

**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**

**2024 Income requirements:**

For 1 person: \$45,650 or less

For 2 people: \$52,150 or less

Available apartments in Mt Olive Manor II  
One Bedroom

Your rent will be based on 30% of your income

We look forward to having you as a resident

202 Application



MTO



**Property Name: MT OLIVE MANOR II**  
**RESIDENT APPLICATION**  
 For 202 PRAC Properties

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Current Address: \_\_\_\_\_ Phone: \_\_\_\_\_

(City, State, Zip): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

This apartment community was designed for senior citizens. Your application will be rejected if you do not meet the following qualifications:

1. Head of Household, Spouse or Co-Head is age 62 or older.
2. Income limits released by HUD as of **2024** require that annual income is **\$45,650**, or less, for 1 person and **\$52,150**, or less, for 2 people.

Applicants will also be screened according to the procedures outlined in the Resident Selection Policy, which is available for viewing in the management office.

**This is a Smoke Free Building**

If you are physically challenged or have difficulty completing this application, please advise us of your needs when you receive the application or call us to schedule assistance.

Our phone number is **973-252-1403** between the hours of **9:00 am** and **5:00 pm**.

Appropriate assistance will be provided in a confidential manner and setting.

**PART I. FAMILY COMPOSITION**

*Directions to Applicant: Answer all questions on this application. Enter "No" or "None" for those questions which do not apply to you. Do not leave any blanks and do not strike through or cross out sections that do not apply—instead answer "No" or "None." A separate application form must be completed by each adult applicant of the household who is not related by blood, marriage or adoption (non-minor applicants related by blood must also complete a separate application). Please complete the table below for each member of your household, whether or not those members are related.*

**INCLUDE ALL MEMBERS WHO YOU ANTICIPATE WILL LIVE WITH YOU AT LEAST 50% OF THE TIME DURING THE NEXT 12 MONTHS.**

*Attach additional sheets if more space is needed. Proof of identity and social security cards must be provided for all household members. All adults must sign the application.*

Name <u>ALL</u> people to occupy apartment	*Social Security #	Date of Birth	Relationship	Gender
LAST NAME FIRST MI			Head of House	

\*If benefits are drawn under a different Social Security #, please provide: \_\_\_\_\_

202 Application



1. Current Marital Status: Never Married\_\_\_\_ Divorced\_\_\_\_ Separated\_\_\_\_ Widowed\_\_\_\_ Married\_\_\_\_
  - a. Spouse's Maiden name\_\_\_\_\_
  - b. Do you expect a change in household size in the future? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, explain:
   
\_\_\_\_\_
   
\_\_\_\_\_
  - c. Are there any temporarily absent household members? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, provide name, relationship to head of household, age, explanation for absence and date of return:
   
\_\_\_\_\_
   
\_\_\_\_\_
2. Would you or any members of your household benefit from an accessible unit?
  - a) Yes\_\_\_ No \_\_\_
   
If yes, explain\_\_\_\_\_

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**PART II. INCOME AND ASSET SOURCES**

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**APPLICANT Social Security/SSI/Pension/Employment/Assets**

1. Social Security/SSI:: \_\_\_\_\_
   
Annual Gross Earnings \$\_\_\_\_\_
2. Pension Name: \_\_\_\_\_
   
Address: \_\_\_\_\_
   
Annual Gross Earnings \$\_\_\_\_\_
   
Phone Number: \_\_\_\_\_
3. Employer Name: \_\_\_\_\_
   
Address: \_\_\_\_\_
   
Phone Number: \_\_\_\_\_
   
Annual Gross Earnings \$\_\_\_\_\_

202 Application



4. Do you have a Savings Account? Yes\_\_\_ No\_\_\_  
 If yes, what is the current balance? \$ \_\_\_\_\_  
 Name of Banking Institution: \_\_\_\_\_
5. Do you have a Checking Account? Yes\_\_\_ No\_\_\_  
 If yes, what is the 6 month avg. balance? \_\_\_\_\_  
 Name of Banking Institution: \_\_\_\_\_
6. Do you have an IRA or 401(k)? Yes\_\_\_ No\_\_\_  
 If yes, do you take a required minimum distribution? Yes\_\_\_ No\_\_\_  
 Name of Institution: \_\_\_\_\_
7. Do you have other accounts (i.e. Stocks, Bonds, Certificates of Deposits, Trust Funds, IRA's, CD's)?  
 Yes\_\_\_\_\_ No\_\_\_\_\_
- Name of all Institutions \_\_\_\_\_
- Stocks & Bonds: \_\_\_\_\_
- Mutual Fund: \_\_\_\_\_
- CD: \_\_\_\_\_
- Other: \_\_\_\_\_
8. Do you have Medicare: Yes\_\_\_ No\_\_\_  
 Do you have a supplemental medical insurance policy: Yes\_\_\_ No\_\_\_  
 If yes, name of insurance provider: \_\_\_\_\_
9. Do you pay for prescription medication: Yes\_\_\_ No\_\_\_  
 Pharmacy: \_\_\_\_\_

**CO-APPLICANT Social Security/SSI/Pension/Employment/Assets**

1. Social Security/SSI:(2<sup>nd</sup> source): \_\_\_\_\_
- Annual Gross Earnings \$ \_\_\_\_\_
2. Pension Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Annual Gross Earnings \$ \_\_\_\_\_
- Phone Number: \_\_\_\_\_



