



Dear Applicant,

Thank you for your interest in South Plainfield 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.

South Plainfield Senior Residence is an independent living, affordable housing facility for seniors. At least one person in the household must be 55+. Below are the minimum & maximum income limits.

<u>1 Person</u>	<u>Minimum Income</u>	<u>2 People</u>	<u>Minimum Income</u>
\$41,450 gross/year	\$22,620 gross/year	\$47,350 gross/year	\$25,890 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.*

Please mail your application to: **South Plainfield Senior Residence**
151 Morris Avenue, Mgmt Office
South Plainfield, NJ 07080

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

Sincerely,

Evelyn Delgado

Evelyn Delgado, TaCCs, CPO
Property Manager, South Plainfield Senior Residence

Your need is our mission.™

151 Morris Avenue, South Plainfield, NJ 07080
P 908-755-6600 | F 908-755-2283
www.lsmnj.org

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								

- 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: _____
- 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: _____
- Does any member in your household have a disability and require a live-in care attendant? Yes No
- Is any adult member of your household separated, but not divorced? Yes No
- Does your household receive, or is it applying to receive, Section 8 rental or voucher assistance? Yes No



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: _____

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

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

