### 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

Applications should be downloaded and filled out completely.

Please submit the following documents along with your application:

- •Social Security Cards (Entire Household)
- •Birth Certificates (Entire Household)
- •Marriage Certificate (if applicable)
- •Photo Identification (All Adult household members)
- •Proof of Address (Utility Bill, Phone Bill, Cable Bill or Lease Agreement in your name)
- •Income Verification (4 Pay Stubs, Tax Return, Social Security or SSI verification, Public Assistance, Pension, Child Support, Etc.)
- •Other- Court Custody order, Court restraining order, etc.



### **APPLICATION FOR HOUSING**

<u>Plea</u>	se Print Clearly
Date Received:	Income Target:
(Office Use Only)	(Office Use Only)
	Project: New Sharon Woods Development
This is an application for housing at:	Address: 100 Hillcrest Drive Sewell, NJ 08080
	Telephone: (856) 468 - 0070
Please complete this application and return to:	nsw-office@fairsharedevelopment.org
	I in order of date and time received.  fter the receipt of this completed housing application
A. GENEF	RAL INFORMATION

Applicant Name(s):			
Address:	reet Apt.# City State Zip One: Evening Phone: rently receiving Section 8 Rental Subsidy?		
Street Apt.# Daytime Phone:	,		Zip
Are you currently receiving Section 8 Rental Subsidy?			
No. of BR's in current unit: Do yo	ou RENT or	OWN (check one)	
Amount of current monthly rental or mortgage paymer	nt: \$		
If owned, do you receive monthly rental income from J	property? O Yes	No (check one)	
Check utilities paid by you: □Heat □Electricity □	Gas □other (speci	fy)	
Approximate monthly cost of utilities paid by you (exc	cluding phone and c	able TV): \$	
Bedroom size Requested: OTwo BR O Three I	BR Handicap T	Two BR OFour BR	

		B. HOUSEHOLD	COMI	HON			
	Name	Relationship to Head of Household	Marital Status:	Birth Date	Age	Social Security #	Student Y/N
Head							
Co-Head							
	ninors be living in the u					Yes C	<b>)</b> No
f yes, explain:							
	ate any changes in hous	sehold composition	on in the ne	xt twelve mo	onths?	Yes (	No
f yes, explain:							
s there someon	e not listed above who	would normally	be living w	ith the house	ehold?	O Yes (	No
f yes, explain:							
Applicants and	d tenants must disclose	SSNs for all hous	sehold mer	nbers, excen	t those w	ho do not co	ntend
	ation status, and tenant			no ora, emoop		no <b>d</b> o no <b>r c</b> o	
•	y household member a rental assistance at and	_	•	_	_		nd were
will all of the this year or pla	person in the househo	other location on .  Id be or have beer endar year at an e	January 31	students duri	Yes O	No calendar mon	ths of
will all of the	rental assistance at ano	other location on .  Id be or have beer endar year at an e	January 31	students duri	Yes O	valendar mon	ths of
will all of the	person in the househo an to be in the next cal egular faculty and stud	other location on .  Id be or have beer endar year at an e	January 31, n full-time ducational	students duri	ryes O I	valendar mon	ths of
will all of the this year or place	person in the househo an to be in the next cal egular faculty and stud	other location on a lid be or have been endar year at an elents?	January 31, an full-time ducational	students duri	ryes O I	valendar mon	ths of dence
will all of the this year or place school) with rearrange any full-time strange any student(s) em	person in the househo an to be in the next cal egular faculty and stud	other location on a lid be or have been endar year at an elents?  SWER THE FOL	January 31, n full-time ducational LOWING	students duri	ryes O I	calendar mon n a correspon	ths of idence
will all of the this year or plasschool) with rearrange any full-time strange student(s) emership Act?	person in the househo an to be in the next cal egular faculty and student(s) married and filing	other location on and the location on a lendar year at an elents?  SWER THE FOLE  Tram receiving assista	January 31, n full-time ducational LOWING	students duri	ryes O I	valendar mon n a correspon  No  O Yes	ths of