3. Employer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Annual Gross Earnings \$ \_\_\_\_\_
4. Do you have a Savings Account? Yes \_\_\_ No \_\_\_  
 If yes, what is the current balance? \$ \_\_\_\_\_  
 Name of Banking Institution: \_\_\_\_\_
5. Do you have a Checking Account? Yes \_\_\_ No \_\_\_  
 If yes, what is the 6 month avg. balance? \_\_\_\_\_  
 Name of Banking Institution: \_\_\_\_\_
6. Do you have an IRA or 401(k)? Yes \_\_\_ No \_\_\_  
 If yes, do you take a required minimum distribution? Yes \_\_\_ No \_\_\_  
 Name of Institution: \_\_\_\_\_
7. Do you have other accounts (i.e. Stocks, Bonds, Certificates of Deposits, Trust Funds, IRA's, CD's)?  
 Yes \_\_\_\_\_ No \_\_\_\_\_  
 Name of all Institutions \_\_\_\_\_  
 Stocks & Bonds: \_\_\_\_\_  
 Mutual Fund: \_\_\_\_\_  
 CD: \_\_\_\_\_  
 Other: \_\_\_\_\_
8. Do you have Life Insurance with a cash value (Term or Whole Life)? Yes \_\_\_ No \_\_\_  
 If yes, what is cash value: \$ \_\_\_\_\_ Yearly Dividend: \$ \_\_\_\_\_  
 Name of Insurance Provider: \_\_\_\_\_
9. Do you have medical insurance? Yes \_\_\_ No \_\_\_  
 Do you have a supplemental medical insurance policy: Yes \_\_\_ No \_\_\_  
 If yes, name of insurance provider: \_\_\_\_\_
10. Do you pay for prescription medication? Yes \_\_\_ No \_\_\_  
 Pharmacy: \_\_\_\_\_



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**PART III. LANDLORD REFERENCES**

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1. Present Landlord: \_\_\_\_\_ From/To: \_\_\_\_\_  
\_\_\_\_\_  
Address City State Zip Phone
2. Previous Landlord: \_\_\_\_\_ From/To: \_\_\_\_\_  
\_\_\_\_\_  
Address City State Zip Phone
3. States where you have resided: \_\_\_\_\_

*Attach additional information if necessary.*

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**PART IV. GENERAL INFORMATION**

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1. Are you a registered sex offender? Yes \_\_\_ No \_\_\_
2. Have you ever been evicted? Yes \_\_\_ No \_\_\_  
If yes, explain: \_\_\_\_\_
3. Have you ever filed for bankruptcy? Yes \_\_\_ No \_\_\_  
If yes, explain: \_\_\_\_\_
4. Have you ever received rental assistance or lived in subsidized housing? Yes \_\_\_ No \_\_\_  
If yes, explain: \_\_\_\_\_
5. Has your rental assistance or subsidy ever been terminated for fraud, non-payment of rent or failure to re-certify or any other reason? Yes \_\_\_ No \_\_\_  
If yes, explain: \_\_\_\_\_
6. Will this be your only place of residence? Yes \_\_\_ No \_\_\_  
If no, explain \_\_\_\_\_



8. Have you or any members of your household been convicted of the illegal distribution or manufacture of methamphetamine in federally-assisted housing? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

9. Do you have any pets? Yes \_\_\_\_\_ No \_\_\_\_\_

10. What is the condition of your current housing? (Check all that apply)

a. Own Home \_\_\_\_\_ Value:\$\_\_\_\_\_ Renting as Primary lessee \_\_\_\_\_ Renting as a Co-Lessee \_\_\_\_\_  
Sub leasing \_\_\_\_\_ Living with friends \_\_\_\_\_ Living with family \_\_\_\_\_ Living at shelter \_\_\_\_\_  
Without any housing\_\_\_\_\_

b. Above Standard \_\_\_\_\_ Standard \_\_\_\_\_ Poor \_\_\_\_\_ Clean \_\_\_\_\_ Dirty \_\_\_\_\_ Filthy \_\_\_\_\_  
Physically Safe \_\_\_\_\_ unsafe \_\_\_\_\_ unhealthy \_\_\_\_\_ Neighborhood dangerous \_\_\_\_\_ Secure \_\_\_\_\_

11. How did you hear about our property? \_\_\_\_\_

12. The various financing agencies that provided funding to build this property require us to report the race and ethnicity for all applicants. We request your cooperation in completing the following questions. The response to this question is optional and your answers will have no bearing on your eligibility for housing.

- Race of Head of Household. Please check all that may apply.  
White/Caucasian \_\_\_\_\_ African-American \_\_\_\_\_ American Indian \_\_\_\_\_ Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_  
Pacific Islander \_\_\_\_\_ Other \_\_\_\_\_
- Ethnicity of Head of Household. Please check one.  
Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_

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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.

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**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.

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202 Application



Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature  
(Co-Head): \_\_\_\_\_ Date: \_\_\_\_\_

**Print, sign, and date**

202 Application





## 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

**Print, sign, and date**

202 Application





**Applicant Information**

Last Name	First Name	M.I.
Date of Birth	Social Security Number	
Current Street Address		
City	State	Zip Code

**Co-Applicant Information**

Last Name	First Name	M.I.
Date of Birth	Social Security Number	
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.

202 Application





## **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.