any property?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, Type of property</b>	
Location of property	
Appraised Market Value: <b>Value must be verified</b>	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Have you sold/disposed of any property in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, Type of property</b>	
Market value when sold/disposed	\$
Amount sold/disposed for	\$
Date of transaction	To Whom Sold:

Have you disposed of any other assets in the last 5 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, describe the asset</b>	
Date of disposition	To Whom Given:
Amount disposed	\$

Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please list:</b>	

**E. VEHICLE INFORMATION (if applicable)**

List any cars, or other vehicles owned. Vehicle must be insured and registered to tenant and in road condition	
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:



**F. ADDITIONAL INFORMATION**

In case of emergency notify:	
Address:	
Relationship:	Phone #:

**CERTIFICATION**

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 BCUW/Madeline Housing Partners, LLC or any agent(s) of BCUW/Madeline 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, BCUW/Madeline 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 BCUW Madeline Housing Partners, LLC regardless of whether or not a rental lease agreement is granted.

_____ (Signature of Head of Household)	_____ Date
_____ (Signature of Spouse)	_____ Date



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**IDENTIFYING INFORMATION (please print legibly)**

Individual's Name:

DOB:

Last 4 Digits of Social Security #:

**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
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
			Multiple Sclerosis	340	G35-37
Dystonia Musculorum Deformans	333.6	G24.1	Neuroaxonal Dystrophy	333	G23.0
Encephalopathy, not elsewhere classified	348.3	G93.40	Neurofibromatosis (von Recklinghausen's Disease)	237.71	Q85.01
Epilepsy, unspecified	345.9	G40.90	Neuronal Heterotopia	742.8	Q07.8
Fetal Alcohol Syndrome	760.71	Q86.0	Niemann-Pick Disease	272.7	E75.249
Fragile X Syndrome	759.83	Q99.2	Noonan Syndrome	759.81	Q87.1
Friedreich's Ataxia	334.0	G11.1	Other Cerebral Degeneration	331.8 or 349.89	G32.89 (nonspecified)
Fucosidosis	271.8	E77.1	Other Chromosomal Abnormalities, not elsewhere classified	758.89	Q99.8
Gaucher's Disease	272.7	E75.22	Other Disorders of Purine and Pyrimidine Metabolism (Lesch-Nyhan Syndrome)	277.2	E79.1
Generalized Convulsive Epilepsy	345.1	G40.309	Other Specified Anomalies (Cornelia de Lange Syndrome, Seckel Syndrome)	759.9	Q87.1
Generalized Non-Convulsive Epilepsy	345.0	G40.401	Other Specified Anomalies of Nervous System (Familial Dysautonomia; Riley-Day Syndrome)	742.8	G90.1
Gonadal Dysgenesis (Turner's Syndrome)	758.6	Q96.9	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
Grand Mal Status	345.3	G40.409	Other Specified Pervasive Developmental Disorders (Asperger's Disorder, Atypical Childhood Psychosis; Borderline Psychosis of Childhood)	299.8	F84.5
Other Spinocerebellar Diseases (Ataxia-Telangiectasia [Louis-Bar Syndrome])	334.8	G11.3	Spina Bifida without mention of Hydrocephalus	741.9	Q05.8
Paraplegia (Paralysis of Both Lower Limbs)	344.1	G82.20	Spinal Cord Injury (Initial Encounter)	952.9	S14.109A
Partial Epilepsy, with Impairment of Consciousness (Psychomotor Epilepsy)	345.4	G40.201	Spinal Muscular Atrophy, Unspecified	335.1	G12.1
Patau's Syndrome	758.1	Q91.7	Sturge-Weber Syndrome	759.6	Q85.8
Pervasive Developmental Disorder- NOS	299.9	F84.9	Symptomatic Torsion Dystonia (Athetoid Cerebral Palsy)	333.7	G80.3
Pick's Disease	331.11	G31.01	Tay-Sachs Disease	330.1	E75.02
Propionic Acidemia	270.3	E71.121	Torch Syndrome	760.02	P00.2
Prader-Willi syndrome	759.81	Q87.1	Trisomy 13	758.1	Q91.13
Profound Intellectual Disability	318.2	F73	Trisomy 18 (Edwards' Syndrome)	758.2	Q91.3
Pyruvate Dehydrogenase Deficiency (lactic, pyruvic)	271.8	E74.4	Tuberous Sclerosis	759.5	Q85.1
Quadriplegia and Quadripareisis	344.00	G82.5	Unspecified (Traumatic Blindness NOS)	950.9	S04.019A
Refsum's Disease	356.3	G60.1	Unspecified Anomaly of Brain, Spinal Cord, and Nervous System	742.9	Q07.9
Rett's Syndrome	330.8	F84.2	Unspecified Cause of Encephalitis	323.9	G04.90
Rubinstien-Taybi Syndrome	759.89	Q87.2	Unspecified Delay in Development (Developmental Disorder NOS)	315.9	F89
Sandhoff Disease	330.1	E75.01	Unspecified Disease of Spinal Cord	336.9	G95.9
Sanfillippo Syndrome	277.5	E76.22	Unspecified Intellectual Disability	319	F79
Schindler Disease Type 1	271.8	E77.1	Unspecified Pervasive Developmental Disorder (Pervasive Developmental Disorder NOS)	299.9	F84.9
Schizencephaly	742.4	Q04.6	Untreated Phenylketonuria	270.1	E70.0
Seckel Syndrome	759.89	Q87.1	Urea Cycle Defects	270.6	E72.20
Septo-optic Dysplasia	742.4	Q04.4	Usher Syndrome Type II	694.4	L10.4

Severe Hypoxic Ischemic CNS Injury	768.73	P91.63	Vater Association	759.89	Q87.2
Severe Intellectual Disability	318.1	F72	Werdnig-Hoffman	335.0	G12.0
Sjogren-Larsson Syndrome	757.1	Q80.9	Williams-Beuren Syndrome	758.9	Q87.8
Spastic Hemiplegia	342.1	G80.2	Wilson Disease	275.1	E83.01
Spielmeyer-Vogt Disease	330.1	E75.4	Zellwager Syndrome	277.86	E71.510
Spina Bifida	741	Q05	Psychiatric Disorder or Problem		F99

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: \_\_\_\_\_