



Dear Applicant,

Thank you for your interest in LSM of Camden Family Housing! 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

LSM of Camden is an affordable housing facility for families. Below are the maximum income limits

1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
\$ 37,860	\$ 43,260	\$ 48,660	\$ 54,060	\$ 58,440	\$ 62,760	\$ 67,080	\$ 71,400

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*

**Please mail your application to:**      **Lutheran Social Ministries of Camden**  
**539 State Street, Mgmt. Office**  
**Camden, NJ 08102**

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

Sincerely,

**Paola Reinoso**

Paola Reinoso Property  
Manager LSM of Camden

## HOUSING APPLICATION / RECERTIFICATION QUESTIONNAIRE

**NOTE TO TENANT:** In order for us to determine your eligibility, you must provide *all* information included in this questionnaire. This information is considered confidential and will only be used as necessary in determining your eligibility for a Federal Affordable Housing Program. ***Providing false information may result in loss of your housing.***

Tenant Name:	Home Telephone Number: (    )	
Building Address:	Apartment Number:	Alternate Telephone Number: (    )

### HOUSEHOLD COMPOSITION

***Please read each question carefully, answer each question completely and be prepared to verify items checked "yes".***

List yourself and anyone who will live with you ***within the next 12 months***. Be sure to include members temporarily away from home, including (but not limited to): dependents away at school, military persons stationed away from home that have a spouse or dependent in the home.

***Please list household members starting with Head of household on line 1, then in order of oldest to youngest***

	Last Name, First Name	Relationship to Head of Household	Birth Date	Age	Social Security Number	Student Status:		
						Full Time	Part Time	N/A
1								
2								
3								
4								
5								
6								

- 1) Do you anticipate any changes in the size of your household within the next 12 months?  Yes    No  
(Examples: a future spouse, a minor entering the home through adoption, children returning from foster care, etc)  
 If yes, please describe any changes here: \_\_\_\_\_
  
- 2) Will anyone under age 18 listed above live in the unit less than 50% of the next 12 months?  N/A    Yes    No  
 If yes, please explain here: \_\_\_\_\_
  
- 3) Does any member in your household have a disability and require a live-in care attendant:  Yes    No
  
- 4) Is any adult member of your household separated, but not divorced?  Yes    No
  
- 5) Does your household receive, or is it applying to receive, Section 8 rental or voucher assistance?  Yes    No

Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

### STUDENT ELIGIBILITY QUESTIONS

- 6) Are **ALL** members of your household full-time students?  Yes  No
- 7) Will **ALL** members of your household be full-time students during any 5 months of this year?  Yes  No  
(Example: a student who goes to school full-time in any parts of January, April, October and November)
- 8) Will **ALL** members of your household be full-time students during any 5 months of next year?  Yes  No
- 9) Is **ANY ADULT** member of your household a part or full-time student in an institute of higher education?  Yes  No
- If yes, who is enrolled? \_\_\_\_\_ Which school are they enrolled in? \_\_\_\_\_  
How do they pay for their education? \_\_\_\_\_ What is the cost of tuition per semester? \_\_\_\_\_
- 10) Does **ANY ADULT** member of your household intend to become a student within the next 12 months?  Yes  No
- If yes, who will be enrolling in school? \_\_\_\_\_  
If yes, will they be enrolling as a full-time or part-time student? \_\_\_\_\_

### ALIMONY / CHILD SUPPORT INFORMATION

- 11) 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#) \_\_\_\_\_  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 amounts due?  Yes  No

