



Dear Applicant,

Thank you for your interest in Peapack-Gladstone 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.

Peapack-Gladstone Family Housing is an affordable housing facility for families. Below are the maximum income limits.

<u>1 Person</u>	<u>2 People</u>	<u>3 People</u>	<u>4 People</u>
\$41,850 gross/year	\$48,800 gross/year	\$53,800 gross/year	\$59,750 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, 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,

Robin Schloesser Regional Property Manager, CPO, HCCP

Keira Claffey, Assistant Property Manager, ARM, CPO

Your need is our mission.[®]

200 Van Horne Road, Whitehouse Station, NJ 08889
P 908-534-9300 | F 908-534-3720
www.lsmnj.org





Office Use Only	Leasing Agent: _____
	<input type="checkbox"/> Approved - Unit # _____ <input type="checkbox"/> Declined Date: _____
	Security Application Fee Concession: \$ _____ \$ _____ \$ _____
	Lease Term _____ Monthly Rent _____

APPLICATION FOR RESIDENCY

I. Applicant / Spouse's Application

Applicant's Name: _____ Spouse's Name: _____

Driver's License #: _____ Driver's License #: _____

Social Security #: _____ Social Security #: _____

Phone #: _____ Cell #: _____ Phone #: _____ Cell #: _____

Email: _____ Email: _____

Student Status Full Time Part Time Not Student Student Status Full Time Part Time Not Student

Marital Status: In order to substantiate your income qualification your marital status must be verified. Please note that the following information is required and will be used for income qualification only:

Applicant's Marital Status: Married Separated Widowed Divorced Never Been Married

II. Other Household Members

List only children who are dependent of persons listed on this application: **Check Student Status:**

Name: _____ Current Age: _____ DOB: _____ F/T P/T Not Student

Name: _____ Current Age: _____ DOB: _____ F/T P/T Not Student

Name: _____ Current Age: _____ DOB: _____ F/T P/T Not Student

Name: _____ Current Age: _____ DOB: _____ F/T P/T Not Student

Are there any other household members not listed on this or a separate application (i.e., spouse, absent spouse, roommate, or other)?
 NO YES If yes, please explain: _____

Does anyone in the household anticipate changes to "Student Status" within this calendar year? NO YES

If yes above, list name(s): _____ Anticipated Change(s): _____

III. Residency History

List the past two years of residency history. If additional space is needed, please use the back of the application:

Current Address: _____ **Previous Address:** _____

City, State, Zip: _____ City, State, Zip: _____

From: _____ To: _____ From: _____ To: _____

Rent Own Other: _____ Rent Own Other: _____

Landlord's Name: _____ Landlord's Name: _____

Landlord's #: _____ Rent \$: _____ Landlord's #: _____ Rent \$: _____

Will this be your only place of residency:

YES NO

Are you in need of an accessible unit:

YES NO

What size apartment do you prefer:

1 2 3

Do you have Section 8 or any other housing assistance?

YES NO OTHER: _____

IV. Employment History

Applicant's Current Employer:

Spouse's Current Employer:

Employer's Name: _____

Employer's Name: _____

Street Address: _____

Street Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone #: _____ Fax #: _____

Phone #: _____ Fax #: _____

Supervisor's Name: _____

Supervisor's Name: _____

Anticipated Gross Annual Income:\$ _____

Anticipated Gross Annual Income:\$ _____

V. Other Sources of Income (Does the applicant or Spouse receive or anticipates receiving any of the following incomes?)

Applicant's Other Income:

Spouse's Other Income:

Source: _____ Gross Amt. Received: _____

Source: _____ Gross Amt. Received: _____

SSI/SSA NO YES \$ _____

SSI/SSA NO YES \$ _____

Retirement/Pension NO YES \$ _____

Retirement/Pension NO YES \$ _____

Unemployment NO YES \$ _____

Unemployment NO YES \$ _____

Recurring Contribution NO YES \$ _____

Recurring Contribution NO YES \$ _____

AFDC/TANF NO YES \$ _____

AFDC/TANF NO YES \$ _____

Child Sprt/Alimony NO YES \$ _____

Child Sprt/Alimony NO YES \$ _____

Child Sprt Crt Order NO YES \$ _____

Child Sprt Crt Order NO YES \$ _____

Military Service NO YES \$ _____

Military Service NO YES \$ _____

If other, list source: _____

If other, list source: _____

As it relates to every household member individually, are there any imminent changes expected in financial status or employment status during the next 12 months?

NO YES If yes, explain: _____

VI. Household Assets

Does any household member (including children) have a checking or savings account, IRA, CD, Bonds, Real Estate, or any other type of asset(s)?

