

# WEST HANOVER STREET APTS

## RENT

One Bedroom	Two Bedrooms	Three Bedrooms
\$650/Month	\$750/Month	\$850/Month

## MINIMUM INCOME

One Bedroom		Two Bedrooms		Three Bedrooms	
\$1,857.14/ Month	\$22,285.71/ Annual	\$2,142.86/ Month	\$25,714.29/ Annual	\$2,428.57/ Month	\$29,142.86/ Annual

## MAXIMUM INCOME LIMITS

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
\$35,600	\$40,650	\$45,750	\$50,800	\$54,900	\$58,950

*Resident is responsible for the Electric and Gas*

*Trash, Water, and Sewer are included in Rent*

**EFFECTIVE 4/01/2018**





**Dear Applicants**

Thank you for your recent enquiry for housing at **West Hanover St. Apts.** Enclosed you will find an application along with a return address envelope. In order for your application to be considered and processed, please complete in its **ENTIRETY. AN INCOMPLETE APPLICATION WILL NOT BE PROCESSED.** Please provide the items listed below in order to expedite the process.

- \_\_\_\_\_ Copy of Photo ID
- \_\_\_\_\_ Copy of Birth Certificate
- \_\_\_\_\_ Copy of Social Security Card
- \_\_\_\_\_ Proof of Income (4 most recent consecutive pay stubs) and mailing address of employer(s)  
**(please sign employment verification form – enclosed)**
- \_\_\_\_\_ Copies of most recent Federal and State income tax Benefit letter from Social Security, unemployment, welfare, disability, or pension no older than 30 days
- \_\_\_\_\_ Proof of income from assets (most recent bank statements for checking, savings, money market, certificates of deposit, stocks or bonds)  
**(please sign bank verification form – enclosed)**
- \_\_\_\_\_ Evidence or reports of income from directly held assets such as real estate or businesses
- \_\_\_\_\_ Proof of any other regular monetary income such as child support, inheritance, annuity winnings including proof that you have filed for child support even though you may not be receiving payment
- \_\_\_\_\_ Proof of Full Time Student Status for members over 18

Thank you for your cooperation.

Management  
West Hanover St. Apts.



# HOUSING APPLICATION

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

**1. HEAD OF HOUSEHOLD NAME** \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**2. CO-TENANT NAME** \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**How did you hear about our property?** \_\_\_\_\_

When are you looking to Move In? : \_\_\_\_\_

How many people will live in the unit? \_\_\_\_\_ How many bedrooms are you interested in? \_\_\_\_\_

Has the Tenant or Co-Tenant been determined disabled by a federal or state agency? Y ( ) N ( )

Does the Tenant, Co-Tenant or family member require a unit adapted for wheelchairs? Y ( ) N ( )

Do you receive Section 8 Assistance? Y ( ) N ( ) Do you have a pet? Y ( ) N ( ) Type: \_\_\_\_\_

**Household Composition:**

	<b>Name</b>	<b>Age</b>	<b>Relationship</b>	<b>FT Student?</b>
1			HEAD OF HOUSEHOLD	Y ( ) N ( )
2				Y ( ) N ( )
3				Y ( ) N ( )
4				Y ( ) N ( )
5				Y ( ) N ( )
6				Y ( ) N ( )
7				Y ( ) N ( )
8				Y ( ) N ( )

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# HOUSING APPLICATION

**Head of Household** Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Sex: M F Marital Status: Married Divorced Single/Never Married

Photo ID/Driver's Lic. #: \_\_\_\_\_ Expires: \_\_\_\_\_

Are you a U.S. Citizen? Yes ( ) No ( ) Alien Registration: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Tenant Racial/Ethnic Description OPTIONAL** (Check Appropriate description for statistical purposes only)

White ( ) Black ( ) Native Amer. ( ) Asian ( ) Hispanic ( ) Other ( ) \_\_\_\_\_

**Co-Tenant** Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Sex: M F Marital Status: Married Divorced Single/Never Married

Photo ID/Driver's Lic. #: \_\_\_\_\_ Expires: \_\_\_\_\_

Are you a U.S. Citizen? Yes ( ) No ( ) Alien Registration: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Co-Tenant Racial/Ethnic Description OPTIONAL** (Check Appropriate description for statistical purposes only)

