



500 N. 7th Street
Camden, NJ 08102

(856) 963-8332
(856) 963-1159 Fax

High- Rise / Low-Rise 2025 Eligibility/ Income Requirements

Eligibility Requirements

62 years or age or older, handicap and or disable. If under 62 of age, handicapped or disabled 3rd party verification through primary physician may be required.

Income eligible per guidelines below:

2025 HUD Income Limits

\$ 25, 100.00 minimum, \$ 66,850.00 maximum per year for one person

\$ 28,650.00 minimum, \$ 76,400.00 maximum per year for two person

\$ 32,250.00 minimum, \$ 85,950.00 maximum per year for three person

\$ 35,800.00 minimum, \$ 95,500.00 maximum per year for four person

\$ 38,700.00 minimum, \$ 103,150.00 maximum per year for five person

\$ 43,150.00 minimum, \$ 110,800.00 maximum per year for six person

\$ 48,650.00 minimum, \$ 118,450.00 maximum per year for seven person

\$ 54,150.00 minimum, \$ 126,100.00 maximum per year for eight person

Fair Share Northgate II Associates L.P does not discriminate on the basis of handicapped or disability status in the admission or access to, or treatment of employee in, it's a federally assisted program and activities.

For any assistance contact Yari Espinosa, Leasing Agent (856) 963-8332 extension 305 or Ana Nufiez extension 304.

WE DO BUSINESS IN ACCORDANCE WITH THE FEDERAL FAIR HOUSING LAW

(The Fair Housing Amendments Act of 1988)

Fair Share Housing Development Inc. Management Agent





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Camden, NJ 08102

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Requisitos de Ingresos para el edificios de gran altura / casitas para 2025 / requisitos de ingresos

Requisitos de elegibilidad

62 años de edad o más, y/o discapacitado. Si es menor de 62 años, o discapacitado, puede ser necesaria la verificación de un tercero a través de un médico de cabecera.

Ingresos elegibles según las pautas a continuación

Límites de ingresos de HUD 2025

\$ 25, 100.00 mínimo, \$ 66,850.00 máximo por año para una persona
\$ 28,650.00 mínimo, \$ 76,400.00 máximo por año para dos personas
\$ 32,250.00 mínimo, \$ 85,950.00 máximo por año para tres personas
\$ 35,800.00 mínimo, \$ 95,500.00 máximo por año para cuatro personas
\$ 38,700.00 mínimo, \$ 103,150.00 máximo por año para cinco personas
\$ 43,150.00 mínimo, \$ 110,800.00 máximo por año para seis personas
\$ 48,650.00 mínimo, \$ 118,450.00 máximo por año para siete personas
\$ 54,150.00 mínimo, \$ 126,100.00 máximo por año para ocho personas

Fair Share Northgate II Associates L.P. No discrimina sobre la base de la condición de discapacidad en la admisión o el acceso a, o el tratamiento de los empleados en, es un programa y actividades con asistencia federal.

Para cualquier asistencia comuníquese con Yari Espinosa, Agente de Arrendamiento (856) 963-8332 extensión 305 o Ana Nuñez extensión 304.

HACEMOS NEGOCIOS DE ACUERDO CON LA LEY FEDERAL DE VIVIENDA JUSTA.

(La Ley de Enmiendas a la Vivienda Justa de 1988)

Fair Share Housing Development Inc. Agente de Gestión





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INSTRUCTION FOR RETURNING APPLICATIONS

Application should be return to: Fair Share Northgate II Leasing Department located at 500 N. 7th St Camden, NJ 08102

INCOMPLETE APPLICATION WILL NOT BE ACCEPTED

Please follow the checklist below when returning applications:

- **Completed & signed application for all members 18 years of age and older**
- **Birth Certificate or Valid Passport for all person listed on the application**
- **Social Security cards for all person listed on the application**
- **Current verification of household income (SS/SSI, Pension, AFDC, General Assistance/TANF, Child Support, Last six paystubs)**
- **Current bank information including Direct Express, Cash App, Chime, Nexum, EPI Cards (All cash cards)**
- **Valid Photo Identification for all person listed on the application**

Applicants will be placed on the current waiting list in the same order as returned.

