



**Before going forward with this application, please make sure that you meet the following requirements. You will not be added to the waiting list unless these requirements are met.**

**Age: 62 or older**

**Income requirements:**

For 1 person: \$32,050 or less

For 2 people: \$36,600 or less

Available apartments: studio and one bedroom

Your rent will be based on 30% of your income

We look forward to having you as a resident

202 Application



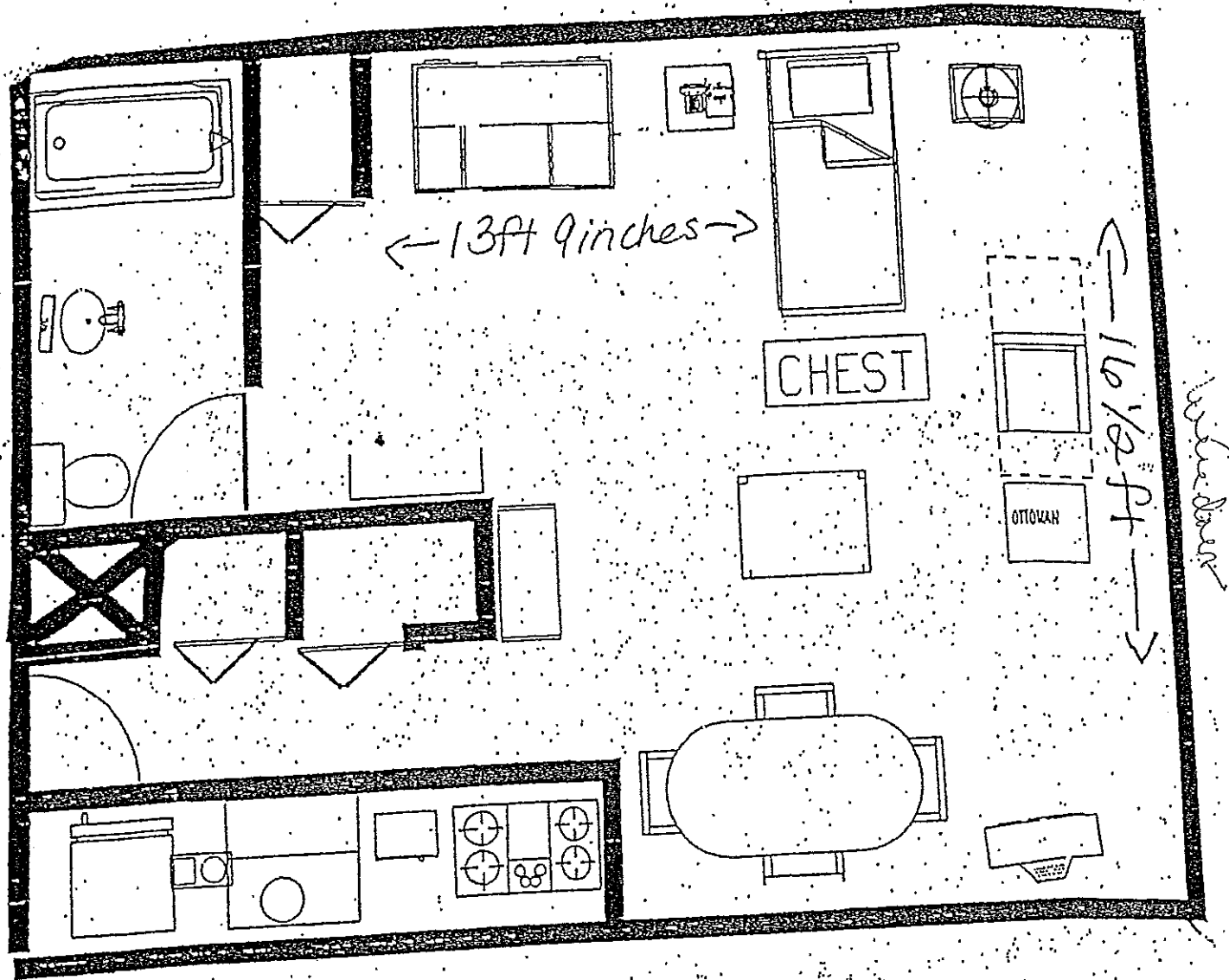
MTO

Your need is our mission.™

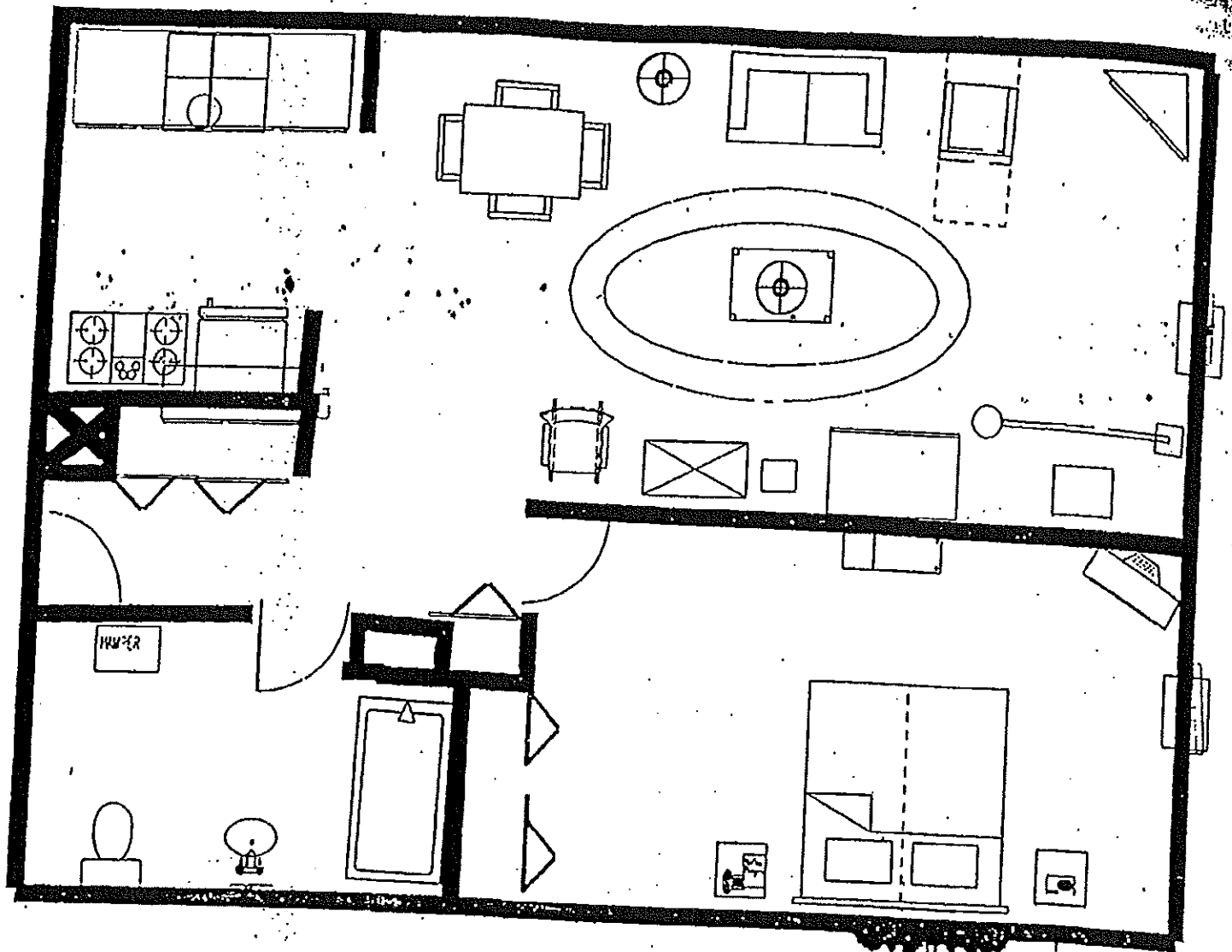
49 Flanders-Bartley Road, Suite 401, Flanders, NJ 07836  
P 973-252-1403 | F 973-252-3049

[www.lsmnj.org](http://www.lsmnj.org)





Efficiency Apt. floor Plan



1- Bedroom apartment dimensions.

