



Dear Applicant,

Thank you for your interest in Mirota Senior Residence! Please take time to carefully review and fill out this rental application. The application must be completed fully, or it will be returned to you.

Mirota is an independent living, affordable housing facility for seniors. At least one person in the household must be 55+. Below are the maximum income limits.

<u>1 Person</u>	<u>2 People</u>
\$45,360 gross/year	\$51,840 gross/year

Once your application is received, we will send you a letter to notify you of the status of your application. If you meet the income and age requirements, your application will be placed on the Waiting List.

When we anticipate that an apartment will soon be available and you are next on the list, we will contact you to schedule an Intake Interview. This appointment will include a credit and background check, as well as a verification of all of your income and assets. The last pages of the application include the list of documents you are required to bring for the interview and a layout of the apartments. Please save those pages, and this page, for your records.

If there are any changes in *Income, Address, Phone Number, Name, etc.*, after being put on the Waiting List then please let us know. We must keep a record of all changes.

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

If you have any questions, please feel free to visit us or give us a call, we would be happy to help!

Sincerely,

*Robin Schloesser*

Robin Schloesser  
Property Manager, CPO, HCCP  
Mirota Senior Residence

Your need is our mission.®

200 Van Horne Road, Whitehouse Station, NJ 08889  
P 908-534-9300 | F 908-534-3720  
[www.lsmnj.org](http://www.lsmnj.org)





## Senior Housing Application

**At least one applicant MUST be 55 years of age or older.**

Name of Tenant: _____		Date: _____
Current Address: _____		
City: _____	State: _____	Zip: _____
Home Phone: _____	Cell Phone: _____	
Date of Birth: _____	Social Security Number: _____	
Email Address: _____		
Head-of-Household License: _____		Expiry: _____
Race Description: _____		
Ethnic Description:	Hispanic	Non-Hispanic
Current Marital Status: _____		
<hr/>		
Name of Co-Tenant: _____		Date: _____
Current Address: _____		
City: _____	State: _____	Zip: _____
Home Phone: _____	Cell Phone: _____	
Date of Birth: _____	Social Security Number: _____	
Email Address: _____		
Co-Tenant License: _____		Expiry: _____
Race Description: _____		
Ethnic Description:	Hispanic	Non-Hispanic
Current Marital Status: _____		
<hr/>		
<b><i>For Office Use Only:</i></b>		
Date & Time Rec'd: _____	Rec'd By: _____	
Tot. Income: _____	Tot. Assets: _____	

**Return to:  
200 Van Horne Road**

**Whitehouse Station, NJ 08889**



## Employment Information

### Head-of-Household Current Employment:

Name of Employer: \_\_\_\_\_

Address of Employer \_\_\_\_\_

Job Title: \_\_\_\_\_ Years at Job: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Head-of-Household Current Employment Wages/Salaries:

Hours worked per week: \_\_\_\_\_ Salary (if applicable): \_\_\_\_\_

Hourly Pay (If applicable): \_\_\_\_\_

Paid:        weekly        biweekly        monthly

### Head-of-Household Previous Employment:

Name of Employer: \_\_\_\_\_

Address of Employer \_\_\_\_\_

Job Title: \_\_\_\_\_ Years at Job: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Co-Tenant Current Employment:

Name of Employer: \_\_\_\_\_

Address of Employer \_\_\_\_\_

Job Title: \_\_\_\_\_ Years at Job: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Co-Tenant Current Employment Wages/Salaries:

Hours worked per week: \_\_\_\_\_ Salary (if applicable): \_\_\_\_\_

Hourly Pay (If applicable): \_\_\_\_\_

Paid:        weekly        biweekly        monthly

### Co-Tenant Previous Employment:

Name of Employer: \_\_\_\_\_

Address of Employer \_\_\_\_\_

Job Title: \_\_\_\_\_ Years at Job: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Work Phone: \_\_\_\_\_







## Head-of-Household Current Housing Description:

Do you:            Rent                            Own                            Other

Describe: \_\_\_\_\_

### If You Own:

Do you have a Mortgage?            Yes            No            Mortgage Balance: \_\_\_\_\_

Monthly Mortgage Payment: \_\_\_\_\_            Market Value: \_\_\_\_\_

Real Estate Taxes per year: \_\_\_\_\_            Utilities: \_\_\_\_\_

Insurance premium per year: \_\_\_\_\_            Other Housing Expenses: \_\_\_\_\_

Do you plan to sell your property?            Yes            No

Do you plan to rent out your property?            Yes            No

Have you given away or sold any property in the last two years?            Yes            No

If yes, Explain: \_\_\_\_\_

### If You Rent:

Present Landlord: \_\_\_\_\_

Address: \_\_\_\_\_            City: \_\_\_\_\_

State: \_\_\_\_\_            Zip: \_\_\_\_\_            Phone: \_\_\_\_\_

Rent Amount: \_\_\_\_\_            Utility Amount: \_\_\_\_\_            Time Rented: \_\_\_\_\_

