



Before going forward with this application, please make sure that you meet the following requirements. You will not be added to the waiting list unless these requirements are met.

Age: 62 or older

Income requirements:

For 1 person: \$35,250 or less

For 2 people: \$40,250 or less

Available apartments in Mt Olive Manor:
Studio and One bedroom

Your rent will be based on 30% of your income

We look forward to having you as a resident

Your need is our mission.

www.lsmnj.org



**AFFORDABLE HOUSING
APPLICATION FOR RESIDENCY**
202/8 & 202 PRAC Properties

Dear Prospective Resident:

Thank you for your interest in renting with us! Enclosed is the application for our HUD Affordable Housing properties. Please take time to carefully review and fill out this rental application in its entirety, or it will be returned to you. The apartment community was designed for Senior Citizens. Head of Household, Spouse or Co-Head **MUST** be age 62 or older.

You must attach the following to the application in order to be added to the waiting list at the locations selected:

Copy of Government Issued Photo ID	Citizenship Declaration Form
Copy of Social Security Card	Supplement to the Application Form

Return the completed application to the location listed of your choice. You must call to schedule an appointment if you would like a tour.

If you are physically challenged or have difficulty completing this application, please provide us of your needs when you receive the application or call us to schedule assistance.

Lutheran Senior Residence at Pennsauken 5610 Route 130 S., Pennsauken, NJ 08109 (856) 661-0141 <input type="checkbox"/>	Roosevelt Solar Village 9 N. Valley Road, Roosevelt, NJ 08555 (856) 661-0141 <input type="checkbox"/>
Mt. Olive Manor 49 Flanders-Bartley Road, Flanders, NJ 07836 (973) 252-1403 <input type="checkbox"/>	Mt. Olive Manor II 51 Flanders-Bartley Road, Flanders, NJ 07836 (973) 252-1403 <input type="checkbox"/>

I am interested in: _____ Studio Apartment and/or _____ One Bedroom

Updated August 30, 2019



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<i>(For office use only)</i>	
	Date and Time Received _____
Original application on file at: _____	
Application copy sent to the following: _____	
By: _____	(Office Staff signature & date)

Each applicant applying for housing, must complete a separate application. Complete the application indicating your status as a member of the household.

FULL NAME: _____

RELATIONSHIP TO THE HEAD OF HOUSEHOLD (HOH) _____ HOH _____ CO-HEAD _____ OTHER _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

If you do not have a Social Security Number, do you qualify for one of the following exceptions?

_____ Ineligible, non-citizen member—not contending eligible immigration status.

_____ Were you 62 years of age as of January 31, 2010 and receiving HUD assistance as of January 31, 2010.

PRESENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE # _____ CELL PHONE # _____

EMAIL ADDRESS: _____

PRESENT ADDRESS IS: _____ Own Home _____ Rented Home _____ Rented Apartment _____

MONTHLY PAYMENT: \$ _____ DATE MOVED IN: _____ DATE MOVING OUT: _____

Are you receiving HUD assistance to pay rent _____ YES _____ NO

CURRENT LANDLORD NAME AND ADDRESS; OR APARTMENT COMPLEX:

TELEPHONE # _____

(CONTINUE ON NEXT PAGE)



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PREVIOUS ADDRESS _____

CITY _____ STATE _____ ZIP _____

PREVIOUS LANDLORD'S NAME AND ADDRESS OR APARTMENT COMPLEX:

TELEPHONE # _____

PREVIOUS ADDRESS WAS: _____ Own Home _____ Rented Home _____ Rented Apartment

MONTHLY PAYMENT: \$ _____ DATE MOVED IN: _____ DATE MOVED OUT: _____

Did you receive HUD assistance to pay rent? _____ YES _____ NO

Complete each question listed below. Applications may be denied if anything is left blank.