Bedroom 14' X 10' -closet 5' x 3" L 2' x 3" W

Living room 17'6" X 11'6"

Kitchen 7' x 9'

Bathroom 5' X 8'

Hallway 11' X 5'

Closet 5' L X 2' W  
3' 6" L X 12" W

**Property Name: MT OLIVE MANOR**  
**RESIDENT APPLICATION**  
 For 202 PRAC Properties

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Current Address: \_\_\_\_\_ Phone \_\_\_\_\_

(Street, City, State, Zip) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

This apartment community was designed for senior citizens. Your application will be rejected if you do not meet the following qualifications:

- 1). Head of Household, Spouse or Co-Head is age 62 or older.
- 2). Income limits released by HUD as of **2015** require that annual income is **\$32,050**, or less, for 1 person and **\$36,600**, or less, for 2 people.

Applicants will also be screened according to the procedures outlined in the Resident Selection Policy, which is available for viewing in the management office.

**This is a Smoke Free Building**

If you are physically challenged or have difficulty completing this application, please advise us of your needs when you receive the application or call us to schedule assistance.

Our phone number is **973-252-1403** between the hours of **9:30 am** and **4:30 pm**.

Appropriate assistance will be provided in a confidential manner and setting.

**PART I. FAMILY COMPOSITION**

*Directions to Applicant: Answer all questions on this application. Enter "No" or "None" for those questions which do not apply to you. Do not leave any blanks and do not strike through or cross out sections that do not apply—instead answer "No" or "None." A separate application form must be completed by each adult applicant of the household who is not related by blood, marriage or adoption (non-minor applicants related by blood must also complete a separate application). Please complete the table below for each member of your household, whether or not those members are related.*

**INCLUDE ALL MEMBERS WHO YOU ANTICIPATE WILL LIVE WITH YOU AT LEAST 50% OF THE TIME DURING THE NEXT 12 MONTHS.**

*Attach additional sheets if more space is needed. Proof of identity and social security cards must be provided for all household members. All adults must sign the application.*

Name <u>ALL</u> people to occupy apartment	*Social Security #	Date of Birth	Relationship	Sex
LAST NAME    FIRST    MI			Head of House	

\*if benefits are drawn under a different Social Security #, please provide: \_\_\_\_\_

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Current Marital Status: Never Married\_\_\_\_ Divorced\_\_\_\_ Separated\_\_\_\_ Widowed\_\_\_\_ Married\_\_\_\_

a. Spouse's Maiden name\_\_\_\_\_

b. Do you expect a change in household size in the future? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, explain:

\_\_\_\_\_

c. Are there any temporarily absent household members? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, provide name, relationship to head of household, age, explanation for absence and date of return:

\_\_\_\_\_

\_\_\_\_\_

2.) Would you or any members of your household benefit from an accessible unit?

a) Yes\_\_\_ No\_\_\_

If yes, explain\_\_\_\_\_

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**PART II. INCOME AND ASSET SOURCES**  
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1). Applicant Employment/Pension/Social Security/SSI

a. Employer or Source: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Annual Gross Earnings \$\_\_\_\_\_

b. Employer or Source:(2<sup>nd</sup> source): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Annual Gross Earnings \$\_\_\_\_\_

2). Do you have a Savings Account? Yes\_\_\_ No\_\_\_ (If Yes, what is the current balance? \_\_\_\_\_)