#### 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	\$

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>legally entitled</i> to receive alimony?	$O_{Yes} O_{No}$
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	$O_{Yes} O_{No}$
	If yes list amount you receive.	\$
	Child Support	
	Are you <i>legally entitled</i> to receive child support?	$O_{Yes} O_{No}$
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	$O_{Yes} O_{No}$
	If yes, list the amount you receive.	\$
	Other Income	\$
	Other Income	\$
	Other Income	\$
TOTAL GROSS ANNUAL INCO	ME (Based on the monthly amounts listed above x 12)	\$
TOTAL GROSS ANNUAL INCO	ME FROM PREVIOUS YEAR	\$
Do you anticipate any changes in	this income in the next 12 months?	O <sub>Yes</sub> O <sub>No</sub>
Is any member of the household le	egally entitled to receive income assistance?	$O_{\mathrm{Yes}} O_{\mathrm{No}}$
1	kely to receive income or assistance (monetary or not)	$O_{\rm Yes} O_{\rm No}$
from someone who is not a memb	er of the household as listed on Page 2 etc.)?	105 0 110
If yes to any of the above, explain	:	•
Is the income received?		O <sub>Yes</sub> O <sub>No</sub>

D.ASSETS							
If your assets are too			est an additional f	form.			
If a section doesn't ap Checking Accounts	##		Bank		Balance	-\$	
Checking / recounts	#		Bank			e\$	
	#		Bank		Balance		
						*	
Savings Accounts	#	F	Bank		Balance\$		
	#	F	Bank		Balance	e\$	
	#	F	Bank		Balance	e\$	
Trust Account	#	E	Bank		Balance	e\$	
Direct Deposit Cards	For <b>SS</b> , #	<u> </u>	Bank		Balance	e\$	
<b>SSI,</b> SSP, TANF, Chil	*	F	Bank		Balance	<b>e</b> \$	
Support, Work	#	F	Bank		Balance	e\$	
Certificates of Deposi	t #	F	Bank		Balance	e\$	
	#	F	Bank		Balance\$		
	#	F	Bank			Balance\$	
	#	F	Bank			Balance\$	
Money Market Accou	ents #	F	Bank		Balance	e\$	
	#	F	Bank		Balance\$		
~					T 1 0		
Savings Bonds	#		Maturity Date		Value\$ Value\$		
	#		Maturity Date				
	#	1	Maturity Date		Value\$		
Life Insurance Policy	#				Cash Va	alue\$	
Life Insurance Policy	#				Cash Va	alue\$	
Mutual Funds	Name:	#Shares:	Intere	st or Dividend \$		Value\$	
	Name:	#Shares:		st or Dividend \$		Value\$	
	Name:	#Shares:	Intere	st or Dividend \$		Value\$	
	Name:	#Shares:	Divid	end Paid \$		Value\$	
Stocks	Name:	#Shares:		end Paid \$		Value\$	
	Name:	#Shares:		end Paid \$		Value\$	
Bonds	Name:	#Shares:	Intere	st or Dividend \$		Value\$	
	Name:	#Shares:		st or Dividend \$		Value\$	

Investment Property	Appraised Value \$	
Real Estate Property: Do you own any property?	O <sub>Yes</sub> O <sub>No</sub>	
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	\$	
Does any member of the household have an asset(s) owned jointly who is NOT a member of the household as listed on Page 2?	vith a person Yes (	$O_{No}$
If yes, describe:		
Do they have access to the asset(s)?	O <sub>Yes</sub>	$O_{No}$
Have you sold/disposed of any managery in the last 2 years?		
Have you sold/disposed of any property in the last 2 years?	$O_{Y\epsilon}$	es O <sub>No</sub>
<i>If yes</i> , Type of property:		
Market value when sold/disposed	\$	
Amount sold/disposed for	\$	
Date of transaction:	,	
	G:	
Have you disposed of any other assets in the last 2 years (Example:	Given away	Yes O <sub>No</sub>
money to relatives, set up Irrevocable Trust Accounts)?		
If yes, describe the asset:		
Date of disposition:	ф	
Amount disposed	\$	
Do you have any other assets not listed above (excluding personal p	property)?	Ov
If yes, please list:	$O_{Y_6}$	es O No
y yes, picase list.		
E. ADDITIONAL INFORMATION	10	
Have you ever filed for bankruptcy?	$O_{Ye}$	es O <sub>No</sub>
If yes, describe		