1. Do you, or the head of household, require the features of a mobility, vision, or hearing impaired accessible apartment? _____ NO _____ YES: If yes, is the disability permanent or temporary? If temporary, please indicate the possible length of time. _____
2. Are you a Veteran of the United States Armed Forces? _____ NO _____ YES
3. Are you a victim of a presidential declared disaster? _____ NO _____ YES
4. Are you currently homeless? _____ NO _____ YES
5. Why are you leaving your present residence? _____

6. Have you ever been asked to sign a repayment agreement? _____ NO _____ YES: If yes, give dates and details: _____
7. Have you ever lost housing assistance? _____ NO _____ YES: If yes, give dates and details: _____

8. Have you ever been evicted? _____ NO _____ YES: If yes; give dates and details: _____

9. Have you ever received any lease violation? _____ NO _____ YES: If yes; give dates and details: _____

10. Have you ever been evicted from federally assisted housing for drug-related criminal activity, or for failure to report a crime? _____ NO _____ YES: If yes, give dates and details: _____



11. Have you ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures or for any other reason? _____ NO
_____ YES: If yes, please explain: _____

12. Have you previously been convicted of any criminal offense? _____ NO _____ YES: If yes, give dates and details: _____

13. Are you or *any member of the household* subject to lifetime registration requirements under a state sex offender program? _____ NO _____ YES

14. Do you have a record of criminal activity? _____ NO _____ YES: If Yes, give dates and details: _____

15. Do you currently or have you in the past, engaged in any illegal use of drugs? _____ NO _____ YES

16. Have you been previously denied admission for criminal activity that has since ceased? _____ NO _____ YES:
If yes, give dates and details: _____

17. Are you a victim of assault, domestic violence, dating violence or stalking? _____ NO _____ YES

18. Are you aware these communities are Smoke-Free* apartments? _____ NO _____ YES

*This means smoking is prohibited in all apartments, including indoor and outdoor common areas. Some communities may have smoke-free campuses, which means smoking is prohibited everywhere on the property, including the parking lot.

19. Do you agree that you, your guests and service providers hired by you will abide by the smoking policies? _____ NO _____ YES

20. Do you understand that failure to comply with the smoking policies as described in the House Rules will result in termination of tenancy (eviction)? _____ NO _____ YES

21. Have you ever used a different name from the name given on this application? _____ NO _____ YES:
If yes, please list all names used: _____

22. Please list all states you have previously resided in below: _____

23. Do you plan to house an animal in the apartment? _____ NO _____ YES: If yes, please complete the following; Animal type: _____ Height: _____ Weight: _____

Is this animal required to live in the unit to alleviate the symptom(s) of a disability? _____
All animals must be approved prior to arrival on the property, or being housed in an apartment.

(CONTINUE ON NEXT PAGE)



DO YOU OWN A VEHICLE? _____ YES _____ NO INSURANCE COMPANY _____

VEHICLE MAKE & MODEL _____ YEAR _____

LICENSE PLATE # _____ STATE REGISTERED _____

DRIVER'S LICENSE # _____ STATE ISSUED _____

PERSONAL REFERENCES: Please provide the names, addresses and phone numbers of at least 2 people, not related to you who have known you for at least 2 years.

1.) Name: _____ Telephone #: _____

Address: _____ City _____ State _____

Email Address: _____ Cell Phone #: _____

2.) Name: _____ Telephone #: _____

Address: _____ City _____ State _____

Email Address: _____ Cell Phone #: _____

Eligibility for residence in these apartments is based upon income and age.

Please fill in what your GROSS MONTHLY income amount is for each item listed below. Applications may be denied if these items are not completed. *We are required by HUD to verify all income.*

INCOME SOURCE	N / A	BENEFIT CLAIM # (SSN)	MONTHLY AMOUNT	NAME/ADDRESS OF PROVIDER
Social Security				
SSI Disability				
Do you have a Dual Entitlement?				
Pension				
VA Benefits				
Railroad Retirement				
Employment/ Salary				



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Please fill in what your GROSS MONTHLY income amount is for each item listed below. Applications may be denied if these items are not completed. We are required by HUD to verify all income.

