



**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: \$37,100 or less

For 2 people: \$42,400 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



Mt. Olive Manor  
49 Flanders Bartley Rd  
Flanders NJ 07836  
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.

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.

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

You must call to schedule an appointment if you would like a tour. Return the completed application to:

Mt. Olive Manor  
Management Office  
49 Flanders Bartley Rd Ste 401  
Flanders NJ 0783

<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)	



HOUSING APPLICATION Applicant Name: \_\_\_\_\_

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

HOUSING APPLICATION Applicant Name: \_\_\_\_\_ Page 2

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 # \_\_\_\_\_

**PREVIOUS ADDRESS** \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PREVIOUS LANDLORD'S NAME AND ADDRESS OR APARTMENT COMPLEX:**

\_\_\_\_\_  
\_\_\_\_\_ TELEPHONE # \_\_\_\_\_

(CONTINUE ON NEXT PAGE)



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.**

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				

**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.**



<b>INCOME SOURCE</b>	<b>N / A</b>	<b>BENEFIT CLAIM # (SSN)</b>	<b>MONTHLY AMOUNT</b>	<b>NAME/ADDRESS OF PROVIDER</b>
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<sup>®</sup>"

*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.



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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

## 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	<b><i>Social Security Number</i></b>	
Current Street Address		
City	State	Zip Code

***Co-Applicant Information***

Last Name	First Name	M.I.
Date of Birth	<b><i>Social Security Number</i></b>	
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.