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

- 12) 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: \_\_\_\_\_

Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

**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	INCOME AMOUNT
<input type="checkbox"/>	<input type="checkbox"/>	<b>13) Is any member of the household employed?</b>	AMT\$ _____ PER _____
		Job 1) Who is employed? _____ <input type="checkbox"/> FT <input type="checkbox"/> PT Name of Employer _____ Phone: _____ Address _____ How long at the job? _____	
		Job 2) Who is employed? _____ <input type="checkbox"/> FT <input type="checkbox"/> PT Name of Employer _____ Phone: _____ Address _____ How long at the job? _____	AMT\$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>14) Are any household members self-employed?</b>	AMT\$ _____ PER _____
		Who is self-employed? _____ Type of work does this person do? _____	
<input type="checkbox"/>	<input type="checkbox"/>	<b>15) Are any adult members of your household members unemployed?</b>	
		Which adult members are unemployed? _____	
<input type="checkbox"/>	<input type="checkbox"/>	<b>16) Does any household member receive pay from the military?</b>	AMT\$ _____ PER _____
		Who is paid by the military? _____ Which Branch of the military? _____ Contact Person: _____ Phone: _____	
<input type="checkbox"/>	<input type="checkbox"/>	<b>17) 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</b>	AMT\$ _____ PER _____
		Who receives payments from the Social Security Office? _____	
<input type="checkbox"/>	<input type="checkbox"/>	<b>18) Does any household member receive severance pay or worker's compensation?</b>	AMT\$ _____ PER _____
		Who receives? _____ What company pays them? _____	
<input type="checkbox"/>	<input type="checkbox"/>	<b>19) Is any household member unemployed and receiving payments from an Unemployment Agency?</b>	AMT\$ _____ PER _____
		Who is receiving unemployment benefits? _____	
<input type="checkbox"/>	<input type="checkbox"/>	<b>20) Does any household member receive Public Assistance payments such as TANF or AFDC? (Please do not include Food Stamp benefits here)</b>	AMT\$ _____ PER _____
		Who is receiving TANF or AFDC benefits? _____ Caseworker: _____ Phone: _____	

Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

**INCOME INFORMATION CONTINUED**

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		INCOME AMOUNT
<input type="checkbox"/>	<input type="checkbox"/>	<b>21) Does any household member receive periodic payments from a pension, annuity or retirement benefit account?</b>	AMT\$	_____
Please check one: <input type="checkbox"/> <b>Pension</b> <input type="checkbox"/> <b>Annuity</b> <input type="checkbox"/> <b>Other Retirement</b>			PER	_____
Who receives these benefits? _____				
What company pays this person? _____				
Contact Person: _____ Phone: _____				
<input type="checkbox"/>	<input type="checkbox"/>	<b>22) Does anyone outside of your household provide you with cash or contributions to help pay expenses that a household would normally pay, such as rent, utility, payments or groceries.</b>	AMT\$	_____
What is the name of the person that pays you? _____			PER	_____
What is their address? _____				
Phone number? _____				
<input type="checkbox"/>	<input type="checkbox"/>	<b>23) Is there any other source of income we haven't already asked about above that receive?</b>	AMT\$	_____
Please Describe: _____			PER	_____
<input type="checkbox"/>	<input type="checkbox"/>	<b>24) Does your household expect any changes in their income <i>within the next 12 months</i>?</b>	AMT\$	_____
			PER	_____
<input type="checkbox"/>	<input type="checkbox"/>	<b>25) Does your household receive long-term care insurance payments, in excess of \$180 per day, for a family member residing in a long-term care facility?</b>	AMT\$	_____
Which household member is in a long-term facility? _____			PER	_____
Which household member are the payments made to? _____				
What company pays this person? _____				
<input type="checkbox"/>	<input type="checkbox"/>	<b>26) Do any adult members of your household have zero income?</b>		
Which adult members have zero income? _____				

**Please read each question carefully, answer each question completely and be prepared to verify items checked yes.**

**ACCOUNT / ASSET INFORMATION**

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

**YES NO**

**ACCOUNT INFORMATION**

- 27) Does anyone outside of your household provide you with cash or contributions to help pay expenses that a household would normally pay, such as rent, utility, payments or groceries.**