INCOME SOURCE	N / A	BENEFIT CLAIM # (SSN)	MONTHLY AMOUNT	NAME/ADDRESS OF PROVIDER
Unemployment				
Worker's Compensation				
Contributions from other persons for rent, groceries, or bills				
Are you entitled to/receiving Alimony?				
Are you entitled to/receiving child support payments?				
Retirement Funds				
Do any of the Retirement accounts have a Required Minimum Distribution (RMD)?				
Income from Insurance Policies				
Income from an Inheritance				
Income from a trust; revocable or non-revocable				
Interest				
Dividends				
Other Benefits Not Listed				



Please fill in what your **CURRENT BALANCE** amount is for each asset item listed below.
We are required by HUD to verify all assets.

ASSET SOURCE	N / A	BENEFIT CLAIM # ACCOUNT #	CURRENT CASH VALUE	NAME/ADDRESS OF PROVIDER
Checking Account				
Savings Account				
Money Market Funds				
Certificates of Deposit (CD)				
IRA/401K				
Mutual Funds				
Stocks				
Bonds				
Life Insurance Policy Whole/Term?				
House/ Mobile Home Is it listed for sale?				
Rental Property				
Other Assets not Listed				

Do you have any joint ownership on any of your accounts? _____ No _____ Yes

If yes, what percentage (%) is yours? _____

Are you listed on any other accounts that are not yours? _____ No _____ Yes

Have you disposed of, or given away any assets within the last 2 years, for less than fair market value?

_____ No _____ Yes

If yes, please explain: _____



MEDICAL EXPENSES/ DEDUCTIONS: Certain medical expenses such as health insurance premiums, maintenance medications and regularly scheduled doctor visits can be used to help reduce your rent. Please complete the following for all that apply to you. *We are required by HUD to verify all expenses.*

MEDICAL EXPENSE	N / A	BENEFIT CLAIM # /ACCOUNT #	MONTHLY AMOUNT PAID	NAME/ADDRESS OF PROVIDER
Medicare				
Supplemental Health Insurance Premium				
Dental Insurance Premium				
Long Term Care Insurance				
Prescription Drug Costs				
Dr. visits/ co-pays				
Medical treatments— out of pocket expense				
Other medical expenses not listed:				

EMERGENCY CONTACTS: Please provide the names and contact information of at least 2 people, we can contact for emergency/ health/safety purposes.

1.) Name: _____ Telephone #: _____

Address: _____ City _____ State _____

Email Address: _____ Cell Phone #: _____

Relationship to Applicant: _____

2.) Name: _____ Telephone #: _____

Address: _____ City _____ State _____

Email Address: _____ Cell Phone #: _____

Relationship to Applicant: _____

HOW DID YOU HEAR ABOUT MT. OLIVE MANOR? _____



I/We, the undersigned, state that I/We have read and answered fully and truthfully each of the preceding questions for all members of the Household who are to occupy the unit in the above Section 202 PRAC rental development for which application is made, all of whom are listed above. I/We understand that providing false information or making false statements may be grounds for denial of my/our application and may subject me/us to criminal penalties. I/We further understand that as part of the application process my/our credit report may be obtained and that I/we will be required to authorize verification of my/our income and assets. I/we understand that all of the above information must be obtained in order to establish my eligibility for the Subsidized Housing Program.

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. An owner may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the head office or employee of the owner responsible for the unauthorized disclosure or improper use.

The Applicant understands it is their responsibility to keep MT. OLIVE MANOR informed of any changes on this application.

Applicant's Signature: _____ Date: _____

Co-Head Applicant Signature: _____ Date: _____

Mt. Olive Manor is owned/managed and operated by Lutheran Social Ministries of NJ whose mission is "Your need is our mission[®]"

Mt. Olive Manor does not discriminate against any person because of race, color, religion, sex, handicap, familial status, national origin, regardless of sexual orientation or gender identity.