White ( ) Black ( ) Native Amer. ( ) Asian ( ) Hispanic ( ) Other ( ) \_\_\_\_\_

**Tenant History**

Have you or the co-tenant ever filed for bankruptcy? Yes ( ) No ( )

Have you or the co-tenant ever been evicted? Yes ( ) No ( )

**If yes, please provide name of Landlord:** \_\_\_\_\_

Have you or the co-tenant ever intentionally refused to pay rent when due? Yes ( ) No ( )

If yes to any of the above, please explain: \_\_\_\_\_

Have you or the co-tenant been convicted of a crime? Yes ( ) No ( )

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

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# HOUSING APPLICATION

## INCOME INFORMATION

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

YES	NO	TYPE OF INCOME	AMT	PER	INCOME AMOUNT
<input type="checkbox"/>	<input type="checkbox"/>	<b>Is any member of the household employed?</b>	_____		
		<b>Job 1) Who is employed?</b> _____ <input type="checkbox"/> FT <input type="checkbox"/> PT		_____	
		Name of Employer _____ Phone: _____			
		Address _____ How long at the job? _____			
		<b>Job 2) Who is employed?</b> _____ <input type="checkbox"/> FT <input type="checkbox"/> PT		_____	
		Name of Employer _____ Phone: _____		_____	
		Address _____ How long at the job? _____			
<input type="checkbox"/>	<input type="checkbox"/>	<b>Are any household members self-employed?</b>			
		Who is self-employed? _____		_____	
		Type of work? _____		_____	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Are any adult members of your household members unemployed?</b>			
		Which adult members? _____			
<input type="checkbox"/>	<input type="checkbox"/>	<b>Does any household member receive pay from the military?</b>			
		Who is paid by the military? _____		_____	
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive any payments from the Social Security Administration? Which type: <input type="checkbox"/> SS <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Other			
		Who receives payments from the Social Security Office? _____		_____	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Does any household member receive severance pay or worker's compensation?</b>			
		Who receives? _____		_____	
		What company pays them? _____			
<input type="checkbox"/>	<input type="checkbox"/>	<b>Is any household member unemployed and receiving payments from an Unemployment Agency?</b>			
		Who is receiving unemployment benefits? _____		_____	
<input type="checkbox"/>	<input type="checkbox"/>	Does any household member receive Public Assistance payments such as TANF or AFDC? <b>(Please do not include Food Stamp benefits here)</b>			
		Who is receiving TANF or AFDC benefits? _____		_____	
		Caseworker: _____ Phone: _____			

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# HOUSING APPLICATION

## DISPOSITION OF ASSETS

**Have you and/or co-tenant given away or sold any property or asset in the past 2 years?**

Yes ( ) No ( ) If Yes, please explain: \_\_\_\_\_

### IT IS IMPORTANT TO REPORT ALL ASSETS

including but not limited to checking and savings accounts, IRA accounts, Money Market, Certificates of Deposit, KEOGHS, Whole Life Insurance Policies. Please be sure to provide name and address of Banks and Financial Institutions

1. Bank/Financial Institution: \_\_\_\_\_ Account Number ending in: \_\_\_\_\_

Address: \_\_\_\_\_ Phone or Fax: \_\_\_\_\_

Account Holder: \_\_\_\_\_ Type of Account: \_\_\_\_\_

2. Bank/Financial Institution: \_\_\_\_\_ Account Number ending in: \_\_\_\_\_

Address: \_\_\_\_\_ Phone or Fax: \_\_\_\_\_

Account Holder: \_\_\_\_\_ Type of Account: \_\_\_\_\_

***PLEASE USE A SEPARATE SHEET OF PAPER TO LIST ADDITIONAL ACCOUNTS IF NEEDED***

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

1. Name of Stock: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Address: \_\_\_\_\_ Phone or Fax: \_\_\_\_\_

Value: \$ \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_

2. Name of Stock: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Address: \_\_\_\_\_ Phone or Fax: \_\_\_\_\_

Value: \$ \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_

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# HOUSING APPLICATION

## ALIMONY / CHILD SUPPORT INFORMATION

Does any member of your household have a COURT ORDER to receive Child Support or Alimony payments, even if no child support or alimony is being received? (Case ID# or #s) \_\_\_\_\_  YES  NO

