Lutheran SOCIAL MINISTRIES of NJ

Mirota Senior Residence

Dear Applicant,

Thank you for your interest in Mirota 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.

Mirota is an independent living, affordable housing community for seniors. At least one person in the household must be 55+. Below are the income guidelines.

Effective 5/1/2025

HOUSEHOLD MAXIMUM INCOME LIMIT @ 60% AMI	
1 PERSON	2 PEOPLE
$64,440	$73,680

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,

Property Manager – Mirota Senior Residence

Rents are subject to change annually based on NJHMFA's 60% Set-asides Maximum Rents, Income Limits, and Utility Allowances.

Lutheran SOCIAL MINISTRIES of NJ

Mirota Senior Residence

Office Use Only	
	Leasing Agent:
	☐ Approved - Unit #_____ ☐ 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 #:_____

Date of birth:_____ Date of birth:_____

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 us 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: Are you in need of an accessible unit:

☐ YES ☐ NO ☐ YES ☐ NO

What size apartment do you prefer:

☐ 1 ☐ 2

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
☐	☐	☐	_____	_____
☐	☐	☐	_____	_____
☐	☐	☐	_____	_____
☐	☐	☐	_____	_____
☐	☐	☐	_____	_____

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 Mirota Senior Residence 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

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

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

Smoke-Free Building Agreement

I am aware that Mirota 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

Lutheran
SOCIAL MINISTRIES01NJ

„ Mirota Senior Residence

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 S (five) years after I vacate the premises.

_____ _____

Tenant Signature Date

_____ _____

Co-Tenant Signature Date

EQUAL HOUSING OPPORTUNITY

ADDENDUM TO TENANT INCOME CERTIFICATION

(FOR STATISTICAL USE ONLY)

The following information is requested in accordance with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U.S. Department of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC financed properties.

Enter both Ethnicity and Race codes for each household member (see below for codes).

TENANT DEMOGRAPHIC PROFILE						
HH Mbr #	Last Name	First Name	Middle Name	Race	Ethnicity	Disabled (Y or N)
1						
2						
3						
4						
5						
6						
7						
8						

The Following Race Codes should be used:

1 – White – A person having origins in any of the original people of Europe, the Middle East or North Africa.

2 – Black/African American – A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" apply to this category.

3 – American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

4 – 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.

5 – Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Note: *Multiple racial categories may be indicated as such: 31 – American Indian/Alaska Native & White, 41 – Asian & White, etc.*

The Following Ethnicity Codes should be used:

1 – Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as "Latino" or "Spanish Origin" apply to this category.

2 – Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Disability Status:

Check "Y" if any member of the household is disabled according to Fair Housing Act definition for handicap (disability):

- A physical or mental impairment which substantially limits one or more major life activities: a record of such an impairment; or being regarded as having such an impairment. For a definition of "physical or mental impairment and other terms used, please see 24 CFR 100.201, available at: **http://www.fairhousing.com/index.cfm**
- "Handicap" does not include current, illegal use of or addiction to a controlled substance.
- An individual shall not be considered to have a handicap solely because that individual is a transvestite.

_____ I have provided the above information. _____ I decline to provide this information at this time.

_____ _____

Applicant/Resident 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)

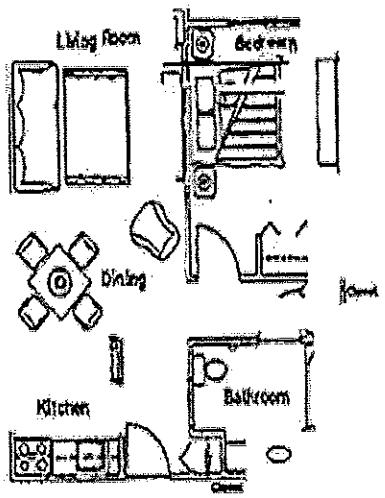
Proof of Income

1. Social Security Statement (includes SSI, SSDI, SSD & SSDA) (2019 Benefits Statement, not the 1099 for 2018), 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

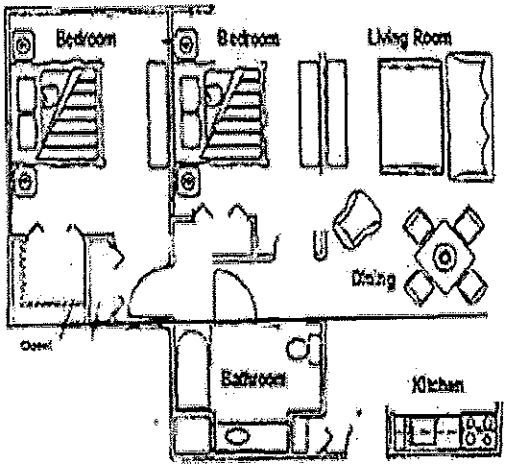
Please Save file, Print, Sign & Date, and Mail with Application

60 Beautifully designed one and two bedroom apartments

One Bedroom
(650 square feet)



Two Bedroom *(880.square feet)*



Join other good neighbors at our Mirota Senior Residence community.

Lutheran SOCIAL MINISTRIES of NJ

Mirota Senior Residence

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.