



Lutheran

SOCIAL MINISTRIES of NJ

Birchwood at Old Bridge
Senior Apartments

LUTHERAN SOCIAL MINISTRIES OF NEW JERSEY
HOUSING APPLICATION

OLD BRIDGE LUTHERAN HOUSING
BIRCHWOOD AT OLD BRIDGE
SENIOR APARTMENTS

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR
BOTH THE TENANT AND CO-TENANT
(as applicable)

Tenant Name: _____
Date of Birth: _____ Social Security #: _____
Home Address _____ City: _____
State: _____ Zip Code: _____ County: _____
Male _____ Female _____ Driver's Lic. No. _____ Expire Date _____
Home Phone #: _____ Work #: _____

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 #: _____
Home Address _____ City: _____
State: _____ Zip Code: _____ County: _____
Male _____ Female _____ Driver's Lic. No. _____ Expire Date _____
Home Phone #: _____ Work #: _____

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) _____

How did you hear about this apartment building? _____

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 _____

Your need is our mission.™

100 Mimi Road, Old Bridge, NJ 08857
P 732-416-1400 | F 732-416-1509

www.lsmnj.org



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How many people live in the unit? _____ # of adults

Apartment size desired: _____ 1 Bedroom _____ 2 Bedroom

Do you receive Section 8 housing assistance? Yes _____ No _____

Is either the Tenant or Co-Tenant a full time student? Yes _____ No _____

Do you have any pets? Yes _____ No _____

What kind of pet/size? _____

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 Number: _____ 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: _____

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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: RENT _____ OWN _____ OTHER _____

RENTERS:

Monthly Rent: \$ _____ Monthly Utilities: \$ _____
Name of Landlord: _____
Address of Landlord: _____
Phone number of Landlord: _____
How long have you lived there? _____

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 two years? Yes _____ No _____
If yes, please explain: _____

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INCOME

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 benefits, 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	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
Workers Compensation	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
TOTAL GROSS INCOME	\$ _____	\$ _____

ASSETS

IT IS IMPORTANT TO REPORT ALL ASSETS including but not limited to checking and savings accounts, IRA accounts, money market accounts, certificates of deposit, KEOGHS, whole life insurance policies. Please be sure to provide name and address of banks and other financial institutions.

Financial Institution: _____
 Type of Account: _____ Account#: _____
 Type of Asset: _____ Current Value: \$ _____

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Financial Institution: _____
Type of Account: _____ Account #: _____
Type of Asset: _____ Current Value: \$ _____

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Type of Asset: _____ Current Value: \$ _____

PLEASE USE ADDITIONAL PAPER IF NEEDED

LIST ANY STOCKS AND BOND OWNED BY TENANT AND/OR CO-TENANT

Name of Stock: _____ Number of Shares: _____
Value: \$ _____ Annual Income: \$ _____

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PLEASE USE ADDITIONAL PAPER IF NEEDED

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 below.

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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 Lutheran Social Ministries of New Jersey 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 of 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 preliminary application and may be grounds for denying residency.

Tenant's Signature

Date

Co-Tenant's Signature

Date

PLEASE RETURN APPLICATION TO:
BIRCHWOOD AT OLD BRIDGE SENIOR APARTMENTS
100 MIMI ROAD, OLD BRIDGE, N.J. 08857 TEL. # 1-732-416-1400 FAX # 1-732-416-1509