



Dear Applicant,

Thank you for your interest in applying for residency here at South Plainfield Senior Residence. We are an independent living, affordable housing facility for seniors.

Take the time to carefully review and fill out this rental application. We require that all applicants be at least 55 years of age or older and meet the following income requirements:

1 person-

Minimum Income- \$22,620.00

Maximum Income- \$36,750.00

2 people-

Minimum Income- \$25,890.00

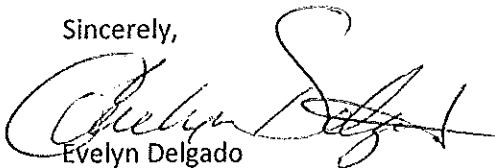
Maximum Income- \$42,000.00

If you meet the income and age requirement your application will be placed on our wait list. When we anticipate that an apartment will soon be available, and you are next on the list, we will contact you and have you come in for what we call an *intake appointment*. This appointment will include a credit and background check. On the last page of this application you will find a list of documents that you will need to bring for that intake appointment.

Final approval will be based on our review of your application and supporting documents. Please note that being placed on the wait list does not guarantee that you will get an apartment.

If you have any questions or concerns, please do not hesitate to reach out to us by phone in our main office 908-755-6600.

Sincerely,



Evelyn Delgado

Property Manager, CPO

South Plainfield Senior Residence

Your need is our mission.

151 Morris Avenue, South Plainfield, NJ 07080

P 908-755-6600 | F 908-755-2283

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



SOUTH PLAINFIELD SENIOR RESIDENCE  
151 MORRIS AVENUE  
SOUTH PLAINFIELD, NJ 07080  
(908) 755-6600

HOUSING APPLICATION

SENIOR HOUSING

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR BOTH THE  
TENANT AND CO-TENANT (IF APPLICABLE):

Tenant Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Drivers Lic. No. \_\_\_\_\_ Expir. Date \_\_\_\_\_  
Home Phone No.: \_\_\_\_\_ Work No.: \_\_\_\_\_

Tenant Racial/Ethnic Description (Check Appropriate Description For Statistical Purposes Only)  
White (1) \_\_\_\_\_ Black (2) \_\_\_\_\_ Native Amer. (3) \_\_\_\_\_ Asian (4) \_\_\_\_\_  
Hispanic (5) \_\_\_\_\_ Other (6) \_\_\_\_\_

Co-Tenant Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Drivers Lic. No. \_\_\_\_\_ Expir. Date \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work No.: \_\_\_\_\_

Co-Tenant Racial/Ethnic Description (Check Appropriate Description For Statistical Purposes Only)  
White (1) \_\_\_\_\_ Black (2) \_\_\_\_\_ Native Amer. (3) \_\_\_\_\_ Asian (4) \_\_\_\_\_  
Hispanic (5) \_\_\_\_\_ Other (6) \_\_\_\_\_

Has The Tenant Or Co-Tenant Been Determined Disabled By A Federal or State Agency?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Does The Tenant, Co-Tenant or Family Member Require A Unit Adapted For Wheelchairs?  
Yes \_\_\_\_\_ No \_\_\_\_\_

How Many People Will Live In The Unit? \_\_\_\_\_ # of adults

Apartment size desired: \_\_\_\_\_ 1 Bedroom \_\_\_\_\_ 2 Bedroom

Do you receive Section 8 housing assistance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are either the Tenant or Co-Tenant full time students? Yes \_\_\_\_\_ No \_\_\_\_\_

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CURRENT EMPLOYMENT INFORMATION (TENANT)

Name of Employer: \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_ Years At Job: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Full/Part Time: \_\_\_\_\_  
Immediate Supervisor's Name: \_\_\_\_\_

CURRENT EMPLOYMENT INFORMATION (CO-TENANT)

Name of Employer: \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Years At Job: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Full/Part Time: \_\_\_\_\_  
Immediate Supervisor's Name: \_\_\_\_\_

PRIOR EMPLOYMENT INFORMATION (TENANT)

Name of Employer: \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_ Years At Job: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Full/Part Time: \_\_\_\_\_  
Immediate Supervisor's Name: \_\_\_\_\_

PRIOR EMPLOYMENT INFORMATION (CO-TENANT)

