



COMMUNITY ENTERPRISES CORP.

(FORMERLY BUTTERFLY PROPERTY MANAGEMENT, INC.)

JACOB P. BUCHER, PRESIDENT * VICTOR M. LUNA, EXECUTIVE DIRECTOR

DATE MAILED _____

Dear Applicant:

Enclosed please find the application you requested for our housing program. As we have made this application user friendly, please complete ALL sections and return the application to our office.

Be advised that submission of an application is not a guarantee that you will be given housing. You will be placed on the waiting list and advised accordingly.

You will receive updates twice year and it is important that you notify us of any changes in your address and phone number in order to remain on the waiting list. You may write to us or call with any changes. You may call me at (732) 866-4330 extension 104, or write to:

Community Enterprises Corp.
PO Box 980
Freehold, New Jersey 07728

URGENT MESSAGE: DUE TO CHANGES IN OUR FUNDER'S RULES WE ARE NOW REQUIRED TO RECEIVE A COPY OF YOUR SOCIAL SECURITY CARD AND A COPY OF YOUR BIRTH CERTIFICATE AT TIME OF APPLICATION.

IF YOUR APPLICATION IS NOT COMPLETE IT WILL NOT BE ACCEPTED.

Yours truly,

Michelle V. Honauer
Administrative Assistant

COMMUNITY ENTERPRISES CORPORATION

Mailing Address PO Box 980
8 SPRING STREET
FREEHOLD, NJ 07728
PHONE [732] 866-4330 FAX [732] 780-3391

HOUSING APPLICATION-short form

***** I CERTIFY THAT I AM OVER 18 YEARS OLD, HAVE LOW INCOME AND AM A MENTAL HEALTH CONSUMER (present and/or past recipient of mental health services). Copy of birth certificate and social security card must be included.**

Print name	Signature	Date
^.....^		
Name of individual applying for housing _____		
Present Address _____		
Town _____	State ____	Zip _____ County _____
Phone with area code _____		2 nd phone _____
Date of Birth _____	Social Security # _____	
How many persons will be living with you?(include yourself) _____		
How many are under 18 years old? _____		
What is your present source of income? _____		Monthly Amt. \$ _____
Which three Counties do you wish to live in? 1. _____		
2. _____ 3. _____		

PLEASE COMPLETE THE GRID BELOW – include yourself and all persons who will be living with you

NAME All persons in family	SOC. SEC. #	BIRTH DATE	RACE	Hispanic Y/N	Sex	Disabled Y/N

Circle the conditions that most apply to your housing situation:

1. I am homeless or in immediate danger of losing my housing.
2. I have been referred by _____(name resident) **as a potential roommate.**
3. I am awaiting discharge from a Psychiatric Hospital pending housing.
4. I HAVE BEEN REFERRED TO YOU BY _____
(Name of agency or individual)

****I AM WILLING TO ACCEPT SHARED HOUSING WITH 1-3 OTHER PERSONS (I WILL HAVE MY OWN BEDROOM) circle one/ YES NO**

I certify that the information I have provided is true to the best of my knowledge. (Sign)	I certify that the information I have provided is true to the best of my knowledge. (Print)
X	X

COMMUNITY ENTERPRISES CORPORATION

Mailing Address PO Box 980

8 SPRING STREET

FREEHOLD, NJ 07728

PHONE [732] 866-4330 FAX [732] 780-3391

CREDIT CHECK AUTHORIZATION RELEASE FORM

COMPANY: COMMUNITY ENTERPRISES CORP.

PHONE: (732) 866-4330 FAX: (732) 780-3391

REPORT CHOICE: (please check)

HOUSING COURT _____ CRIMINAL _____

Please indicate purpose of request _____

For office use only

APPLICANT (PLEASE PRINT CLEARLY)

DATE _____

A COPY OF BIRTH CERTIFICATE AND SOCIAL SECURITY CARD MUST BE INCLUDED OR APPLICATION WILL BE RETURNED

LastName (print) _____ First _____ Middle _____

Social Security Number _____

Date of Birth _____

Present Address _____

City _____

State _____ Zip _____

Home Telephone _____ Emergency Telephone _____

I hereby Authorize **Community Enterprises Corporation** to conduct an inquiry concerning my credit history. I understand that the procurement of such report may contain information as to my background, mode of living, character and personal reputation. I hereby release **Community Enterprises Corporation** from any liability.

SIGNATURE _____ Date _____

REMINDER-CREDIT REPORT MAY ONLY BE ORDERED FOR A PERMISSIBLE PURPOSE

REV. 11-19-2010

P.2