

**New Sharon Woods Development  
100 Hillcrest Drive  
Sewell, NJ 08080  
Telephone: 856-468-0070  
Fax: 856-468-0578**

**NEW SHARON WOODS IS NOW ACCEPTING  
APPLICATIONS FOR OUR 2, 3 & 4 BEDROOM  
WAITING LIST.**

Applications will be available to pick up and submit at the Management Office of New Sharon Woods Development on **Mondays from 10:00 am - 12:00 pm and Tuesdays from 12:00 pm - 2:00 pm** located at:

100 Hillcrest Drive  
Sewell, NJ 08080

Applications can also be submitted the following ways:

\*Fax:856-468-0578

\*Emailed to: [nsw-office@fairsharedevelopment.org](mailto:nsw-office@fairsharedevelopment.org)

Applications should be downloaded and filled out completely.

**\*\*PLEASE NOTE INCOMPLETE APPLICATIONS  
WILL NOT BE ACCEPTED\*\***



# APPLICATION FOR HOUSING

Please Print Clearly

Date Received: \_\_\_\_\_  
(Office Use Only)

Income Target: \_\_\_\_\_  
(Office Use Only)

This is an application for housing at:	<b>Project: New Sharon Woods Development</b> <b>Address: 100 Hillcrest Drive</b> <b>Sewell, NJ 08080</b> <b>Telephone: (856) 468 - 0070</b>
Please complete this application and return to:	<a href="mailto:nsw-office@fairsharedevelopment.org">nsw-office@fairsharedevelopment.org</a>

Applications are placed in order of date and time received.

An applicant may be interviewed only after the receipt of this completed housing application

## A. GENERAL INFORMATION

Applicant Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Street Apt.# City State Zip  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Are you currently receiving Section 8 Rental Subsidy?  Yes  No

No. 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:  Two BR  Three BR  Handicap Two BR  Four BR



B. HOUSEHOLD COMPOSITION							
	Name	Relationship to Head of Household	Marital Status:	Birth Date	Age	Social Security #	Student Y/N
Head							
Co-Head							

Will all listed minors be living in the unit at least 50% of the time?  Yes  No

Have there been any changes in household composition in the last twelve months?	<input type="radio"/> Yes <input type="radio"/> No
<i>If yes, explain:</i>	
Do you anticipate any changes in household composition in the next twelve months?	<input type="radio"/> Yes <input type="radio"/> No
<i>If yes, explain:</i>	
Is there someone not listed above who would normally be living with the household?	<input type="radio"/> Yes <input type="radio"/> No
<i>If yes, explain:</i>	

\*Applicants and tenants must disclose SSNs for all household members, except those who do not contend eligible immigration status, and tenants age 62 or older.

Were you or any household member age 62 or older on January 31, 2010 and did not have an SSN and were receiving HUD rental assistance at another location on January 31, 2010?  Yes  No

Will all of the person 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="radio"/> Yes <input type="radio"/> No
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**IF YES, ANSWER THE FOLLOWING QUESTIONS:**

Are any full-time student(s) married and filing a joint tax return?	<input type="radio"/> Yes	<input type="radio"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="radio"/> Yes	<input type="radio"/> No
Are any full-time student(s) a TANF or a title IV recipient?	<input type="radio"/> Yes	<input type="radio"/> No
Are any full-time student(s) a single parent living with his/her child(ren) who is not a Dependent on another's tax return and whose children are not dependents of anyone other than a parent?	<input type="radio"/> Yes	<input type="radio"/> No

**C. INCOME**

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

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim#)	\$
	Veteran's Benefits (list claim#)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Public Assistance (Title IV/TANF etc.)	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Financial Aid (excluding loans)	\$
	Annuities (list sources)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled Payments from Investments	\$

**Application**



Household Member Name	Source of Income	Monthly Amount
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Alimony</b>	
	Are you <b>legally entitled</b> to receive alimony?	<input type="radio"/> Yes <input type="radio"/> No
	If yes, list the amount you are <b>entitled</b> to receive.	\$
	Do you receive alimony?	<input type="radio"/> Yes <input type="radio"/> No
	If yes list amount you receive.	\$
	<b>Child Support</b>	
	Are you <b>legally entitled</b> to receive child support?	<input type="radio"/> Yes <input type="radio"/> No
	If yes list the amount you are <b>entitled</b> to receive.	\$
	Do you receive child support?	<input type="radio"/> Yes <input type="radio"/> No
	If yes, list the amount you receive.	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
<b>TOTAL GROSS ANNUAL INCOME</b> (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?		<input type="radio"/> Yes <input type="radio"/> No
Is any member of the household legally entitled to receive income assistance?		<input type="radio"/> Yes <input type="radio"/> No
Is any member of the household likely to receive income or assistance ( <b>monetary or not</b> ) from someone who is not a member of the household as listed on Page 2 etc.)?		<input type="radio"/> Yes <input type="radio"/> No
If yes to any of the above, explain:		
Is the income received?		<input type="radio"/> Yes <input type="radio"/> No