3). Do you have a Checking Account? Yes\_\_\_ No\_\_\_ (If Yes, what is the 6 month avg. balance? \_\_\_\_\_)



4). Do you have other accounts (i.e. Stocks, Bonds, Certificates of Deposits) Yes\_\_\_ No\_\_\_

Please describe type of account and cash value:

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5). Spouse Employment/Pension/Social Security/SSI

a. Employer or Source: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Annual Gross Earnings \$ \_\_\_\_\_

b. Employer or Source (2<sup>nd</sup> source): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Annual Gross Earnings \$ \_\_\_\_\_

6). Do you have a Savings Account? Yes\_\_\_ No\_\_\_ (If Yes, what is the current balance? \_\_\_\_\_)

7). Do you have a Checking Account? Yes\_\_\_ No\_\_\_ (If Yes, what is the 6 month avg. balance? \_\_\_\_\_)

8). Do you have other accounts (i.e. Stocks, Bonds, Certificates of Deposits) Yes\_\_\_ No\_\_\_

Please describe type of account and cash value:

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**PART III. LANDLORD REFERENCES**

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1). Present Landlord: \_\_\_\_\_ From/To: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

2). Previous Landlord: \_\_\_\_\_ From/To: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

3). States where you have resided: \_\_\_\_\_

*Attach additional information if necessary.*

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**PART IV. GENERAL INFORMATION**

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1). Are you a registered sex offender? Yes \_\_\_ No \_\_\_

2). Have you ever been evicted? Yes \_\_\_ No \_\_\_  
If yes, explain: \_\_\_\_\_

3). Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_  
If yes, explain: \_\_\_\_\_

4). Have you ever filed for bankruptcy? Yes \_\_\_ No \_\_\_  
If yes, explain: \_\_\_\_\_

5). Have you ever received rental assistance or lived in subsidized housing? Yes \_\_\_ No \_\_\_  
If yes, explain: \_\_\_\_\_

Has your rental assistance or subsidy ever been terminated for fraud, non-payment of rent or failure to re-certify or any other reason? Yes \_\_\_ No \_\_\_  
If yes, explain: \_\_\_\_\_

6). Will this be your only place of residence? Yes \_\_\_ No \_\_\_  
If no, explain \_\_\_\_\_

7). Have you or any members of your household been convicted of the illegal distribution or manufacture of an illegal drug or other illegal controlled substance? Yes \_\_\_ No \_\_\_

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If yes, explain: \_\_\_\_\_

8). Do you have any pets? Yes \_\_\_\_\_ No \_\_\_\_\_

9). What is the condition of your current housing? (Check all that apply)

a. Own Home \_\_\_\_\_ Renting as Primary lessee \_\_\_\_\_ Renting as a Co-Lessee \_\_\_\_\_ Sub leasing \_\_\_\_\_  
Living with friends \_\_\_\_\_ Living with family \_\_\_\_\_ Living at shelter \_\_\_\_\_ Without any housing \_\_\_\_\_

b. Above Standard \_\_\_\_\_ Standard \_\_\_\_\_ Poor \_\_\_\_\_ Clean \_\_\_\_\_ Dirty \_\_\_\_\_ Filthy \_\_\_\_\_  
Physically Safe \_\_\_\_\_ unsafe \_\_\_\_\_ unhealthy \_\_\_\_\_ Neighborhood dangerous \_\_\_\_\_ Secure \_\_\_\_\_

10). How did you hear about our property? \_\_\_\_\_

11). Size of unit for which you are applying? (Give Number of Bedrooms) \_\_\_\_\_ Studio/Efficiency \_\_\_\_\_ 1 Bedroom

12). The various financing agencies that provided funding to build this property require us to report the race and ethnicity for all applicants. We request your cooperation in completing the following questions. The response to this question is optional and your answers will have no bearing on your eligibility for housing.

