

**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**

### **2025 Income Requirements**

For 1 person: \$41,800 or less

For 2 people: \$47,800 or less

Available apartments in  
Lutheran Senior Residence at Pennsauken  
One Bedroom

Your rent will be based on 30% of your income

We look forward to having you as a resident

202 Application



**Property Name: LUTHERAN SENIOR RESIDENCE AT PENNSAUKEN**  
**RESIDENT APPLICATION**  
 For 202/8 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 **2025** require that annual income is **\$41,800**, or less for 1 person, and **\$47,800**, 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 **856-661-0141** between the hours of **9:00 am** and **4:30 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: \_\_\_\_\_

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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: \_\_\_\_\_

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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 Individual Retirement Account or 401(k) or 401(c)? Yes \_\_\_ No \_\_\_

If yes, do you take a required minimum distribution? Yes \_\_\_ No \_\_\_

Name of Financial 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 Medicare: 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: \_\_\_\_\_

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

11. Social Security/SSI:(2<sup>nd</sup> source): \_\_\_\_\_

Annual Gross Earnings \$ \_\_\_\_\_

12. Pension Name: \_\_\_\_\_

Address: \_\_\_\_\_

Annual Gross Earnings \$ \_\_\_\_\_

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Phone Number: \_\_\_\_\_

13. Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Annual Gross Earnings \$ \_\_\_\_\_

14. Do you have a Savings Account? Yes \_\_\_ No \_\_\_

If yes, what is the current balance? \$ \_\_\_\_\_

Name of Banking Institution: \_\_\_\_\_

15. Do you have a Checking Account? Yes \_\_\_ No \_\_\_

If yes, what is the 6 month avg. balance? \_\_\_\_\_

Name of Banking Institution: \_\_\_\_\_

16. Do you have an IRA or 401(k)? Yes \_\_\_ No \_\_\_

If yes, do you take a required minimum distribution? Yes \_\_\_ No \_\_\_

Name of Institution: \_\_\_\_\_

17. 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: \_\_\_\_\_

18. 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: \_\_\_\_\_

19. Do you have medical insurance? Yes \_\_\_ No \_\_\_

Do you have a supplemental medical insurance policy: Yes \_\_\_ No \_\_\_

If yes, name of insurance provider: \_\_\_\_\_

20. Do you pay for prescription medication? Yes \_\_\_ No \_\_\_

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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 been convicted of a felony within the past 7 years? Yes\_\_\_ No\_\_\_  
If yes, explain: \_\_\_\_\_

4. Have you ever filed for bankruptcy? Yes\_\_\_ No\_\_\_  
If yes, explain: \_\_\_\_\_

5. Have you ever received rental assistance or lived in subsidized housing? Yes\_\_\_ No\_\_\_  
If yes, explain: \_\_\_\_\_

6. 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\_\_\_

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

7. Will this be your only place of residence? Yes \_\_\_ No \_\_\_

If no, explain \_\_\_\_\_

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

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

9. What is the status 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. Is your current housing: Above Standard \_\_\_ Standard \_\_\_ Poor \_\_\_ Unsanitary \_\_\_  
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 ask 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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## SMOKE FREE BUILDING AGREEMENT



I am aware that LUTHERAN SENIOR RESIDENCE AT PENNSAUKEN 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

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**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:** \_\_\_\_\_

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**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.

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