Bank 1.) Bank Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_

Account Type:  Checking  Savings  CD  Money Market

Bank 2.) Bank Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_

Account Type:  Checking  Savings  CD  Money Market

**Check if there are additional accounts of these types belonging to the household.** (attach a separate sheet with the bank name, account type and name(s) on the account)

- 28) Does any household member have Stocks, Bonds, Mutual Funds, Capital Investments or a Whole Life Insurance Policy (life insurance that you can make withdrawals from even if there isn't a death. We do not count TERM insurance.**

Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Account Type:  Stocks  Bonds  Mutual Funds  Whole Life Insurance

- 29) Does your household member have an IRA, Keogh, 401K, Annuity or similar retirement account?**

Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Account Type:  IRA  Keogh  401K  Other:

- 30) Does any household member have a Pension account that will pay upon retirement or termination of employment (NOT including IRA, Keogh, 401K or Annuity accounts)?**

Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_

Contact: \_\_\_\_\_ Account Type: \_\_\_\_\_

- 31) Does any household member own any Real Estate? (Include Rental Property, Primary Residence, Vacation Property, Time-Shares, Commercial Property and Property being sold by deed of trust or Contracts for Deed)**

Property Owner(s): \_\_\_\_\_ Type of Property: \_\_\_\_\_

What is the name of the bank or institution with financial interest in this property? (Mortgage Holder, Contract Owner, etc.)

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

- 32) Does any household member have personal property that they hold for investment purposes that they plan to sell at a later date for profit? (Examples include: coin or stamp collections, antique cars, jewelry, etc.)**

Property Type: \_\_\_\_\_ Estimated Cash Value: \$ \_\_\_\_\_

- 33) Does any household member have a Trust Account?**

Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_

Is this account a Revocable or Non-Revocable Trust Account? \_\_\_\_\_ Contact Phone: \_\_\_\_\_

- 34) Does any household member have any Treasury Bills or Government Savings Bonds?**

Which household member: \_\_\_\_\_

Series: \_\_\_\_\_ Face Value: \$ \_\_\_\_\_ Serial Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_

- 35) Does any household member have cash on hand or safe deposit boxes?**

Which household member? \_\_\_\_\_ What amount is kept on hand? \$ \_\_\_\_\_

**Please read each question carefully, answer each question completely and be prepared to verify items checked yes.**

**ACCOUNT / ASSET INFORMATION (CONTINUED)**

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

**YES NO**

**ACCOUNT INFORMATION**

- 36) Does any household member have any accounts or assets that were not described above?** (Please **DO NOT** include personal use vehicles, furniture, clothing, etc.)

What type of account or asset is this? \_\_\_\_\_

What is the estimated value of this asset if you were to sell it today? \$ \_\_\_\_\_

- 37) In the past two years, has any household member given away any asset(s) for less than they were worth?** (Examples include property, transferring an asset account into someone else's name, charitable contributions etc.)

What was the estimate value of this asset? \$ \_\_\_\_\_

**HOUSEHOLD CERTIFICATION**

I understand that the information provided on this questionnaire will be used to determine my eligibility for Section 42 complaint properties. Under penalties of perjury, I certify that the information I provided is true and accurate to the best of my knowledge. I also understand that providing false information is considered fraud and punishable according to the law and may result in the loss of my housing at this property.

I also understand that the information provided is considered confidential and will be used solely for the purpose of determining my eligibility or continued eligibility in the Section 42 housing program.

CERTIFICATION: All household members who are 18 years of age, or will be 18 years of age within the upcoming 12 month period must sign below.

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Member

\_\_\_\_\_  
Date

MANAGEMENT SIGNATURE:

This application/questionnaire accepted by:

\_\_\_\_\_  
Apartment Management / Owner's Agent

\_\_\_\_\_  
Date

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.

**In Keeping with the Fair Housing Act, we do not discriminate based on Familial Status, Race, Sex, Disability, Color, Religion or National Origin.**

## 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 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





## Smoke-Free Building Agreement

I am aware that LSM of Camden 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