- Race of Head of Household. Please check all that may apply.  
White/Caucasian \_\_\_\_\_ African-American \_\_\_\_\_ American Indian \_\_\_\_\_ Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_  
Pacific Islander \_\_\_\_\_ Other \_\_\_\_\_
- Ethnicity of Head of Household. Please check one.  
Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_

I/We, the undersigned, state that I/We have read and answered fully and truthfully each of the preceding questions for all members of the Household who are to occupy the unit in the above Section 202 Prac rental development for which application is made, all of whom are listed above. I/We understand that providing false information or making false statements may be grounds for denial of my/our application and may subject me/us to criminal penalties.

I/We further understand that as part of the application process my/our credit report may be obtained and that I/we will be required to authorize verification of my/our income and assets. I/we understand that all of the above information must be obtained in order to establish my eligibility for the Subsidized Housing Program.

**PENALTIES FOR MISUSING THIS CONSENT:**

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. An owner may be subject to penalties for unauthorized disclosures or improper uses 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 willfully 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 head office or employee of the owner responsible for the unauthorized disclosure or improper use.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Signature (Co-Head):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To Be Completed by Mt. Olive Staff Only:**

Application received:  Through Mail on \_\_\_\_\_ (Date and Time)  
 Hand Delivered on \_\_\_\_\_ (Date and Time)

Signature of staff member receiving Application: \_\_\_\_\_

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## SMOKE FREE BUILDING AGREEMENT



I am aware that MT OLIVE MANOR is a smoke free building which means that my household and my guests are prohibited from smoking in my apartment or in any common area inside the building.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

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Optional and Supplemental 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.

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

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.	
<b>Signature of Applicant</b>	<b>Date</b>

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.



**Applicant Information**

Last Name	First Name	M.I.
Date of Birth	Social Security Number	
Current Street Address		
City	State	Zip Code

**Co-Applicant Information**

Last Name	First Name	M.I.
Date of Birth	Social Security Number	
Current Street Address		
City	State	Zip Code

**Applicant Signature(s)**

*By signing below, I/we authorize that the above information is correct and complete and hereby authorize Lutheran Social Ministries of NJ to do a complete investigation through RealPage Inc. A complete investigation may include the following: credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, and any other relevant information. If I rent the unit, I understand the information on this form may be maintained in a tenant database for up to 5 (five) years after I vacate the premises.*

Applicant: X \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant: X \_\_\_\_\_ Date: \_\_\_\_\_

RETURN TO:  
Mt. Olive Manor  
Management Office  
C/O Property Manager  
49 Flanders – Bartley Road, Suite 401  
Flanders, NJ 07836

## PROGRAM ACCESSIBILITY STATEMENT

### Notice to all Applicants: Options for Applicants with Physical Challenges

This property is managed by Lutheran Social Ministries of New Jersey. We provide affordable housing to senior citizens. We are not permitted to discriminate against applicants or residents on the basis of their race, color, religion, sex, national origin, handicap or disability, or familial status. In addition, we have a legal requirement to provide 'reasonable accommodations' to applicants and residents if they or any family members have a physical challenge.

A Reasonable Accommodation is some modification or change that we can make to the rules or procedures or to the structure of the property that will assist an otherwise eligible applicant or resident with a disability to take advantage of the program. Examples of reasonable accommodations and structural modifications include but are not limited to:

- Installing strobe-type flashing light smoke detectors in an apartment for a family with a hearing impaired member
- Making large type documents or a reader available to a vision impaired applicant during the application process
- Making a sign language interpreter available to a hearing impaired applicant during the interview
- Permitting an outside agency to assist an applicant with a disability to meet the property's applicant screening criteria
- Making alterations to a unit so it could be used by a family with a wheelchair

An applicant or resident family that has a member with a disability must still be able to meet the essential terms of the lease—they must be able to pay rent, to care for their apartment, to report required information to the manager, avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you, or a member of your family, have a physical challenge and you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with management, that is your right.

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