



Dear Applicant,

Thank you for your interest in Birchwood at Old Bridge 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.

Birchwood at Old Bridge 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> |
|---------------------|---------------------|
| \$41,450 gross/year | \$47,350 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,

Lucy McFadden

Lucy McFadden, LIHTC
Property Manager
Birchwood at Old Bridge Senior Residence



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: _____ | | |
| | | |
| 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: _____ | | |
| | | |
| <i>For Office Use Only:</i> | | |
| Date & Time Rec'd: _____ | Rec'd By: _____ | |
| | | |
| Tot. Income: _____ | Tot. Assets: _____ | |

**Return to:
100 Mimi Road
Oldbridge, NJ 08857**

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 Income Sources & Assets:

| Do you receive or expect to receive: | Yes/No: | Name of Institution: | Amount: |
|---|---------|----------------------|---------|
| Wages/Salaries? | | | |
| Pay from Armed Forces? | | | |
| Welfare or Disability? | | | |
| Child Support? | | | |
| Alimony | | | |
| Social Security Payments? | | | |
| Pensions? | | | |
| Retirement Benefits? | | | |
| Veteran's Administration Benefits? | | | |
| Death Benefits? | | | |
| Unemployment or Severance Pay? | | | |
| Workman's Compensation? | | | |
| Annuities or Life Insurance Dividends? | | | |
| Disability? | | | |
| Cash Contributions from individuals not in the unit (rent, utilities, etc.) | | | |
| Do you have money in: | Yes/No: | Name of Institution: | Amount: |
| Checking accounts? | | | |
| Savings Accounts? | | | |
| Money Markets? | | | |
| Certificates of Deposit? | | | |
| Stocks? | | | |
| Bonds? | | | |
| Annuities? | | | |
| Securities or Trusts? | | | |



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 Birchwood at Old BRidge 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