### IF "NO", SKIP TO QUESTION 12

a.) Name of person with court order: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

b.) Name of person(s) paying support / alimony: \_\_\_\_\_

Are the **FULL** court-ordered amount(s) being received?  YES  NO

If "**NO**", are you making efforts to collect the amount due?  YES  NO

If "**YES**", please explain the efforts you're making here: \_\_\_\_\_

Does any member of your household receive Child Support or Alimony payments that are **NOT COURT ORDERED**? (This includes help from children's father or mother for clothes, groceries, etc.)  YES  NO

### IF "NO", SKIP TO NEXT SECTION

Payment Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

Name of person(s) paying support/alimony: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ for Child: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ for child: \_\_\_\_\_

**TENANT Current Housing:** RENT ( ) OWN ( ) OTHER ( ) \_\_\_\_\_

### IF YOU RENT:

Monthly Rent: \$ \_\_\_\_\_ Monthly Utilities: \$ \_\_\_\_\_ How Long have you lived there? \_\_\_\_\_

1. Name of Landlord or Apartment Complex: \_\_\_\_\_

Address of Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Previous Address: \_\_\_\_\_

Name of Previous Landlord or Apartment Complex: \_\_\_\_\_

Address of Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

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# HOUSING APPLICATION

### IF YOU OWN YOUR HOME:

Do you have a mortgage? Yes ( ) No( ) What is your mortgage balance? \$\_\_\_\_\_

Current Market Value \$\_\_\_\_\_ Monthly Mortgage Payment \$\_\_\_\_\_

Annual Real Estate Taxes \$\_\_\_\_\_ Annual Insurance Premium \$\_\_\_\_\_

Do you plan to sell the property? Yes ( ) No ( ) Do you plan to rent the property? Yes ( ) No ( )

CO- TENANT Current Housing: RENT ( ) OWN ( ) OTHER ( )\_\_\_\_\_

### IF INFORMATION IS THE SAME AS ABOVE PLEASE CHECK HERE ( )

Monthly Rent: \$\_\_\_\_\_ Monthly Utilities: \$\_\_\_\_\_ How Long have you lived there? \_\_\_\_\_

1. Name of Landlord or Apartment Complex: \_\_\_\_\_

Address of Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Previous Address: \_\_\_\_\_

Name of Previous Landlord or Apartment Complex: \_\_\_\_\_

Address of Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

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# HOUSING APPLICATION

## 4. FINANCIAL DISCLOSURE AGREEMENT FORM

I, (We), certify that the information in this application is true and complete to the best of my/our 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/we hereby authorize Lutheran Social Ministries of NJ and West Hanover Street Apts 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/we 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.

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

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Date**

**PLEASE RETURN APPLICATION TO:  
Denise Brandon-Peart  
Lutheran Social Ministries of NJ, 3 Manhattan Drive, Burlington, NJ 08016  
Email: [dbrandon-peart@lsmnj.org](mailto:dbrandon-peart@lsmnj.org)**

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**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 conduct a complete investigation through National Tenant Network. This 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:** \_\_\_\_\_



DEAR APPLICANTS:

PLEASE COMPLETE AND SIGN WHERE IT'S **HIGHLIGHTED** ON THE **EMPLOYMENT AND BANK VERIFICATION** FORMS.

**PLEASE DO NOT GIVE TO YOUR EMPLOYER/BANK TO BE COMPLETED.**

**WE** WILL FORWARD TO YOUR EMPLOYER/BANK FOR COMPLETION. AFTER THE VERIFICATIONS ARE COMPLETED, WE WILL RUN YOUR BACKGROUND.

YOUR APPLICATION WILL BECOME **NULL & VOID** IF THEY ARE RETURNED INCOMPLETE AND THE PROCESS WILL HAVE TO START ALL OVER.

# EMPLOYMENT VERIFICATION

## THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of employer) Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_  
Applicant/Tenant Name Social Security Number Unit # (if assigned)

I hereby authorize release of my employment information.

