Lutheran SOCIAL MINISTRIES of NJ
Project Home

Dear Applicant,

Thank you for your interest in **Project Home Urban Renewal**! Please take the time to carefully review and fill out this rental application. All questions on the application must be answered, if the question is not applicable to your situation, please enter "No" or "N/A". Incomplete applications will not be processed nor returned to you.

Project Home Urban Renewal is an affordable housing facility for families. Below are the income guidelines. Below are the income limit guidelines. We accept Housing Vouchers.

*RENTS	
1 BR	$ 1,255 $1,700*
2 BR	$ 1,496 - $1,940*
3 BR	$ 1721 - $2,370*

Minimum Income/Bedroom Size	
1 Bedroom	$39,428
2 Bedroom	$46,834
3 Bedroom	$53,725

HOUSEHOLD MAXIMUM INCOME LIMIT @ 50% AMI – Effective 5/01/2026

1 Person	2 People	3 People	4 People	5 People	6 People
$51,550	$58,950	$66,300	$73,700	$79,600	$85,500

Once a completed application is received, 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 review of the information you provided along with a review of income, assets, and family composition information you will be asked to provide. The last pages of the application outline the list of documents you are required to bring for the interview. Please save those pages, and this page, for your records. If all preliminary information determines you are eligible, we will schedule a 2nd interview at which point you will need to provide further details regarding income and assets, and it is at this point that we will run credit and criminal background checks on all persons 18 years of age and older. It will be your responsibility to inform us if there are any changes in *Address, Phone Number, Name, etc.*, after being put on the Wait List. Failure to do so may result in us not being able to contact you when an apartment becomes available and your application to be removed from the Wait List.

Final approval will be based on our review of your application and supporting documents.

Please note that being placed on the Wait List *does not guarantee that you are 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!

Project Home Management

***** Utility Allow change eff 2/1/2026***

****Rents are subject to change annually based on NJHMFA's 50% Set-asides, Maximum Rents, Income Limits, and Utility Allowances.***

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:
Project Home
657 Bergen Avenue
Jersey City, NJ 07304
201-360-2453

Lutheran SOCIAL MINISTRIES of NJ
Project Home

Office Use Only	
	Leasing Agent:
	☐ Approved - Unit #_____ ☐ Declined Date: ____
	Security $_____ Application Fee $_____ Concession: $_____
	Lease Term_____ Monthly Rent _____

APPLICATION FOR RESIDENCY

I. Applicant 1 / Applicant 2

Applicant 1 (Head of Household): _____ Applicant 2 Name: _____

Driver's License #: _____ Driver's License #: _____

Social Security #: _____ DOB: _____ Social Security #: _____ DOB: _____

Phone #: _____ Cell #:_____ Phone #: _____ Cell #:_____

Email: _____ Email: _____

Relationship to Head of Household: _____

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 ☐ 3

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:$_____

Applicant#2 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:			**Applicant #2 Other Income:**		
Source:		Gross Amt. Received:	Source:		Gross Amt. Received:
SSI/SSA	NO ☐ YES ☐	$_____	SSI/SSA	NO ☐ YES ☐	$_____
Retirement/Pension	NO ☐ YES ☐	$_____	Retirement/Pension	NO ☐ YES ☐	$_____
Unemployment	NO ☐ YES ☐	$_____	Unemployment	NO ☐ YES ☐	$_____
Recurring Contribution	NO ☐ YES ☐	$_____	Recurring Contribution	NO ☐ YES ☐	$_____
AFDC/TANF	NO ☐ YES ☐	$_____	AFDC/TANF	NO ☐ YES ☐	$_____
Child Sprt/Alimony	NO ☐ YES ☐	$_____	Child Sprt/Alimony	NO ☐ YES ☐	$_____
Child Sprt Crt Order	NO ☐ YES ☐	$_____	Child Sprt Crt Order	NO ☐ YES ☐	$_____
Military Service	NO ☐ YES ☐	$_____	Military Service	NO ☐ YES ☐	$_____
If other, list source:		_____	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	Applicant #2	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:_____

Applicant #2 Emergency Contact:

Contact Name:_____

Street Address:_____

City, State, Zip:_____

Phone #:_____ 2nd #:_____

Relationship:_____

Vehicle Information:

Applicant's Vehicle:

License Plate #:_____State:_____

Make:_____Type:_____Color:_____

Applicant #2 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 **Project Home / 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

Applicant #2 Signature:_____

Date

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

RETURN APPLICATION TO:
Project Home
657 Bergen Avenue
Jersey City, NJ 07304
201-360-2453

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 ascertain 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 confidential 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 within its jurisdiction, It is a criminal offense to make willfully false statements or misrepresentations on this preliminary application and may be grounds for denying residency.

Tenant's Signature _____ Date _____

Co-Tenant's Signature _____ Date _____

Lutheran
SOCIAL MINISTRIES of NJ
Project Home

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

Project Homes

SMOKE FREE BUILDING AND CAMPUS AGREEMENT

I am aware that PROJECT HOME 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

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