**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\$	
Savings Accounts	#	Bank	Balance\$	
	#	Bank	Balance\$	
	#	Bank	Balance\$	
Trust Account	#	Bank	Balance\$	
Direct Deposit Cards For SS, SSI, SSP, TANF, Child Support, Work	#	Bank	Balance\$	
	#	Bank	Balance\$	
	#	Bank	Balance\$	
Certificates of Deposit	#	Bank	Balance\$	
	#	Bank	Balance\$	
	#	Bank	Balance\$	
	#	Bank	Balance\$	
Money Market Accounts	#	Bank	Balance\$	
	#	Bank	Balance\$	
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 or Dividend \$	Value\$
	Name:	#Shares:	Interest or Dividend \$	Value\$
	Name:	#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: <b><i>Do you own any property?</i></b>	<input type="radio"/> Yes <input type="radio"/> No
<i>If yes, Type of property</i>	\$
<i>Location of property</i>	\$
<i>Appraised Market Value</i>	\$
<i>Mortgage or outstanding loans balance due</i>	\$
<i>Amount of annual insurance premium</i>	\$
<i>Amount of most recent tax bill</i>	\$

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?	<input type="radio"/> Yes <input type="radio"/> No
<i>If yes, describe:</i>	
Do they have access to the asset(s)?	<input type="radio"/> Yes <input type="radio"/> No

Have you sold/dispensed of any property in the last 2 years?	<input type="radio"/> Yes <input type="radio"/> No
<i>If yes, Type of property:</i>	
<i>Market value when sold/dispensed</i>	\$
<i>Amount sold/dispensed for</i>	\$
<i>Date of transaction:</i>	

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	<input type="radio"/> Yes <input type="radio"/> No
<i>If yes, describe the asset:</i>	
<i>Date of disposition:</i>	
<i>Amount disposed</i>	\$

Do you have any other assets not listed above (excluding personal property)?	<input type="radio"/> Yes <input type="radio"/> No
<i>If yes, please list:</i>	

<b>E. ADDITIONAL INFORMATION</b>	
Have you ever filed for bankruptcy?	<input type="radio"/> Yes <input type="radio"/> No
<i>If yes, describe</i>	

Will you take an apartment when one is available?	<input type="radio"/> Yes <input type="radio"/> No
<b><i>Briefly describe your reasons for applying:</i></b>	
Please List all States in which you and your household have lived in:	
None	State(s)
Name	State(s)
Name	State(s)
Name	State(s)
(If more space is needed, please continue on a separate sheet of blank paper.)	

Are you or any of your household members "Registered Lifetime Sex Offenders: in New Jersey or any other state?"		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If your answer is yes, please list names of the State(s):		

**F. 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 #:	
Credit Reference #3:		
Address:		
Account #:	Phone #:	
Personal Reference #1:		
Address:		
Relationship:	Phone #:	

Personal Reference #2:	
Address:	
Relationship:	Phone #:
Personal Reference #3:	
Address:	
Relationship:	Phone #:

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

<b>G. VEHICLE AND PET INFORMATION</b> (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/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Do you own any pets?	<input type="radio"/> Yes <input type="radio"/> No
<i>If yes, describe:</i>	

**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 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 adult applicants, 18 or older, must sign application.

**SIGNATURE (S):**

_____
(Signature of Tenant)
_____
(Signature of Co-Tenant)
_____
(Signature of Co-Tenant)
_____
(Signature of Co-Tenant)

_____
Date
_____
Date
_____
Date
_____
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.

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.



*The following Model Disclosure Statement has been drafted by the New Jersey Division on Civil Rights (DCR) to reflect housing protections set forth in the Fair Chance in Housing Act, N.J.S.A. 46:8-52 to 64, (FCHA) and the accompanying rules, N.J.A.C. 13:5. This Model Disclosure Statement can be used by housing providers as a resource in creating their own materials.*

### **Disclosure Statement:**

New Jersey's Fair Chance in Housing Act, N.J.S.A. 46:8-52 to 64 (FCHA), limits a housing provider's ability to consider a person's criminal history in deciding whether to extend an offer or whether to rent a home after extending an offer.

