



Dear Applicant,

Thank you for your interest in **West Hanover Street Apts!** 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.

West Hanover Street Apts is an affordable housing community for families, in Trenton, NJ. Below are the income guidelines.

*RENTS		Utility Allowance
1 BDRM	\$ 1,245	\$ 87
2 BDRM	\$ 1,495	\$ 116
3 BDRM	\$ 1,726	\$ 144
4 BDRM	\$ 1,926	\$ 177

Minimum Income/Bedroom Size	
1 Bedroom	\$ 42,650
2 Bedroom	\$ 51,250
3 Bedroom	\$ 59,100
4 Bedroom	\$ 66,000

HOUSEHOLD MAXIMUM INCOME LIMIT @ 50% AMI – Effective 5/15/2023

1 Person	2 People	3 People	4 People	5 People
\$ 46,500	\$ 53,150	\$ 59,800	\$ 66,400	\$ 71,750

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.*

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

Sincerely,
West Hanover St. Apts
Management Office

****Rents are subject to change annually based on NJHMFA's 50% Set-asides Max. Rents, Income Limits, and Utility Allowances***

Your need is our mission.®

539 State Street, Camden, NJ 08102
P 856-966-3401 | F 856-966-3424
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 #: _____ DOB _____ Social Security #: _____ DOB _____
 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: _____	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Not Student
Name: _____ Current Age: _____ DOB: _____	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Not Student
Name: _____ Current Age: _____ DOB: _____	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Not Student
Name: _____ Current Age: _____ DOB: _____	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> 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: _____
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other: _____	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other: _____
Landlord's Name: _____	Landlord's Name: _____
Landlord's #: _____ Rent \$: _____	Landlord's #: _____ Rent \$: _____

Will this be your only place of residency:
☐ YES ☐ NO

What size apartment do you prefer:
☐ 1 ☐ 2 ☐ 3

Are you in need of an accessible unit:
☐ YES ☐ NO

Do you have Section 8 or any other housing assistance?
☐ YES ☐ NO ☐ OTHER: _____

IV. Employment History**Applicant's Current Employer:**

Employer's Name: _____

Street Address: _____

City, State, Zip: _____

Phone #: _____ Fax #: _____

Supervisor's Name: _____

Anticipated Gross Annual Income:\$ _____**Spouse's Current Employer:**

Employer's Name: _____

Street Address: _____

City, State, Zip: _____

Phone #: _____ Fax #: _____

Supervisor's Name: _____

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:**

Source: _____ Gross Amt. Received: _____

SSI/SSA NO YES \$ _____

Retirement/Pension NO YES \$ _____

Unemployment NO YES \$ _____

Recurring Contribution NO YES \$ _____

AFDC/TANF NO YES \$ _____

Child Sprt/Alimony NO YES \$ _____

Child Sprt Crt Order NO YES \$ _____

Military Service NO YES \$ _____

If other, list source: _____

Spouse's Other Income:

Source: _____ Gross Amt. Received: _____

SSI/SSA NO YES \$ _____

Retirement/Pension NO YES \$ _____

Unemployment NO YES \$ _____

Recurring Contribution NO YES \$ _____

AFDC/TANF NO YES \$ _____

Child Sprt/Alimony NO YES \$ _____

Child Sprt Crt Order NO YES \$ _____

Military Service NO YES \$ _____

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 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 methamphetamine on the premise of a federal-assisted building? NO YES

If yes, list name(s): _____

We hereby authorize West Hanover St. Apts / c/o Lutheran Social Ministries of NJ (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 listed below

RETURN APPLICATION TO:

West Hanover Street Apts
c/o LSM of Camden
539 State Street, Office
Camden , NJ 08102
856-966-3402



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 I B 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 **West Hanover Street Apts** 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

Please Save file, Print, Sign & Date and Mail to the address listed below

RETURN APPLICATION TO:
West Hanover Street Apts
c/o LSM of Camden
539 State Street
Camden, NJ 08102
856-966-3402



**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of HousingOMB Approval No. 2502-0204
(Exp. 06/30/2017)**West Hanover St. Apts****148-218 West Hanover St, Trenton, NJ 08618**

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	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

Definitions of these categories may be found on the reverse side.*There is no penalty for persons who do not complete the form.****Signature****Please Print, Sign and Date****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 format 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.



NJ Fair Chance in Housing Screening Disclosure

New Jersey Fair Chance in Housing Act

If you are made a conditional offer, you will receive a secondary application inquiring about your criminal background history and we will also conduct a Criminal Background Check to determine final eligibility. This reporting will include any information about your individual criminal background, including but not limited to information produced by federal, state, and local law enforcement agencies, federal and state courts, or consumer reporting agencies.

Pursuant to New Jersey P.L. 2020, Chapter 110, the Fair Chance in Housing Act, Section 4(a), you may provide evidence disputing the accuracy or relevance of information related to any criminal convictions. Additionally, you have the right to submit evidence of your rehabilitation or other mitigating factors. We will conduct an individualized assessment of your application to determine whether or not withdrawal of the conditional offer is necessary to achieve a substantial, legitimate, and nondiscriminatory interest in light of the following factors: (1) the nature and severity of the criminal offense; (2) the age of the applicant at the time of the occurrence of the criminal offense; (3) the time which has elapsed since the occurrence of the criminal offense; (4) Any information produced by the applicant, or produced on the applicant's behalf, in regard to the applicant's rehabilitation and good conduct since the occurrence of the criminal offense; (5) the degree to which the criminal offense, if it reoccurred, would negatively impact the safety of the housing provider's other tenants or property; and (6) whether the criminal offense occurred on or was connected to property that was rented or leased by the applicant.

If, after conducting the individualized assessment, we withdraw your conditional offer, we will notify you in writing and explain the specific reason or reasons for the withdrawal of the conditional offer along with notice of your right to file a complaint with the Attorney General.

Your need is our mission.[®]

539 State Street, Camden, NJ 08102
P 856-966-3401 | F 856-966-3424
www.lsmnj.org