Name of Employer: \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_ Years At Job: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Full/Part Time: \_\_\_\_\_  
Immediate Supervisor's Name: \_\_\_\_\_

PRESENT HOUSING DESCRIPTION: \_\_\_\_\_

DO YOU: RENT ( ) OWN ( ) OTHER ( ) \_\_\_\_\_

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RENTERS:

Monthly Rent: \$ \_\_\_\_\_ Monthly Utilities: \$ \_\_\_\_\_  
 Name of Landlord: \_\_\_\_\_  
 Address of Landlord: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 How Long Have You Lived There? \_\_\_\_\_  
 Do You Receive Tenant-Based Section 8 Yes \_\_\_\_\_ No \_\_\_\_\_  
 Do You Have A Pet? Yes \_\_\_\_\_ No \_\_\_\_\_  
 What Kind of Pet? \_\_\_\_\_

HOME OWNERS:

Do You Have A Mortgage? Yes ( ) No ( )  
 What Is Your Mortgage Balance? \$ \_\_\_\_\_  
 Current Market Value: \$ \_\_\_\_\_  
 Monthly Mortgage Payment: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_  
 Real Estate Taxes Per Year: \$ \_\_\_\_\_  
 Insurance Premium Per Year: \$ \_\_\_\_\_  
 Other Household Expenses: \$ \_\_\_\_\_  
 Do You Plan To Sell Your Property? Yes ( ) No ( )  
 Do You Plan To Rent Your Property? Yes ( ) No ( )  
 Have You Given Away or Sold Any Property or Assets In The Past 2 Years?  
 Yes ( ) No ( ) If Yes, Please Explain briefly: \_\_\_\_\_

INCOME - GROSS

IT IS IMPORTANT TO REPORT ALL SOURCES OF INCOME WHICH MAY INCLUDE, BUT IS NOT LIMITED TO EMPLOYMENT WAGES, SOCIAL SECURITY, SSI, SSDI, VETERAN'S BENEFIT, SURVIVOR'S BENEFITS, OTHER PENSIONS, AFDC, GENERAL RELIEF, AID TO THE BLIND, ALIMONY, CHILD SUPPORT, UNEMPLOYMENT COMPENSATION, WORKER'S COMPENSATION, ETC.

	TENANT	CO-TENANT
Weekly Employment Wages	\$ _____	\$ _____
Monthly Social Security Benefit	\$ _____	\$ _____
Monthly SSI Benefit	\$ _____	\$ _____
Monthly SSDI Benefit	\$ _____	\$ _____
Monthly Pension	\$ _____	\$ _____
Veteran's Benefit	\$ _____	\$ _____
Survivor's Benefit	\$ _____	\$ _____
Alimony	\$ _____	\$ _____

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Unemployment Compensation	\$ _____	\$ _____
Worker Compensation	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Total Gross Income	\$ _____	\$ _____

How Did You Hear About This Apartment Building? \_\_\_\_\_

**LIST ALL ASSETS FOR TENANT AND CO-TENANT INCLUDING BUT NOT LIMITED TO CHECKING AND SAVINGS ACCOUNTS, KEOGHS, AND CERTIFICATES OF DEPOSIT. PLEASE BE SURE TO PROVIDE NAME AND ADDRESSES OF BANKS AND OTHER FINANCIAL INSTITUTIONS.**

Financial Institution: \_\_\_\_\_  
Type Of Account \_\_\_\_\_ Account #: \_\_\_\_\_  
Type Of Asset: \_\_\_\_\_ Current Value: \$ \_\_\_\_\_

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Type Of Account \_\_\_\_\_ Account #: \_\_\_\_\_  
Type Of Asset: \_\_\_\_\_ Current Value: \$ \_\_\_\_\_

Financial Institution: \_\_\_\_\_  
Type Of Account \_\_\_\_\_ Account #: \_\_\_\_\_  
Type Of Asset: \_\_\_\_\_ Current Value: \$ \_\_\_\_\_

PLEASE USE ADDITIONAL PAPER IF NEEDED.

**LIST ANY STOCKS AND BONDS OWNED BY TENANT AND/OR CO-TENANT:**

Name Of Stock: \_\_\_\_\_ Number Of Shares: \_\_\_\_\_  
Value: \$ \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_

Name Of Stock: \_\_\_\_\_ Number Of Shares: \_\_\_\_\_  
Value: \$ \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_

Name Of Stock: \_\_\_\_\_ Number Of Shares: \_\_\_\_\_  
Value: \$ \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_

Please use additional sheet of paper if needed.

