Lutheran Social Ministries of NJ
Birchwood at Old Bridge Senior Residence

Dear Applicant,

Thank you for your interest in Birchwood at Old Bridge Senior Residence! Please take time to carefully review and fill out this rental application. The application must be completed in full (all questions answered. If a question does not apply, you can answer with "NO" or N/A. Application can be denied if all questions are not answered.

Birchwood at Old Bridge is a Low-Income Housing Tax Credit, affordable housing community for persons 55 years of age or older. The Head or Co-Head of household must be at least 55 years of age or older. We accept Housing Choice Vouchers. The property does not receive HUD based subsidy for the rents.

Below are the income guidelines.

Rents	Minium Income	Household Maximum -Limit 50% Effective 5/01/2026
1 BR $1451-$1600	1 BR $38,760	1 PERSON $54,200
2 BR $1742-$1860	2 BR $45,930	2 PERSON $61,950

Once your application is received, and all questions are answered, if you meet the income and age requirements, your application will be placed on the Wait 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 require you to provide us documentation as to your income and assets. If you meet the income requirements, you will be notified to schedule a Secondary application. This secondary step will require you to provide 3rd party verification of income and asset documents, and a credit and background check will be run. The last pages of the application include the list of documents you are required to bring for the secondary interview. Please save this page and other pages, for your records.

If there are any changes of your: Income, Address, Phone Number, Name, etc., after being placed on the Wait List, you must let us know. We will update your application with the updated information. Failure to update us may result in you losing your place on the Wait List. Final approval will be based on our review of your application and supporting documents. Please note being placed on the Waiting List does not guarantee that you will be approved for 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,

Birchwood at Old Bridge Senior Residence

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 below.

RETURN APPLICATION TO:
100 Mimi Road
Old Bridge, NJ 08857
732-416-1400

Lutheran SOCIAL MINISTRIES of NJ
Birchwood at Old Bridge 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 #:_____

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:

☐ YES ☐ NO

Are you in need of an accessible unit:

☐ 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	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 been convicted of a felony? ☐NO ☐YES

If yes, list name(s): _____

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 an illegal drug or other controlled substances? ☐NO ☐YES

If yes, list name(s): _____

We hereby authorize Old Bridge Senior Residence / 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 below.

RETURN APPLICATION TO:
100 Mimi Road
Old Bridge, NJ 08857
732-416-1400

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 acertain 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 confedential 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 withing its jurisdiction, It is a criminal offense to make willfully false statements or misrepresentations on this preliminary applicaton and may be grounds for denying residency.

Tenant's Signature _____ Date _____

Co-Tenant's Signature _____ Date _____

Lutheran
SOCIAL MINISTRIES of NJ

Birchwood at Old Bridge
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 5 (five) years after I vacate the premises.

_____ _____

Tenant Signature Date

_____ _____

Co-Tenant Signature Date

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.

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

Lutheran Social Ministries of NJ
Birchwood at Old Bridge Senior Residence

BIRCHWOOD AT OLDBRIDGE

SMOKE FREE BUILDING AND CAMPUS AGREEMENT

I am aware that BIRCHWOOD AT OLDBRIDGE is a smoke free building and campus, which means that my household and my guests are prohibited from smoking in my apartment or any common area inside, or outside on the building property.

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 outside on the property.

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 outside on the property.

NAME:_____

SIGNATURE:_____

DATE

NAME:_____

SIGNATURE:_____

DATE