(For office use only) _____ Date: _____

Applicant's Name: _____ Manager's Approval: _____

Community: _____ Fax #: _____

_____ Criminal History Report, Sex Offender Check, Credit Check, Background Check

Credit Score _____ Landlord Verification _____

_____ Home Visit Date _____ Scheduled Lease Sign Date _____



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**INCOME/ ASSET/ EXPENSE
QUESTIONNAIRE**

APPLICANT NAME: _____

Please mark an X by all that apply to you:

INCOME:

I receive income from:

- _____ Social Security
- _____ Supplemental Security Income (SSI)
- _____ Pension
- _____ Work/Employment
- _____ Interest/Dividends
- _____ Regular Contributions from someone outside my household
- _____ IRA Distribution/ Required Minimum Distribution (RMD)
- _____ Other

ASSETS:

I have the following Assets:

- _____ Checking Account
- _____ Savings Account
- _____ Money Market Account
- _____ Certificate of Deposit
- _____ Stocks/Bonds
- _____ Individual Retirement Accounts (IRA)
- _____ Property/Real Estate/Holding a mortgage and receiving payments
- _____ Life Insurance Policy

EXPENSES:

I pay for:

- _____ Medicare
- _____ Supplemental Health Insurance Premiums
- _____ Medicare RX Plan Premiums
- _____ Prescriptions
- _____ Doctor Bills
- _____ Hospital bills for which you have a payment plan set up
- _____ Medical Supplies (syringes, needles, hearing aid batteries, etc.)

If you marked any of the above, we are required to verify the amount of income, value of assets, or amount of expenses you have, to determine your rent. The Property Manager or Leasing Associate will ask you to sign the necessary forms to verify these.

I certify that the items I have marked on this form accurately indicate the items that apply to me. I understand that withholding information concerning my income and assets constitutes as fraud.

Signature of applicant

Date

Signature of co-applicant

Date



SMOKE FREE BUILDING AGREEMENT



I am aware that MT OLIVE MANOR is a smoke free building which means that my household and my guests are prohibited from smoking in my apartment or in any common area inside the building.

Applicant Signature

Date

Co-Applicant Signature

Date



Applicant Information

Last Name	First Name	M.I.
Date of Birth	<i>Social Security Number</i>	
Current Street Address		
City	State	Zip Code

Co-Applicant Information

Last Name	First Name	M.I.
Date of Birth	<i>Social Security Number</i>	
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 do a complete investigation through NTN. 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.