Will you take an apartmen	at when one is available	)	$O_{Yes} O_{No}$
Briefly describe your reas	sons for applying:		•
Dlogge List all States in which	h way and ways haysahald	have lived in	
Please List all States in whice Nome	State(s)	nave fived in:	
Name	State(s)		
Name	State(s)		
Name	State(s)		
(If more space is needed, ple	ase continue on a separate	sheet of blank paper.)	
A	-1 -1 d !'D :- 4	11:f-4:	
YES	NO	d Lifetime Sex Offenders: in New J	ersey or any other state?
If your answer is yes, please			
J J 71			
	F. REFEREN	NCEINFORMATION	
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:		<b>'</b>	
Address:			
Account #:		Phone #:	
Credit Reference #3:		L	
Address:			
Account #:		Phone #:	
Personal Reference #1:		1	
Address:			
Relationship:		Phone #:	

Personal Reference #2:	
Address:	
Relationship:	Phone #:
Personal Reference #3:	
Address:	
Relationship:	Phone #:
In case of emergency notify:	
Address:	
Relationship:	Phone #:
Year/Make:	Color:
List any same truels on other valia	eles owned. Parking will be provided for one vehicle. Arrangements with
Management will be necessary for	more than one vehicle.
Type of Vehicle:	License Plate #:
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Do you own any pets?	$O_{\mathrm{Yes}}$ $O_{\mathrm{No}}$
If yes, describe:	
at this will be my/our permanent residence cupancy. I/We understand that my eligibil selection criteria. I/We certify that all information or informations and that false statements or informations.	CERTIFICATION naintain a separate subsidized rental unit in another location. I/We further certifice. I/We understand I/We must pay a security deposit for this apartment prior to lity for housing will be based on applicable income limits and by management' ormation in this application is true to the best of my/our knowledge, and I/We ation are punishable by law and will lead to cancellation of this application or occupancy. All adult applicants, 18 or older, must sign application.
GNATURE (S):	
nature of Tenant)	Date
nature of Co-Tenant)	Date
nature of Co-Tenant)	Date

Date

(Signature of Co-Tenant)

## Race and Ethnic Data Reporting Form

**Signature** 

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

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

Name of Property	Project No.	Address of Property			
lame 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 La	itino				
Not-Hispanic o	or Latino				
	Racial Categories*	Select All that Apply			
American Indi	an or Alaska Native				
Asian					
Black or Africa	an American				
Native Hawaii	an or Other Pacific Islander				
White					
Other					

**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.

**Date** 

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 incompliance 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 cohead of each household to "self certify' during the application interview or lease signing. In-place tenants must complete the format 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 provide 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 no require any special protection.

#### 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.

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)			
Emergency Unable to contact you Termination of rental assistance Eviction from unit	Assist with Recertification P Change in lease terms Change in house rules Other:	rocess	
Late payment of rent			
<b>Commitment of Housing Authority or Owner:</b> If you are appr arise during your tenancy or if you require any services or special issues or in providing any services or special care to you.			
<b>Confidentiality Statement:</b> The information provided on this for applicant or applicable law.	rm is confidential and will not be discl	osed to anyone except as permitted by the	
<b>Legal Notification:</b> Section 644 of the Housing and Community requires each applicant for federally assisted housing to be offere organization. By accepting the applicant's application, the housin requirements of 24 CFR section 5.105, including the prohibitions programs on the basis of race, color, religion, national origin, sex age discrimination under the Age Discrimination Act of 1975.	d the option of providing information ng provider agrees to comply with the s on discrimination in admission to or	regarding an additional contact person or non-discrimination and equal opportunity participation in federally assisted housing	_
Check this box if you choose not to provide the contact	information.		
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.