\_\_\_\_\_  
Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

\_\_\_\_\_  
Project Owner/Management Agent

### Return Form To:

Denise Brandon-Peart  
Lutheran Social Ministries of NJ  
3 Manhattan Drive, Burlington, NJ 08016  
email: dbrandon-peart@lmsnj.org  
Phone: 609-699-4136 / Fax: 609-747-4136

## THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently Employed: Yes \_\_\_\_\_ Date First Employed \_\_\_\_\_ No \_\_\_\_\_ Last Day of Employment \_\_\_\_\_

Current Wages/Salary: \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other \_\_\_\_\_

Average # of regular hours per week: \_\_\_\_\_ Year-to-date earnings: \$ \_\_\_\_\_ through / \_\_\_\_/\_\_\_\_

Overtime Rate: \$ \_\_\_\_\_ per hour Average # of overtime hours per week: \_\_\_\_\_

Shift Differential Rate: \$ \_\_\_\_\_ per hour Average # of shift differential hours per week: \_\_\_\_\_

Commissions, bonuses, tips, other: \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other \_\_\_\_\_

List any anticipated change in the employee's rate of pay within the next 12 months: \_\_\_\_\_; Effective date: \_\_\_\_\_

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): \_\_\_\_\_

Additional remarks: \_\_\_\_\_

\_\_\_\_\_  
Employer's Signature Employer's Printed Name Date

\_\_\_\_\_  
Employer [Company] Name and Address

\_\_\_\_\_  
Phone # Fax # E-mail

**NOTE:** 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 United States as to any matter within its jurisdiction.



**BANK/FINANCIAL INSTITUTION VERIFICATION**

**Name of Institution** \_\_\_\_\_

**Address** \_\_\_\_\_

Phone: \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**RE:** \_\_\_\_\_  
 Print Applicant/Resident Name Social Security Number

I hereby authorize release of the information requested below

\_\_\_\_\_  
 Signature of Applicant/Resident Date signed

The recipient named above has applied for an apartment governed by the Federal Tax Credit Program provided for under Section 42. The program requires verification of all income and asset sources of this person and also at annual recertifications. To determine whether this individual is within the guidelines of our program, we ask for your cooperation in completing the applicable information below. We hold this information in strict confidence for use only in determining the eligibility status of this individual. Your prompt return of this information by fax or in the enclosed envelope will be greatly appreciated.

Sean Daly  
 Executive Director of Housing

**THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT**

**I (or my minor children) have the following accounts:**

	<b>Account Type</b>	<b>Account Numbers</b>
<input type="checkbox"/>	Checking Accounts	_____
<input type="checkbox"/>	Saving Accounts	_____
<input type="checkbox"/>	CDs/Money Markets/Mutual Funds	_____
<input type="checkbox"/>	IRA, Keogh or Pensions	_____
<input type="checkbox"/>	Trust Fund	_____
<input type="checkbox"/>	Other: _____	_____

**THIS SECTION TO BE COMPLETED BY BANK/FINANCIAL INSTITUTION**

**Please provide information for each account held. Write N/A if not applicable.**

Account Type	Account Number	Current Balance	6 Mo. Ave. Balance	Interest Rate Dividends
<input type="checkbox"/> Checking Account	_____	_____	_____	_____
<input type="checkbox"/> Saving Account	_____	_____	_____	_____
<input type="checkbox"/> CDs/Money Market /Mutual Funds	_____	_____	_____	_____
<input type="checkbox"/> IRAs, Keogh or Pension Funds	_____	_____	_____	_____
<input type="checkbox"/> Trust Funds	_____	_____	_____	_____
<input type="checkbox"/> Other: _____	_____	_____	_____	_____

Does this person or his/her dependents hold any other accounts?  NO  Yes (please list): \_\_\_\_\_

Representative Printed Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Representative Position \_\_\_\_\_ E-Mail \_\_\_\_\_

Representative Signature \_\_\_\_\_ Date form completed \_\_\_\_\_

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**OFFICE USE ONLY:**

Date Received \_\_\_\_\_ Calculations \_\_\_\_\_