Applicant: *X* _____ **Date:** _____

Co-Applicant: *X* _____ **Date:** _____

PROGRAM ACCESSIBILITY STATEMENT

Notice to all Applicants: Options for Applicants with Physical Challenges

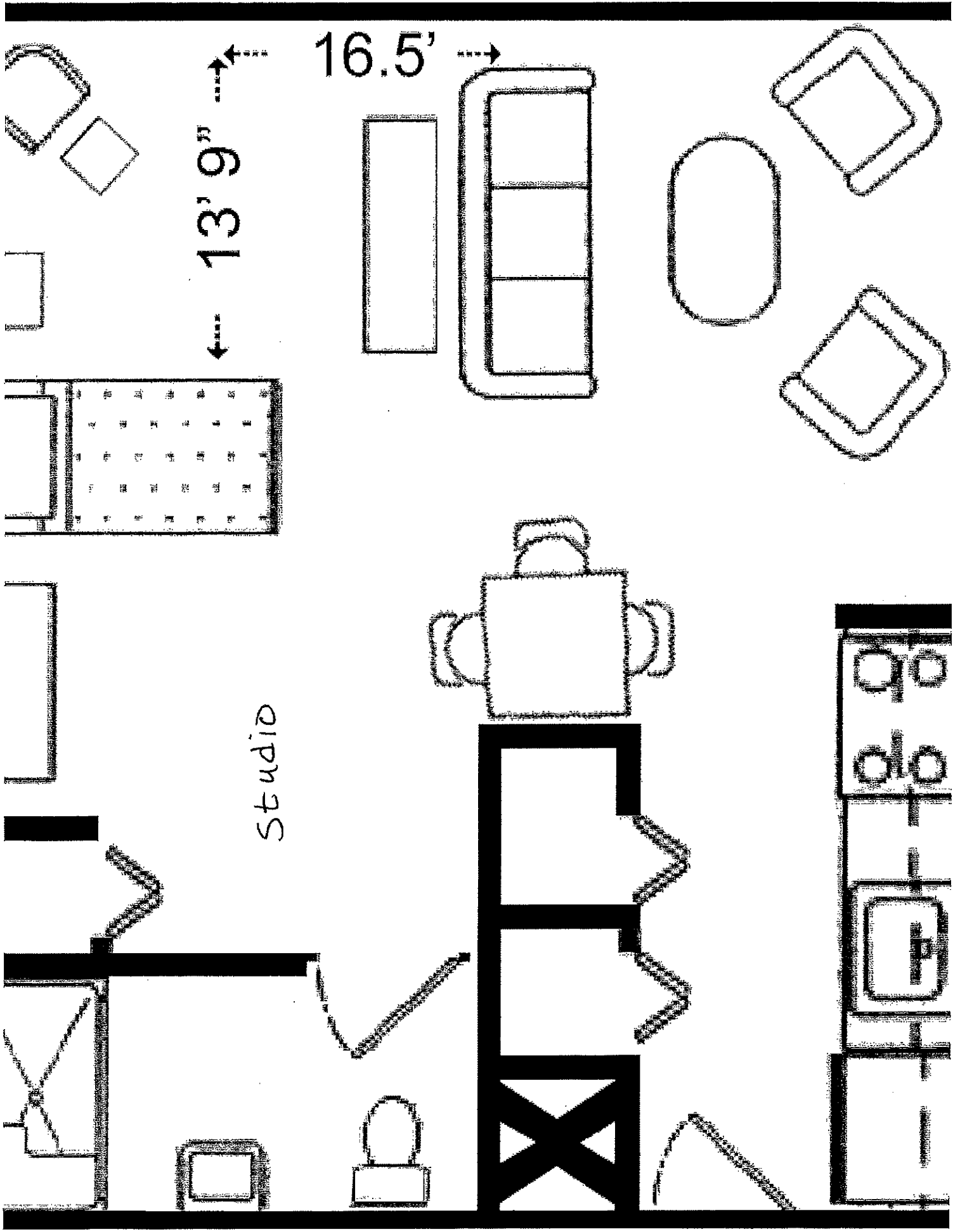
This property is managed by Lutheran Social Ministries of New Jersey. We provide affordable housing to senior citizens. We are not permitted to discriminate against applicants or residents on the basis of their race, color, religion, sex, national origin, handicap or disability, or familial status. In addition, we have a legal requirement to provide 'reasonable accommodations' to applicants and residents if they or any family members have a physical challenge.

A Reasonable Accommodation is some modification or change that we can make to the rules or procedures or to the structure of the property that will assist an otherwise eligible applicant or resident with a disability to take advantage of the program. Examples of reasonable accommodations and structural modifications include but are not limited to:

- Installing strobe-type flashing light smoke detectors in an apartment for a family with a hearing impaired member
- Making large type documents or a reader available to a vision impaired applicant during the application process
- Making a sign language interpreter available to a hearing impaired applicant during the interview
- Permitting an outside agency to assist an applicant with a disability to meet the property's applicant screening criteria
- Making alterations to a unit so it could be used by a family with a wheelchair

An applicant or resident family that has a member with a disability must still be able to meet the essential terms of the lease—they must be able to pay rent, to care for their apartment, to report required information to the manager, avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