# Rental Application Form Applicant Information

Last Name	First	Name		M.I.	Co-Applicant La		First	Name			M.I.
Date of Birth	Social Security N	Number	Home Telephone		Date of Birth		Social Security Nu	mber	Home Tel	lephone	
Current Street Address	•	City	State	Zip Code	Co-Applicant C	urrent Addr	ess (if different)	City		State	Zip Code
Previous Street Address		City	State	Zip Code	Co-Applicant P	revious Add	lress (if different)	City		State	Zip Code
Length of Residence at Cu	ırrent Address	Ever File Eviction?	d for Own or Re	ent?	Length of Resid	dence at Cu	rrent Address	Ever Fill Eviction		Own or F	Rent?
months		Yes	□ No □ Own	☐ Rent	months				· □ No	☐ Own	☐ Rent
		L	Present	Housin	ng Informa	tion					
Landlord or Agent Name		Landlord	Telephone Number		Co-Applicant La		gent Name	Landlor	d Telephone	Number	
Reason for Leaving		Length of	Rental Monthly R	Rent	Reason for Lea	iving		Length	of Rental	Monthly	Rent
		mo	onths					m	nonths		
		1 =	Emplo	oyment	Information						
Present Employer Name		Position			Co-Applicant E	mployer Na	me	Position			
Suponde av Naw -		Talant	ao Number		Cupania M	20		Talent	no Nive-i		
Supervisor Name		reiephoi	ne Number		Supervisor Nan	iie		i eiepno	ne Number		
Employer Address		City	State	Zip Code	Employer Addre	ess		City		State	Zip Code
Employer Address		Oity	Oldio	210 0000	Employer / dure	000		Oity		Olule	Zip code
Employed		Salary	per □	month	Employed			Salary		per □	month
From To	0		•	year	From	T	-o			•	l year
					formation						
Bank Name		Telephon	e Number	<u>g</u>	Name			Telepho	ne Number		
Account Number	Ever Filed for		Account Type		Account Number	er	Ever Filed for Ban		Account T		
	☐ Yes ☐	] No	☐ Checking ☐				Yes No	)	☐ Chec	king 📙	Savings
				cy Cont	tact Inform	ation					
Name		Telephon	e Number		Name			relepno	ne Number		
Address		Relations	hin		Address			Relation	shin		
Addicas		relations	inp		Addicas			reciation	ізпр		
			<u> </u>	thor Inf	l ormation						
Car Year / Make / Model		License F	Plate State / Number	uiei IIII(	Car Year / Mak	e / Model			License P	late State /	Number
/	1				/		1				
Other Residents (Names / A	ges)	1			Other Resident	s (Names /	Ages)				
N. I 2. E.	' . Cl ' .	II	A -4 NIICA	46.9.50	4. (4 (ECH	A ) 11	1	. 11	2 1- :1:4	4	
New Jersey's Fai a person's crimin											
disclosure regard											
receipt of both d	-	•	. , , , , ,		** · · · ·		9				•
					******	,					
By signing below, I/we	authorize that th	e ahove inf			ignature(s		llord to obtain info	rmation	it deems	desirable	in
the processing of my a	pplication, includ	ding; credit	reports, civil or cr	iminal acti	ons, rental hist	tory, empl	loyment/salary de	tails, pol	lice and ve	ehicle rec	ords,
and any other relevant i years after I vacate the									pase for u	p to 5 (fiv	/e)
						1.7					
Applicant: <b>X</b>		ı	Date:	С	o-Applica	nt: X			Date	:	
				OFFICE (	USE ONLY						
NTN Access Number:	A	Address/Uni	t Applied for:			Monthly	Rent Amount for u	ınit applic	cant is app	lying for: \$	\$
5 / 6							=				

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, <u>New Sharon Woods</u> may consider only whetheran applicant has a conviction for the manufacture or production of methamphetamine on the premisesof federally assisted housing, or whether an applicant has a lifetime registration requirement under a State sex offender registration program. <u>New Sharon Woods</u> 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, <u>New Sharon Woods</u> 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.

# <u>New Sharon Woods</u> 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.

# <u>New Sharon Woods</u> 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 <a href="https://www.njoag.gov/about/divisions-and-offices/division-on-civil-rights-home/fcha/">https://www.njoag.gov/about/divisions-and-offices/division-on-civil-rights-home/fcha/</a>.





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

If <u>New Sharon Woods</u> utilizes any vendor or outside person/entity to conduct a criminal record check on their behalf, <u>New Sharon Woods</u> will take reasonable steps to ensure that the vendor oroutside person/entity conducts the criminal record check consistent with the requirements of the FCHA and rules. Specifically, if <u>New Sharon Woods</u> receives a criminal history inquiry conducted by avendor 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, <u>New Sharon Woods</u> 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 <u>New Sharon Woods</u> 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 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 <a href="https://www.nj.gov/oag/dcr/housing.html">https://www.nj.gov/oag/dcr/housing.html</a>, or available for pickup in any of DCR's four (4) regional offices.

31 Clinton Street, 3rd Floor	5 Executive Campus
Newark, NJ 07102	Suite 107, Bldg. 5
	Cherry Hill, NJ 08002
1601 Atlantic Avenue, 6th Fl.	•
Atlantic City, NJ 08401	140 East Front Street, 6th Floor
	Trenton, NJ 08625
Housing Provider Signature	Date
Tousing Flovider Signature	Date
Prospective Tenant Signature	Date