Please notify the Leasing Department office with address and telephone updates.





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INSTRUCCIONES PARA LA ENTREGA DE SU SOLICITUD

La solicitud debe devolverse a: Fair Share Northgate II Leasing Department ubicado en
500 N. 7th St Camden, NJ 08102

NO SE ACEPTARÁN SOLICITUDES INCOMPLETAS

Siga la lista de verificación a continuación cuando devuelva las solicitudes:

- **Solicitud completada y firmada para todos los miembros mayores de 18 años**
- **Certificado de nacimiento o pasaporte válido de todas las personas que figuran en la solicitud**
- **Tarjetas de Seguro Social de todas las personas que figuran en la solicitud**
- **Verificación actual de los ingresos del hogar (SS/SSI, Pensión, AFDC, Asistencia General/TANF, Manutención de los hijos, Últimos seis recibos de pago)**
- **Información bancaria actual, incluyendo Direct Express, Cash App, Chime, Nexum, tarjetas EPI (todas las tarjetas de efectivo)**
- **Identificación con foto válida para todas las personas que figuran en la solicitud**

Los solicitantes serán colocados en la lista de espera actual en el mismo orden en que fueron devueltos.

Por favor, notifique a la oficina del Departamento de Arrendamiento con actualizaciones de dirección y teléfono.





APPLICATION FOR HOUSING

Please Print Clearly

*****INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED*****

This is an application for housing at:	Project: Fair Share Northgate II Associates L.P.
	Address: 500 N. 7 th Street Camden, NJ 08102
	Telephone: (856)963-8332
For Official Use Only: Date/Time Stamp	Interviewer: _____ Applicant's Name: _____ Unit Size _____ Income _____

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

GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt. City/State Zip Code

Daytime Phone: _____ **Evening Phone:** _____

No. of B/R's in current unit: _____ **Do you** () Rent or () Own

Are you currently receiving Section 8 rental subsidy? () Yes () No

Amount of current monthly rent or mortgage payment \$ _____

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

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

Approx. monthly cost of utilities paid by you (excluding phone & cable TV \$ _____

Bedroom size requested: () Two BR () Three BR () Four BR ()



HOUSEHOLD COMPOSITION

ALL persons who will live in the unit are to be listed. All SSN are to be disclosed for applicant and all members with the exception of those household members who do not contend eligible immigration status.

	Name(s)	Relation -ship To Head	Marital Status: D Divorced S Single L Legal Sep. E Estranged W Widow(er)	Birth Date	Age	Social Security Number	Student Y/N
Head							
Other Adult							
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

Do you anticipate any additions to the household in the next twelve months? () Yes () No
If yes, explain: _____

Were you or any household member age 62 or older on January 31, 2010 who did not have a SSN, receive HUD rental assistance at another location on January 31, 2010? () Yes () No

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 correspondence school) with regular faculty and students? () Yes () No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full time student(s) married and filing a joint tax return? () Yes () No

Are any student(s) ENROLLED IN job-training program receiving assistance under the Job Training Partnership Act? () Yes () No

Are any full-time student(s) a TANF or a Title IV recipient? () Yes () No

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? () Yes () No



INCOME

List ALL sources of income as requested below. If a section doesn't apply, please write NA.

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)	
	Veterans Benefits (list Claim #)	
	Veterans Benefits (list Claim #)	
	Unemployment Compensation	
	Unemployment Compensation	
	Title IV/TANF/General Assistance	
	Title IV/ TANF/General Assistance	
	Title IV/TANF/General Assistance	
	Full Time Student Income (18 & over only)	
	Full Time Student Income (18 & over only)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	



