

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: \$33,000 or less

For 2 people: \$37,700 or less

All apartments in this building are one bedroom

Your rent will be based on 30% of your income

We look forward to having you as a resident

202 Application



EQUAL HOUSING
OPPORTUNITY

MTT



Property Name: MT OLIVE MANOR II
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 **2017** require that annual income is **\$33,000**, or less, for 1 person and **\$37,700**, 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 LAST NAME FIRST MI | *Social Security # | Date of Birth | Relationship | Sex |
|--|--------------------|---------------|---------------|-----|
| | | | Head of House | |
| | | | | |

*If benefits are drawn under a different Social Security #, please provide: _____

202 Application



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

=====

1). Applicant Employment/Pension/Social Security/SSI

a. Employer or Source: _____

Address: _____

Phone Number: _____

Annual Gross Earnings \$_____

b. Employer or Source:(2nd 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? _____)

202 Application



4). Do you have other accounts (i.e. Stocks, Bonds, Certificates of Deposits) Yes___ No___

Do you have Life Insurance with a cash value Yes___ No___

Please describe type of account and cash value:

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

a. Employer or Source: _____

Address: _____

Phone Number: _____

Annual Gross Earnings \$_____

b. Employer or Source (2nd 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? _____)



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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 _____

Attach additional information if necessary.

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PART IV. GENERAL INFORMATION

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1). Have you ever been evicted? Yes ___ No ___
If yes, explain: _____

2). Have you been convicted of a felony with in the past 7 years? Yes ___ No ___
If yes, explain: _____

3). Have you ever filed for bankruptcy? Yes ___ No ___
If yes, explain: _____

4). 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: _____

5). Will this be your only place of residence? Yes ___ No ___
If no, explain _____

6). 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 ___
If yes, explain: _____



7) Do you have any pets? Yes _____ No _____

8) 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 _____

9) How did you hear about our property? _____

10) 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: _____

202 Application



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

202 Application





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:** _____

202 Application



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.

OMB Control # 2502-0581

202 Application

