



Dear Sir or Madam:

Thank you for your interest in Ethel R. Lawrence Homes III and/or Robinson Estates, our new affordable townhouses and single-family homes.

Attached is our preliminary application. Please fill out and make sure information is correct, signed and dated. *Please Note:* There are two ways to submit your application.

1. On October 10, 2017, applications can be turned in at Ethel R. Lawrence Homes, 1 Ethel Lawrence Boulevard, Mount Laurel, New Jersey 08054 beginning at 9:00 a.m. – 5:00 p.m. M-F.
2. You can mail your application to Ethel R. Lawrence Homes, 1 Ethel Lawrence Boulevard, Mount Laurel, New Jersey 08054.
NOTE: Applications postmarked before October 10, 2017 will not be accepted.

REMINDER: Applications are on a “first-come first-served basis.”

Thank you again for your interest in our new Townhouses and Single Family Homes.

Regards,

Ethel R. Lawrence Homes, III and/or Robinson Estates



FOR OFFICE ONLY:	
DATE:	_____
TIME:	_____
NO.:	_____

PRELIMINARY APPLICATION FOR AFFORDABLE HOUSING

Please read enclosed directions carefully. Incomplete applications will be returned.

PLEASE PRINT- HEAD OF HOUSEHOLD INFORMATION

First, Last Name		Email Address:
Address, City, State, Zip Code		County:
Home Phone Number:	Cell Phone Number:	Alternate Phone Number:

How many bedrooms are you interested in: _____

1. HOUSEHOLD COMPOSITION (LIST ALL PERSONS TO LIVE IN HOME) AND INCOME

Name(s) First & Last	Head of Household	Date of Birth	Gender (M/F)	Current Gross Annual Income*

*Income includes, but is not limited to gross wages (before taxes), salaries, tips, commission, child support, pensions, and social security & disability benefits

2. ASSETS (SAVINGS, CDS, STOCK, REAL ESTATE, OTHER INVESTMENTS, ETC.)

Type of Asset	Current Market Value	Yearly Interest of Dividends**

**Include Interest and Dividends from assets such as savings, checking, CDs, Money Market accounts, mutual funds, stocks and or bonds.

I certify that the information provided herein is true and complete and that any misrepresentation of income or household size reported herein shall be cause for program disqualification.

I also understand that this information is to be used only for determining my preliminary eligibility for referral to an affordable housing unit and does not obligate me in any way.

 PRINTED NAME OF HEAD OF HOUSEHOLD Date

 SIGNATURE OF HEAD OF HOUSEHOLD Date



Ethel R. Lawrence III And/Or Robinson Estates
Rental Application
Tel: (856)793-9526
National Tenant Network (NTN) Credit + Criminal Screening

Last Name		First Name		M.I.	Co-Applicant Last Name		Co-Applicant First Name		M.I.
Date of Birth	Social Security Number			Co-Applicant Date of Birth		Co-Applicant Social Security Number			
E-Mail Address				Co-Applicant E-Mail Address					
Current Street Address		City	State	Zip Code	Co-Applicant Current Address		City	State	Zip Code
Previous Street Address		City	State	Zip Code	Co-Applicant Previous Address		City	State	Zip Code
Length at Current Residence Total Months:		Length at Previous Residence (if applicable):			Length at Current Residence Total Months:		Length at Previous Residence (if applicable):		

Employment / Income Information

Present Employer Name		Position			Co-Applicant Employer Name		Position		
Employer Address		City	State	Zip Code	Co-Applicant Employer Address		City	State	Zip Code
Length of employment Total Months:		Salary / Wages		<i>per year</i>	Co-Applicant Length of employment Total Months:		Salary / Wages		<i>Per year</i>

Applicant Signature(s)

By signing below, I/we authorize that the above information is correct and complete and authorize Landlord to obtain information it deems desirable in the processing of my application, including; 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. I also understand that the application fee is non-refundable, even if my application is denied.

Applicant: X	Date:	Co-Applicant: X	Date:
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Items in BOLD are REQUIRED

OFFICE USE ONLY

NTN Access Number:	Address/Unit Applied for:	Monthly Rent Amount for unit applicant is applying for: \$
Date Screened:	Projected Move-In Date:	Apartment / Unit Type: