

PLEASE READ

- 1. ANSWER ALL THE QUESTIONS ON ALL THE PAGES**
- 2. IF SOMETHING DOES NOT APPLY TO YOU, WRITE N/A**
- 3. BE SURE TO SIGN & DATE THE APPLICATION ON PAGE 9**
- 4. THE LAST PAGE HAS THE INSTRUCTIONS FOR RETURNING THE APPLICATION**
- 5. BE SURE TO LIST ALL INCOME FOR EVERYONE IN THE FAMILY**
- 6. BE SURE TO SEND COPIES OF THE REQUIRED DOCUMENTS LISTED ON THE LAST PAGE - DO NOT SEND ORIGINAL DOCUMENTS**
- 7. PLEASE BE ADVISED THAT OUR WAITING LIST IS CURRENTLY 2 TO 7 YEARS.**



APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property



Please Print Clearly

This is an application for housing at:	Project: ETHEL R. LAWRENCE HOMES
	Address: 1 Ethel Lawrence Boulevard
	Mount Laurel, New Jersey 08054
	Telephone: (856) 439-9901
Please complete this application and return to:	SAME AS ABOVE

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____

Number & Street	Apt. #	City	State	Zip
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Daytime Phone: _____ Other/Cell Phone: _____

Number of BR'S in current unit: _____ Do you RENT or OWN (check one)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? Yes No (check one)

Check utilities paid by you: Heat Electricity Gas Other (specify) _____

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Bedroom size requested: One BR Two BR Three BR Physically Adapted Unit

B. HOUSEHOLD COMPOSITION

List ALL persons who will reside in the apartment. List the head of household first.

	Name	Relationship To Head	Marital Status	Birth Date	Age	Social Sec. #	Student Y/N
			D-divorced S-single L-legal separation E-estranged				
Head							
Co-Head							
3.							
4.							
5.							
6.							

Do you anticipate any additions to the household in the next twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? <input type="checkbox"/> Yes <input type="checkbox"/> No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Is/Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is/Are any student(s) enrolled in a job-training program receiving assistance under The Job Training Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is/Are any full-time student(s) a TANF or Title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is/Are any full-time student(s) a single parent living with his/her minor child who is NOT a dependent on another's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write "N/A".

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (List Source)	\$
	Pension (List Source)	\$
	Pension (List Source)	\$
	Veteran's Benefits (List Claim #)	\$
	Veteran's Benefits (List Claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF	\$
	Title IV/TANF	\$
	Full-Time Student Income (18 & Over Only)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income List Source	\$
	Interest Income List Source	\$

IF ADDITIONAL SPACE IS NEEDED PLEASE LIST ON A SEPARATE SHEET OF PAPER.

Household Member Name	Source of Income	Monthly Amount
	<u>Employment Amount:</u> _____ <u>Employer:</u> _____ <u>Position Held:</u> _____ <u>How Long Employed:</u> _____	\$ _____
	<u>Employment Amount:</u> _____ <u>Employer:</u> _____ <u>Position Held:</u> _____ <u>How Long Employed:</u> _____	\$ _____
	<u>Employment Amount:</u> _____ <u>Employer:</u> _____ <u>Position Held:</u> _____ <u>How Long Employed:</u> _____	\$ _____
	<u>Alimony</u> <u>Are you <i>entitled</i> to receive alimony?</u> _____ <u>If yes, list the amount you are <i>entitled</i> to receive:</u> _____ <u>Do you receive alimony?</u> _____ <u>If yes, list the amount you receive:</u> _____	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
	<u>Child Support</u> <u>Are you <i>entitled</i> to receive child support?</u> _____ <u>If yes, list the amount you are <i>entitled</i> to receive:</u> _____ <u>Do you receive child support?</u> _____ <u>If yes, list the amount you receive.</u> _____	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
	<u>Other Income</u> _____ <u>Other Income</u> _____ <u>Other Income</u> _____	\$ _____ \$ _____ \$ _____

TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x's 12: \$ _____

TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR: _____ \$ _____

Do you anticipate any changes in this income in the next 12 months? [] Yes [] No

If yes, explain: _____

D. ASSETS

If your assets are too numerous to list here, please request an additional form.

If a section doesn't apply, cross out or write "NA".

Checking Accounts	# _____	Bank: _____	Balance \$ _____
	# _____	Bank: _____	Balance \$ _____
	# _____	Bank: _____	Balance \$ _____
<hr/>			
Savings Accounts	# _____	Bank: _____	Balance \$ _____
	# _____	Bank: _____	Balance \$ _____
	# _____	Bank: _____	Balance \$ _____
<hr/>			
Trust Account	# _____	Bank: _____	Balance \$ _____
	# _____	Bank: _____	Balance \$ _____
Certificates	# _____	Bank: _____	Balance \$ _____
	# _____	Bank: _____	Balance \$ _____
<hr/>			
Credit Union	# _____	C. U. _____	Balance \$ _____
	# _____	C.U. _____	Balance \$ _____
<hr/>			
Savings Bonds	# _____	Maturity Date: _____	Value \$ _____
	# _____	Maturity Date: _____	Value \$ _____
	# _____	Maturity Date: _____	Value \$ _____

Life Insurance Policy #		Cash Value \$		
Life Insurance Policy #		Cash Value \$		
Mutual Funds	Name:	# Shares:	Interest/Dividend \$	Value \$
	Name:	# Shares:	Interest/Dividend \$	Value \$
	Name:	# Shares:	Interest/Dividend \$	Value \$
Stocks	Name:	# Shares:	Interest/Dividend \$	Value \$
	Name:	# Shares:	Interest/Dividend \$	Value \$
	Name:	# Shares:	Interest/Dividend \$	Value \$
Bonds	Name:	# Shares:	Interest/Dividend \$	Value \$
	Name:	# Shares:	Interest/Dividend \$	Value \$
Investment Property	Address:	Appraised Value \$		
Real Estate Property: <i>Do you own any property?</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, type of property:</i>				
Location of Property:				
Appraised Market Value:			\$	
Mortgage or outstanding loans balance due:			\$	
Amount of annual insurance premium:			\$	
Amount of most recent tax bill:			\$	
Have you sold/dispensed of any property in the last 2 years?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, describe the asset:</i>				
Date of disposition:				
Amount disposed:				
Do you have any other assets not listed above (excluding personal property)?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, please list:</i>				

E. ADDITIONAL INFORMATION

Are you or any member of your family currently using an illegal substance? Yes No

Have you or any member of your family ever been convicted of a felony? Yes No

If yes, describe

Have you or any member of your family ever been evicted from any housing? Yes No

If yes, describe

Have you ever filed for bankruptcy? Yes No

If yes describe

Will you take an apartment when one is available? Yes No

Briefly describe your reasons for applying:

F. REFERENCE INFORMATION

Current

Name: _____

Address: _____ State: _____ Zip: _____

Landlord

Home Phone: _____ Bus. Phone: _____

How long? _____

Prior

Name: _____

Address: _____ State: _____ Zip: _____

Landlord

Home Phone: _____ Bus. Phone: _____

How long? _____

Credit Reference #1:	
Address:	State: Zip:
Account #	Phone #:
Credit Reference #2:	
Address:	State: Zip:
Account #	Phone #:
Credit Reference #3:	
Address:	State: Zip:
Account #	Phone #:
Personal Reference #1:	
Address:	State: Zip:
Relationship:	Phone #:
Personal Reference #2:	
Address:	State: Zip:
Relationship:	Phone #:
Personal Reference #3:	
Address:	State: Zip:
Relationship:	Phone #:

In case of emergency notify:	
Address:	State: Zip:
Relationship:	Phone #:

G. VEHICLE AND PET INFORMATION (if applicable)

List any cars, trucks or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

Type of Vehicle: _____	License Plate #: _____
Year and Make: _____	Color: _____
Type of Vehicle: _____	License Plate #: _____
Year and Make: _____	Color: _____

Do you own any pets? _____ [] Yes [] No

If yes describe: _____

CERTIFICATION

I/We hereby certify that I/We do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign this application.

SIGNATURE (S):

(Signature of Head of Household)

(Date)

(Signature of Co-Head)

(Date)

(Signature of other household member 18 years of age or older)

(Date)

(Signature of other household member 18 years of age or older)

(Date)



MULTIPLE DWELLING REPORTING RULE TENANT/APPLICANT INQUIRY

The New Jersey Law Against Discrimination, *N.J.S.A. 10:5-1 to -49*, makes it unlawful to discriminate in the sale or rental of housing based on a person's race, creed, color, national origin, ancestry, nationality, affectional or sexual orientation, disability, gender, marital status, familial status (whether you have a child, a parent-child relationship with a minor, or you are pregnant), lawful source of income or rental subsidy used for rental payments.

The New Jersey Division on Civil Rights is the State agency that is authorized to enforce the Law Against Discrimination. Under the Division's **Multiple Dwelling Reporting Rules**, *N.J.A.C. 13:10-1.1 to -2.6*, the Division requires landlords to collect and record information about applicants for apartment rentals and tenants in apartment complexes throughout New Jersey. The **Multiple Dwelling Reporting Rule** requires landlords to provide a summary of this information to the Division and to retain the information on this form. **The information is used to prevent and eliminate discrimination in housing.** Your cooperation in filling out this form will assist the Division in enforcing the Law Against Discrimination.

Please note that, although landlords must record certain information about the race and ethnicity of applicants and tenants, it is unlawful to record or ask applicants or tenants about other characteristics such as religion, gender, marital status or affectional or sexual orientation.

If you feel you have been denied housing or treated differently for one of the reasons listed above, you may contact the Division on Civil Rights at (609) 984-3138 for referral to a local Division office for additional information or assistance.

Visit the Division on Civil Rights Web site at: www.NJCivilRights.org



Tenants/applicants: Fold & tear along dotted line and retain top portion for your records

MULTIPLE DWELLING REPORTING RULE TENANT/APPLICANT INQUIRY

If the tenant/applicant chooses not to complete this form, the landlord or the landlord's representative is required to conduct a visual observation of the tenant or applicant and then complete this form as accurately as possible.

This form is not intended to be a part of the rental application process and must be kept separate and apart from rental records.

Tenant Applicant Name: _____

Address: _____

City: _____ State: _____ Zip code: _____ Phone Number: _____

Race/Ethnicity: Please check all that apply to leaseholders (tenants) or applicants.

- Black or African American:** a person having origins in any of the original peoples of Africa
- Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish origin or culture, or a person having a Spanish surname
- Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- American Indian or Alaska Native:** a person having origins in any of the original peoples of North or South America
- Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White or Caucasian:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Date: _____ Completed by: Tenant Applicant Landlord

If you have any questions regarding this inquiry please contact the Division on Civil Rights, Multiple Dwelling Unit at 609-984-3138 between the hours of 9:00 to 5:00 Monday through Friday, or e-mail the MDRR unit at DCRMDRR@njcivilrights.org.



ETHEL R. LAWRENCE HOMES

INSTRUCTIONS FOR RETURNING APPLICATIONS

Applications may be returned to the Ethel R. Lawrence Homes Management Office during the following dates and times:

- Thursdays, between the hours of 1:00 PM to 3:00 PM

The above referenced times are the ONLY times that applications will be accepted. You must return the application in person; if it is mailed it will not be accepted.

Applications must be complete and include copies of the following information:

- Fully completed and signed application form.
- Social Security cards for all persons listed on the application.
- Birth Certificates for all persons listed on the application.
- Employment paystubs – 4 if paid weekly or 2 if paid bi-weekly
- Verification of income: Social Security/SSI/Veteran's pension, Unemployment, etc.
- Most Recent Tax Return with W-2's.

Your application will be placed on the waiting list in the same order it is returned to our office.

INSTRUCCIONES PARA REGRESAR APLICACIONES

Las solicitudes podrán ser devueltas a lo Oficina de Administración de Ethel R. Lawrence Homes durante siguientes fechas y horarios:

- Jueves, entre las horas de 1:00 PM a 3:00 PM

Las aplicaciones se aceptarán exclusivamente en las fechas y horarios arriba indicados. Debe regresar la aplicación en persona; si la envía por correo no será aceptada.

Las solicitudes deberán ser completadas e incluir copias de la siguiente información:

- Aplicación completas y firmadas
- Tarjetas de seguro social para todas las personas listadas en la aplicación.
- Certificados de nacimiento para todas las personas listadas en la aplicación.
- Talonarios de pago si están empleados:
 - 4 más recientes consecutivos si cobra quincenal; o 2 más recientes si cobra semanal
- Verificación de otros ingresos: seguro social, SSI, pensión de veterano, desempleado, etc.
- Declaración más recientes del impuesto, W-2's.

Su aplicación será incluida en la lista de espera en el orden que se reciben.

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