

Dear Applicant,

Thank you for your interest in Luther Haven. Please take the time to carefully review and complete this rental application. The application must be filled out in its entirety. All questions are required to be answered. If a question does not apply to you, please indicate "N/A" or "No." Applications with unanswered questions may be denied. Before proceeding, please ensure that you meet the eligibility requirements listed below. Applicants will not be added to the waiting list unless all requirements are met.

2026 Income Requirements.

FY 2026 Income Limit Area	Monmouth
FY 2026 Income Limit Category	1-Person
Very Low (50%) Income Limits (\$)	49,250

**Your rent will be based on a 30% of your income.
We look forward to having you as a resident!**

HUD 811 Application



Property Name: LUTHER HAVEN
RESIDENT APPLICATION
 For HUD 811 PRAC Properties

Applicant's Name: _____ Date: _____

Applicant's Current Address: _____ Phone: _____

(City, State, Zip): _____ Cell Phone: _____

Email: _____

This Housing community was designed for specific disabilities. Your application will be rejected if you do not meet the following qualifications:

1. Head of Household is age 18 or older.
2. Income limits released by HUD as of **05/01/2026** require that annual income is **\$49,250**, or less for 1 person.
3. Access 1 - diagnosis of mental illness
4. Co-occurring medical conditions

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 **609-699-4136** 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 LAST NAME FIRST MI	*Social Security #	Date of Birth	Relationship	Gender
			Head of Household	

*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: _____

Annual Gross Earnings \$ _____

4. Do you have a Savings Account? Yes ___ No ___

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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:(2nd source): _____

Annual Gross Earnings \$ _____

2. Pension Name: _____

Address: _____

Annual Gross Earnings \$ _____

Phone Number: _____

3. Employer Name: _____

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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 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 ___
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 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 a shelter ___
Without any housing___

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- b. Above Standard ___ Standard ___ Poor ___ Clean ___ Dirty ___ 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 ___

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.

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.

Applicant Signature: _____ **Date:** _____

Applicant Signature (Co-Head): _____ **Date:** _____





LUTHER HAVEN



SMOKE FREE BUILDING AGREEMENT

I am aware that LUTHER HAVEN is a smoke free building, which means that my household and my guests are prohibited from smoking in my apartment or any common area inside the building.

No tenant is permitted to smoke (including but not limited to cigarettes, cigars, pipes, e-cigarettes, vapor product, “hookah”, other tobacco products, marijuana including medical marijuana, herbal smoking products “Legal Weed” or products known as “bath salts” or other legal or illegal substances) in any apartment or common area which includes; laundry/mail rooms, lobby areas, stairways, vestibules, community rooms or anywhere within 50 feet of the exterior of the buildings (or designated areas). All smoking debris (butts, ashes) must be properly extinguished and disposed of by the smoker.

No applicant, family member, visitor, or guest is permitted to smoke (including but not limited to cigarettes, cigars, pipes, e-cigarettes, vapor product, “hookah”, other tobacco products, marijuana including medical marijuana, herbal smoking products “Legal Weed” or products known as “bath salts” or other legal or illegal substances) at any time in any apartment or common area which includes; laundry/mail rooms, lobby areas, stairways, vestibules, community rooms or anywhere within 50 feet of the exterior of the buildings (or designated areas). All smoking debris (butts, ashes) must be properly extinguished and disposed of by the smoker.

NAME: _____

SIGNATURE: _____

Date: _____





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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