NO YES If yes, list type of asset and name of institution.

Applicant	Spouse	Child	Type of Asset	Name of Institution
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Has anyone in your household disposed of any asset(s) in the past twenty-four (24) months?

NO YES If yes, explain why: _____

VII. General Information

Emergency Contact Information:

Applicant's Emergency Contact:

Contact Name: _____

Street Address: _____

City, State, Zip: _____

Phone #: _____ 2nd #: _____

Relationship: _____

Spouses Emergency Contact:

Contact Name: _____

Street Address: _____

City, State, Zip: _____

Phone #: _____ 2nd #: _____

Relationship: _____

Vehicle Information:

Applicant's Vehicle:

License Plate #: _____ State: _____

Make: _____ Type: _____ Color: _____

Spouses Vehicle:

License Plate #: _____ State: _____

Make: _____ Type: _____ Color: _____

Other Information Needed:

Do you have pets? NO YES

If yes, how many _____

What kind?: _____

Weight: _____

What kind?: _____

Weight: _____

Did you hear about us from one of our residents? NO YES If yes, residents name: _____

Has anyone in your household been convicted of a felony? NO YES

If yes, list name(s): _____

Has anyone in your household registered as a sex offender? NO YES

If yes, list name(s): _____

Has anyone in your household been convicted of the illegal distribution or manufacturer of an illegal drug or other controlled substances? NO YES

If yes, list name(s): _____

We hereby authorize _____(Company) to make investigations to confirm the contents contained in this application for rental. Furthermore, we authorize investigations be extended or for subsequent investigations to be completed in connection with an update, lease renewal, recertification, extension or collections, with respect or in connection with the rental or lease of a residency for which this application was made. We understand that these investigations might include, but not necessarily be limited to: credit report, verifications of employment, past rental history, banking relations and criminal background check. We consent to these investigations and authorize and direct any employer (past or present), credit reporting agency, landlord, property management company, banking institution and law enforcement agency to release to the above mentioned Company without any liability therefore, any information contained in the records concerning the undersigned applicant and knowledge and agree that any misrepresentation and/or omission of fact or detrimental information contained in this report shall constitute a default under the applicant's initial rental application/lease agreement and may, in the sole discretion of management, be grounds for denial of applicant's rental application or eviction proceedings. We further agree that the information contained in this application may be used in such investigation(s) and above mentioned Company shall be held harmless for any action or claim by me/us in connection with the use of the information contained herein or any investigation conducted by the above mentioned Company.

TITLE VII of the CIVIL RIGHTS ACT of 1966 makes discrimination based on race, color, religion, sex or national origin illegal in connection with the rental of most housing. The Federal agency, which administers compliance with this law concerning this company, is The Department of Housing and Urban Development. EQUAL CREDIT OPPORTUNITY ACT - The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applications on the basis of sex or marital status. The federal agency, which administers compliance with this company's Equal Credit Opportunity, is The Federal Trade Commission, Washington, DC 20580.

Under penalty of perjury, I certify that the information presented in this application is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in denial of my application for residency or the immediate termination of the lease agreement.

Applicant's Signature: _____
Date

Spouse's Signature: _____
Date

Please Save File, Print, Sign & Date, and Mail to the address below.

RETURN APPLICATION TO:
200 Van Horne Rd.
Whitehouse Station, NJ 08889
908-534-9300



Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Peapack-Gladstone		85 Main Street, Peapack, NJ 07977
Name of Property	Project No.	Address of Property
Lutheran Social Ministries of NJ		
Name of Owner/Managing Agent	Type of Assistance or Program Title:	
Name of Head of Household	Name of Household Member	

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	<input type="checkbox"/>
Not-Hispanic or Latino	<input type="checkbox"/>
Racial Categories*	Select All that Apply
American Indian or Alaska Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
White	<input type="checkbox"/>
Other	<input type="checkbox"/>

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Please Print, Sign and Date

Signature _____
Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

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.

Smoke-Free Building Agreement

I am aware that Peapack Family Housing 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. Savings account (latest statement)
3. Stocks, bonds, or Certificates of Deposit (latest statement)
4. Life Insurance Policies (current cash value)
5. IRA, KEOGH, or other company retirement accounts (latest statement)
6. Money Market Funds (latest statement)
7. Trusts
8. Real Estate—Market Analysis or Appraisal stating cash value of home minus closing costs (from a realtor—not from Zillow)

Proof of Income

1. Social Security Statement (includes SSI, SSDI, SSD & SSDA) (2020 Benefits Statement, not the 1099 for 2019) 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

Please Save file, Print, Sign & Date and Mail with Application

