



Family Housing Application

Name of Tenant: _____		Date: _____
Current Address: _____		
City: _____	State: _____	Zip: _____
Home Phone: _____	Cell Phone: _____	
Date of Birth: _____	SSN: _____	
Head-of-Household License: _____		Expiry: _____
Race Description: _____		
Ethnic Description: Hispanic		Non-Hispanic
Current Marital Status: _____		
Gender: Male	Female	
Name of Co-Tenant: _____		Date: _____
Current Address: _____		
City: _____	State: _____	Zip: _____
Home Phone: _____	Cell Phone: _____	
Date of Birth: _____	SSN: _____	
Co-Tenant License: _____		Expiry: _____
Race Description: _____		
Ethnic Description: Hispanic		Non-Hispanic
Current Marital Status: _____		
Gender: Male	Female	

General Information:

	1	2
What is the apartment size desired?		
How many people will live in the unit?		
Do you require a unit adapted for wheelchairs?	Yes	No
Do you have a pet?	Yes	No
How did you hear about this apartment building?		
Are you a registered sex offender?	Yes	No
Have you ever been evicted from a tenancy?	Yes	No
Have you ever been convicted of a felony?	Yes	No
Have you ever filed for bankruptcy?	Yes	No
Have you ever received rental assistance or lived in subsidized housing?	Yes	No
Has your rental assistance or subsidy ever been terminated for fraud, non-payment of rent, failure to re-certify, or any other reason?	Yes	No
Will this be your only place of residence?	Yes	No
Have you been convicted of the illegal distribution or manufacture of an illegal drug or other illegal controlled substances?	Yes	No
Have you been determined to be disabled by a Federal or State Agency?	Yes	No
Do you receive Section 8 housing assistance?	Yes	No
Are you a full-time student?	Yes	No

Is there any additional information that you would like to note?

Return to:
200 Van Horne Road
Whitehouse Station, NJ 08889

Contact Us: 908-534-9300

Head-of-Household Current Employment:

Name of Employer: _____
Address of Employer _____
Work Phone: _____ Years at Job: _____
Job Title: _____ Full/Part-Time: _____
Supervisor's Name: _____

Head-of-Household Previous Employment:

Name of Employer: _____
Address of Employer _____
Work Phone: _____ Years at Job: _____
Job Title: _____ Full/Part-Time: _____
Supervisor's Name: _____

Co-Tenant Current Employment:

Name of Employer: _____
Address of Employer _____
Work Phone: _____ Years at Job: _____
Job Title: _____ Full/Part-Time: _____
Supervisor's Name: _____

Co-Tenant Previous Employment:

Name of Employer: _____
Address of Employer _____
Work Phone: _____ Years at Job: _____
Job Title: _____ Full/Part-Time: _____
Supervisor's Name: _____

Before continuing, please be aware that it is important to report all sources of **income** which may include, but are 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.

Please also be aware that you must list all **assets** for the tenant and the co-tenant, including but not limited to: Checking Accounts, Savings Accounts, Keoghs, and Certificates of Deposit. Please be sure to provide the name of the banks or other financial institutions.

If you run out of room, feel free to attach an additional sheet.

Head-of-Household Income Sources:

#	Type (Employment/Pension/SS/SSI)	Employer (if applicable)	Annual Gross Earnings
EX:	Employment	Kohl's	\$100
1			
2			
3			
4			
5			

Assets:

#	Type (Savings/Checking/Stocks)	Company/Bank	Cash Value/Balance (6 mo. avg. for Checking)
EX:	Stock	Comcast	\$100
1			
2			
3			
4			
5			

Co-Tenant Income Sources:

#	Type (Employment/Pension/SS/SSI)	Employer (if applicable)	Annual Gross Earnings
EX:	Employment	Kohl's	\$100
1			
2			
3			
4			
5			

Assets:

#	Type (Savings/Checking/Stocks)	Company/Bank	Annual Gross Earnings
EX:	Stock	Comcast	\$100
1			
2			
3			
4			
5			

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Head-of-Household's Current Housing Description:

Do you: Rent Own Other

Describe: _____

Do you have a Mortgage? Yes No

Mortgage Balance: _____ Monthly Mortgage Payment: _____

Market Value: _____ 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 in the last two years? Yes No

 If yes, Explain: _____

Present Landlord: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Rent Amount: _____ Utility Amount: _____ Time Rented: _____

Co-Tenant's Current Housing Description:

Do you: Rent Own Other

Describe: _____

Do you have a Mortgage? Yes No

Mortgage Balance: _____ Monthly Mortgage Payment: _____

Market Value: _____ 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 in the last two years? Yes No

 If yes, Explain: _____

Present Landlord: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Rent Amount: _____ Utility Amount: _____ Time Rented: _____

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Financial Disclosure Agreement Form

I (We) Certify that the information in this application is true and to 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 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 only be used for the above-described purpose.

Warning: Section 1001 of Title 18 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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Smoke-Free Building Agreement

I am aware that Peapack-Gladstone Family Housing is a smoke free building, which means I am not allowed to smoke in my apartment or in any common areas of the building.

Tenant Signature

Date

Co-Tenant Signature

Date

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Tenant Information

Last Name	First Name	M.I.
D.O.B	SSN	
Current Street Address		
City	State	Zip Code

Co-Tenant Information

Last Name	First Name	M.I.
D.O.B	SSN	
Current Street Address		
City	State	Zip Code

Applicant Signatures

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.

Tenant Signature

Date

Co-Tenant Signature

Date

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