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Have you ever filed for bankruptcy? \_\_\_\_\_ Have you ever been evicted from any tenancy? \_\_\_\_\_ Have you ever willfully and intentionally refused to pay any rent when due? \_\_\_\_\_ If yes to any of the above, please explain on separate sheet.

FINANCIAL DISCLOSURE AGREEMENT FORM

I (We) certify that the information in this application is true and complete to the best of my knowledge and belief.

I understand that this is a preliminary application and the information provided does not guarantee housing. Additional information and verifications may be necessary to complete the application process.

By signing this document, I hereby authorize you to request, compile, review and obtain copied documentation of any financial records that the Program deems necessary to ascertain eligibility for affordable housing. These may include but are not limited to Federal Income Tax Returns, Social Security and Disability Benefits, Unemployment Benefits, Welfare, Savings, Certificates of Deposit, Dividends and any interest bearing accounts, profit and loss statements, etc.

I also understand that all financial information will remain confidential and will be used only for the above-described purpose.

WARNING: Section 1001 of Title I B of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction. It is a criminal offense to make willfully false statements or misrepresentations on this preliminary application and may be grounds for denying residency.

\_\_\_\_\_  
Tenant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Tenant's Signature

\_\_\_\_\_  
Date

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07080

Please complete the following in full

## South Plainfield Senior Residence Rental Application Form

Apartment/House Applied for:

### Applicant Information

Last Name	First Name	M.I.	Co-Applicant Last Name	First Name	M.I.
Date of Birth			Social Security Number		
Date of Birth			Social Security Number		
Home Telephone			Co-Applicant Home Telephone (if different)		
Current Street Address			Co-Applicant Address (if different)		
City		State	Zip Code		
City		State	Zip Code		
Previous Street Address			Co-Applicant Previous Address		
City		State	Zip Code		
City		State	Zip Code		

### Present Rental Information

Landlord or Agent Name		Landlord or Agent Name	
Landlord Telephone Number		Landlord Telephone Number	
Reason for Leaving		Reason for Leaving	
Length of Rental	Rent Amount	Length of Rental	Rent Amount

### Employment Information

Present Employer Name		Co-Applicant Employer Name	
Supervisor Name		Supervisor Name	
Address		Address	
Employed	From	To	
Employed	From	To	
Telephone Number	Telephone Number		
Position	Salary	per <input type="checkbox"/> month <input type="checkbox"/> year	
Position	Salary	per <input type="checkbox"/> month <input type="checkbox"/> year	

### References and Other Information

Name	Phone Number	Name	Phone Number
Name	Phone Number	Name	Phone Number

### Applicant Signature(s)

By signing below, I/we authorize that the above information is correct and complete and hereby authorize you to make any inquiries necessary to evaluate my tenancy, including; 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:



***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: \_\_\_\_\_



## SMOKE FREE BUILDING AGREEMENT

I am aware that South Plainfield Senior Residence is a smoke free building which means I am not allowed to smoke in my apartment or in any common area.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

## Documents Needed for Intake Appointment

Once you have been called for an apartment we will need several documents from you. Please take the time to gather this information now so that you will be able to expedite through the second part of the application process.

### Personal Identification

- Birth Certificate
- Photo ID
- Social Security Card (**NOT** Medicare card)

### Proof of Income/Assets- Please provide only what applies to you

- Employment (4 most recent paystubs)
- Bank Statements (Checking Acct-Last 6 statements- Savings Acct- Most recent Statement)
- Social Security Benefit Letter- stating gross monthly amount (**NOT** 1099)
- Pension Statement- Stating gross monthly amount
- Any CD's, IRA's, Mutual Funds, Stocks & Bonds, Money Markets, Bonds, Life Insurance- most recent statement or letter of proof of asset
- Most recent Tax return (Federal 1040 Form)

### Home Owners

- Letter stating cash value of home and/or net profit from all closing costs mortgage balance; etc. from Broker or Lawyer.

We can make copies in office of all documents.

\*Keep this page for your reference\*