Household Member Name	Source of Income	Monthly Amount
	Employment Amount:	\$
	Employer:	
	Position Held:	
	How long employed:	
	Employment Amount:	\$
	Employer:	
	Position Held:	
	How long employed:	
	Employment Amount:	\$
	Employer:	
	Position Held:	
	How long employed:	
	Employment Amount:	\$
	Employer:	
	Position Held:	
	How long employed:	
	Alimony:	
	Are you <i>entitled</i> to receive alimony?	() Yes () No
	If Yes, list the amount you are <i>entitled</i> to receive	\$
	Do you receive alimony?	() Yes () No
	If Yes, list the amount you receive	\$
	Child Support:	
	Are you <i>entitled</i> to receive child support?	() Yes () No
	List the amount you are <i>entitled</i> to receive	\$
	Do you receive child support?	() Yes () No
	If Yes, list the amount you receive	\$
	Other Income:	\$
	Other Income:	\$
	Other Income:	\$

TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above X 12 \$ _____

TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR: \$ _____

Do you anticipate any changes in income in the next 12 months? () Yes () No

If "Yes", Explain: _____



ASSETS

If your assets are too numerous to list here, please request an additional form. If a section doesn't apply, please write N/A.

Checking	#	Bank	Balance \$
Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
Savings	#	Bank	Balance \$
Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
Trust Account	#	Bank	Balance \$
Certificates	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Credit Union	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Bonds	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
	#	Maturity Date	Value \$

Life Insurance Policy	Policy #	Cash Value \$
Life Insurance Policy	Policy #	Cash Value \$

Mutual Funds:

Name:	# of Shares:	Interest or Dividend \$	Value: \$
Name:	# of Shares:	Interest or Dividend \$	Value: \$
Name:	# of Shares:	Interest or Dividend \$	Value: \$

Stocks:

Name:	# Shares:	Dividend Paid \$	Value \$
Name:	# Shares:	Dividend Paid \$	Value \$
Name:	# Shares:	Dividend Paid \$	Value \$

Bonds:

Name:	# Shares:	Interest or Dividend \$	Value \$
Name:	# Shares:	Interest or Dividend \$	Value \$

Investment Property		Appraised Value \$
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Real Estate Property:

Do you own any property?	() Yes () No
If Yes, Type of Property:	
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?	() Yes () No
If Yes, Type of Property:	
Market Value when sold/dispensed	\$
Amount sold/dispensed for	\$
Date of transaction:	

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	() Yes () No
If Yes, describe the asset:	
Date of Disposition:	
Amount Disposed	\$

Do you have any other assets not listed above: (excluding Personal Property)?	() Yes () No
If Yes, please list:	

ADDITIONAL INFORMATION

Are you or any member of your family currently using any illegal substances? If Yes describe:	() Yes () No
Are you or any family member subject to a lifetime sex offender registration program in any STATE?	() Yes () No
Please list all states that members on application have resided: Name: _____ State: _____ Name: _____ State: _____ Name: _____ State: _____ Name: _____ State: _____ If additional space is needed please use sheet of paper	
Have you or any member of your family ever been evicted from any housing? If Yes describe:	() Yes () No
Have you ever filed for Bankruptcy? If Yes describe:	() Yes () No
Will you take an apartment when one is available?	() Yes () No

REFERENCE INFORMATION

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long ?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long ?	

Credit Reference #1	
Address:	
Account #:	Phone #
Credit Reference #2	
Address:	
Account #:	Phone #
Personal Reference #1	
Address:	
Relationship	Phone #
Personal Reference #2	
Address:	
Relationship	Phone #

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



VEHICLE AND PET INFORMATION
(If applicable)

List any cars, trucks or other vehicles owned. Vehicle parking sticker will be provided for one vehicle per household.	
Type of Vehicle:	License Plate #
Year /Make:	Color:
Type of Vehicle:	License Plate #
Year/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 that 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 my management’s selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and 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 applicants, 18 or older, must sign the application.

SIGNATURE(S):

_____ Signature of Applicant	_____ Date
_____ Signature of Co-Applicant	_____ Date
_____ Signature of Co-Applicant	_____ Date
_____ Signature of Co-Applicant	_____ Date



Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Fair Share Northgate II Associates L.P. **#1439** **500 N.7th Street Camden, NJ 08102**
Name of Property Project No. Address of Property

Fair Share Development Inc **Section 42/Tax Credit/Section 8 HUD**
Name of Owner/Managing Agent Type of Assistance or Program Title:

Name of Head of Household Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.