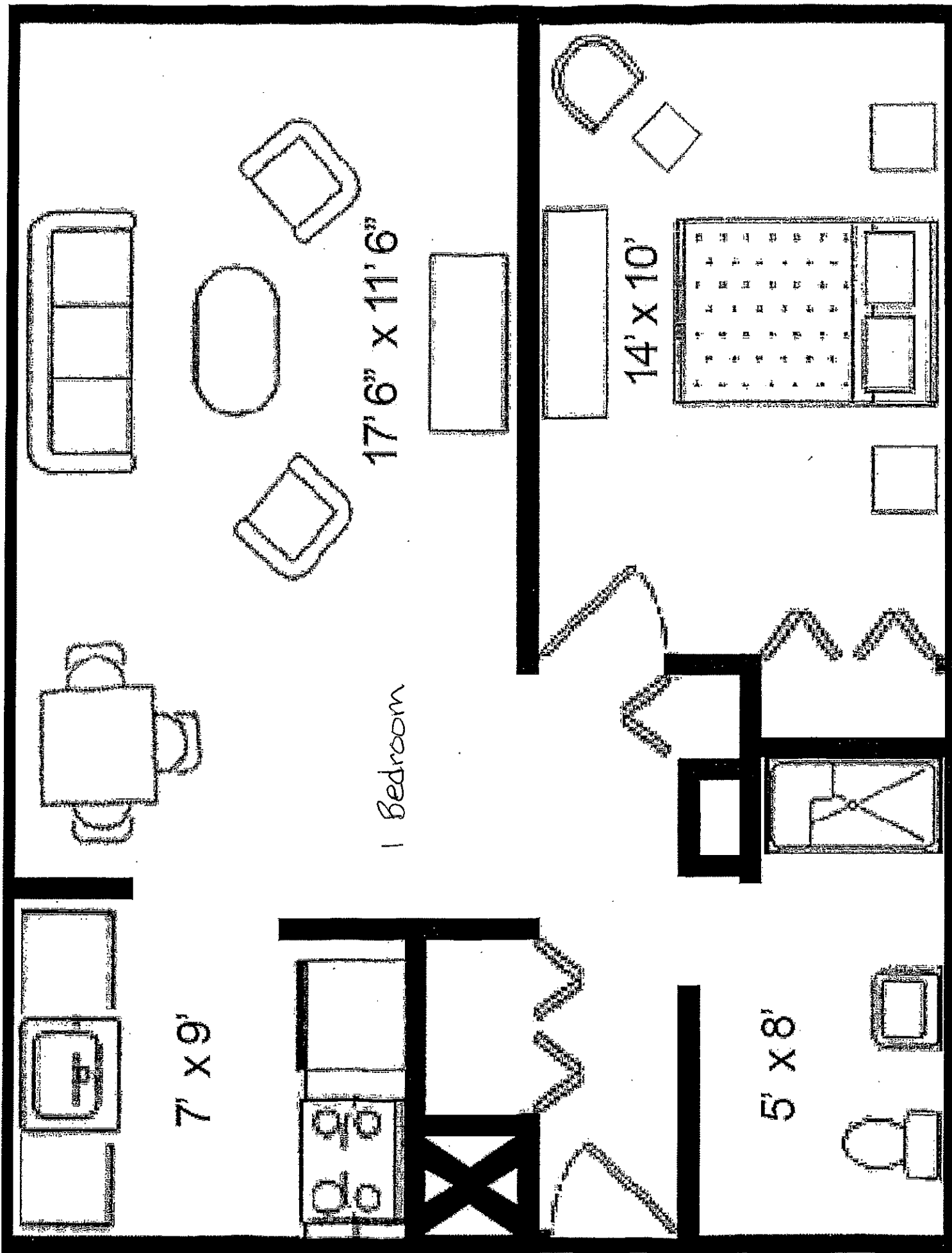
If you, or a member of your family, have a physical challenge and you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with management, that is your right.



13' 9"

16.5'

studio



17' 6" x 11' 6"

1 Bedroom

14' x 10'

7' x 9'

5' x 8'