Before making a conditional offer of housing, New Sharon Woods may consider only whether an applicant has a conviction for the manufacture or production of methamphetamine on the premises of federally assisted housing, or whether an applicant has a lifetime registration requirement under a State sex offender registration program. New Sharon Woods will not consider, or request from an applicant or any other person or entity, any other information about an applicant's criminal history as part of the application process until and unless a conditional offer of housing has been made.

After extending a conditional offer of housing, New Sharon Woods intends to review and consider an applicant's criminal record in determining whether to rent a home, in accordance with the FCHA and its accompanying rules.

### **New Sharon Woods will not, either before or after the issuance of a conditional offer, evaluate or consider any of the following criminal records:**

- (1) arrests or charges that have not resulted in a criminal conviction;
- (2) expunged convictions;
- (3) convictions erased through executive pardon;
- (4) vacated and otherwise legally nullified convictions;
- (5) juvenile adjudications of delinquency; and
- (6) records that have been sealed.

### **New Sharon Woods may consider, after the issuance of a conditional offer, a criminal record that:**

- Resulted in a conviction for murder, aggravated sexual assault, kidnapping, arson, human trafficking, sexual assault, endangering the welfare of a child in violation of N.J.S.2C:24-4(b)(3);
- Resulted in a conviction for any crime that requires lifetime state sex offender registration;
- Is for any 1<sup>st</sup> degree indictable offense, or release from prison for that offense, within the past 6 years;
- Is for any 2<sup>nd</sup> or 3<sup>rd</sup> degree indictable offense, or release from prison for that offense, within the past 4 years; or
- Is for any 4<sup>th</sup> degree indictable offense, or release from prison for that offense, within the past 1 year.

For more information about how these rules apply, please refer to the resources at <https://www.njoag.gov/about/divisions-and-offices/division-on-civil-rights-home/fcha/>.



<http://www.njcivilrights.gov>

New Jersey is an Equal Opportunity Employer



New Sharon Woods may withdraw a conditional offer based on your criminal record only if New Sharon Woods determines, by a preponderance of the evidence, that the withdrawal is necessary to fulfill a substantial, legitimate, and nondiscriminatory interest.

If New Sharon Woods utilizes any vendor or outside person/entity to conduct a criminal record check on their behalf, New Sharon Woods will take reasonable steps to ensure that the vendor or outside person/entity conducts the criminal record check consistent with the requirements of the FCHA and rules. Specifically, if New Sharon Woods receives a criminal history inquiry conducted by a vendor or outside person or entity that is conducted in violation of the FCHA in that it reveals a record that is not permitted to be considered under the FCHA, New Sharon Woods must show that it did not rely on that information in making a determination about your tenancy.

**If you are subjected to the withdrawal of a conditional offer of housing due to criminal history, you have the right to request and receive the materials relied upon by New Sharon Woods in making this determination.**

**You have the right to dispute, within ten (10) days of receiving this statement, the relevance and accuracy of any criminal record, and to offer evidence of any mitigating facts or circumstances, including but not limited to your rehabilitation and good conduct since the criminal offense. You may also provide evidence demonstrating inaccuracies within aspects of your criminal record which may be considered under the FCHA, or evidence of rehabilitation or other mitigating factors to New Sharon Woods at any time, including after the ten days.**

Any action taken by New Sharon Woods in violation of the process laid out in this statement may constitute a violation of the FCHA. **If you believe that any owner, agent, employee, or designee of New Sharon Woods has violated any of the above requirements, you may contact the New Jersey Division on Civil Rights at [www.NJCivilRights.gov](http://www.NJCivilRights.gov) 1-866-405-3050).** A complaint must be filed with DCR within 180 days of the allegedly discriminatory conduct. You cannot be subjected to retaliation for filing a complaint or for attempting to exercise your rights under the FCHA.

DCR has several fair housing fact sheets available at <https://www.nj.gov/oag/dcr/housing.html>, or available for pickup in any of DCR's four (4) regional offices.

31 Clinton Street, 3rd Floor  
Newark, NJ 07102

1601 Atlantic Avenue, 6th Fl.  
Atlantic City, NJ 08401

5 Executive Campus  
Suite 107, Bldg. 5  
Cherry Hill, NJ 08002

140 East Front Street, 6th Floor  
Trenton, NJ 08625

\_\_\_\_\_  
Housing Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Prospective Tenant Signature

\_\_\_\_\_  
Date