## Co-Tenant Current Housing Description:

Do you live at the same address as listed for the head-of household?            Yes            No

***If you answered yes, you do not have to fill out the below information.***

Do you:            Rent                            Own                            Other

Describe: \_\_\_\_\_

### If You Own:

Do you have a Mortgage?            Yes            No            Mortgage Balance: \_\_\_\_\_

Monthly Mortgage Payment: \_\_\_\_\_            Market Value: \_\_\_\_\_

Real Estate Taxes per year: \_\_\_\_\_            Utilities: \_\_\_\_\_

Insurance premium per year: \_\_\_\_\_            Other Housing Expenses: \_\_\_\_\_

Do you plan to sell your property?            Yes            No

Do you plan to rent out your property?            Yes            No

Have you given away or sold any property in the last two years?            Yes            No

If yes, Explain: \_\_\_\_\_

### If You Rent:

Present Landlord: \_\_\_\_\_

Address: \_\_\_\_\_            City: \_\_\_\_\_

State: \_\_\_\_\_            Zip: \_\_\_\_\_            Phone: \_\_\_\_\_

Rent Amount: \_\_\_\_\_            Utility Amount: \_\_\_\_\_            Time Rented: \_\_\_\_\_



## Application Agreement

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.

\_\_\_\_\_  
Head-of-Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Tenant Signature

\_\_\_\_\_  
Date

## Financial Disclosure Agreement

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 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





**Smoke-Free Building Agreement**

I am aware that Mirota Senior Residence is a smoke free building, which means I am not allowed to smoke in my apartment or in any common areas of the building.

I understand that smoking is not allowed within 25 feet of the building. I also understand that there is a designated smoking area that will be shown to me upon move-in.

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Tenant Signature

\_\_\_\_\_  
Date





**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 National Tenant Network. 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



## Documents Needed for Intake Appointments

1. Birth Certificate or Passport
2. Social Security Card (not Medicare card)
3. Photo ID (Passport, Driver's License, or Senior ID issued by the State)

### Proof of Assets

1. Checking account statements (last six current in a row)
2. Stocks, bonds, or Certificates of Deposit (latest statement)
3. Life Insurance Policies (current cash value)
4. IRA, KEOGH, or other company retirement accounts (latest statement)
5. Money Market Funds (latest statement)
6. Trusts
7. Real Estate—Market Analysis or Appraisal stating cash value of home minus closing costs—not from Zillow

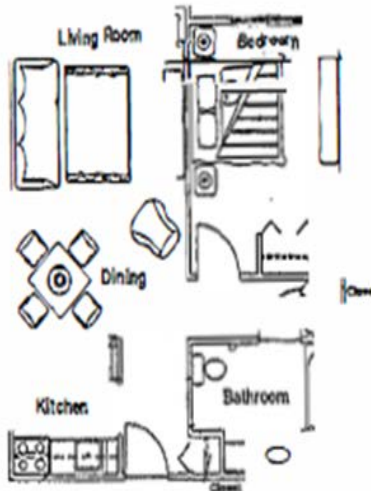
### Proof of Income

1. Social Security Statement (includes SSI, SSDI, SSD & SSDA) (2018 Benefits Statement, not the 1099 for 2017) including deductions
2. Pension Statement—stating gross monthly amount
3. VA Benefit Statement—copy of award letter
4. Annuity statement—latest statement
5. Life Insurance Policies (showing cash value and dividends)
6. Disability or Death Benefits
7. Self-employment wages
8. Regular wages—6 most recent pay stubs
9. Alimony
10. Unemployment—proof from unemployment office
11. Federal Income Tax Returns

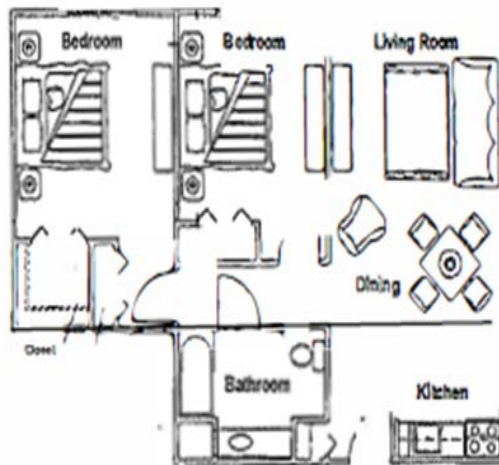


60 Beautifully designed one  
and two bedroom  
apartments

One Bedroom  
(650 square feet)



Two Bedroom (880 square feet)



Join other good neighbors at our  
*Mirota Senior Residence community.*

