

New Sharon Woods Development  
100 Hill Crest Drive  
Sewell, New Jersey 08080  
Telephone: (856)468-0070  
Fax: (856)468-0578

NEW SHARON WOODS IS NOW ACCEPTING APPLICATION FOR OUR 2 AND 3 BEDROOM WAITING LIST. APPLICATIONS ARE AVAILABLE **ONLINE ONLY** AT:

[HTTPS://FAIRSHAREDEVELOPMENT.ORG/](https://fairsharedevelopment.org/)

Applications will be accepted via online submission ONLY. Applications should be downloaded and filled out completely. Please scan and submit the following documents along with your application to:

[NSWTENANTCONNECT@COMCAST.NET](mailto:NSWTENANTCONNECT@COMCAST.NET)

- 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 in your name)
- Income Verification (\$ paystubs, Tax return, Social Security or SSI Verification, Public Assistance, Child support, Etc.)

**\*\*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:  
Please complete this application and return it to:

New Sharon Woods Development  
100 Hillcrest Drive  
Sewell, NJ 08080-9565  
Telephone: 856-468-0070

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

Day Time Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Number of Bedroom's in current unit: \_\_\_\_\_ Do you:  Rent  Own (check one)

Are you currently receiving Section 8 rental subsidy?  Yes  No

Amount of current monthly rental or mortgage payment: \_\_\_\_\_

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

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

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

Bedroom Size Requested:  Two Bedroom  Three Bedroom  Handicap Two Bedroom



**B. Household Composition**

	Name	Relationship to Head of household	Marital Status M - Married D - Divorced S - Single C - Civil Union	Birth Date	Age	Social Security #	Student Y/N
Head							
Co-Tenant							
3							
4							
5							
6							
7							

Do you anticipate any additions to the household in the next 12 months?     Yes     No

If yes, please explain \_\_\_\_\_

Were you or any household member age 62 or older on January 31,2010 and did not have a SSN and were receiving 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 a 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 a 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 dependant on another's tax return?

Yes     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	\$



	Social Security	\$
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	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	\$
	Title IV/TANF	\$
	Full-Time Student Income (18 & Over Only)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (Source)	\$
	Interest Income (Source)	\$
	Interest Income (Source)	\$
	Interest Income (Source)	\$

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 entitled to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are entitled to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list amount you receive.	\$
	<b>Child Support</b>	
	Are you entitled to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are entitled to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list amount you receive.	\$
	<b>Other Income:</b>	\$
	<b>Other Income:</b>	\$
	<b>Other Income:</b>	\$

<b>Total Gross Annual Income (Based on monthly amounts listed above x12)</b>	\$
<b>Total Gross Annual Income from Previous Year</b>	\$



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

If yes, explain:

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**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.

<b>Checking Accounts</b>	#	Bank:	Balance:\$
	#	Bank:	Balance:\$
	#	Bank:	Balance:\$
<b>Savings Accounts</b>	#	Bank:	Balance:\$
	#	Bank:	Balance:\$
	#	Bank:	Balance:\$
<b>Trust Account</b>	#	Bank:	Balance:\$
<b>Certificates</b>	#	Bank:	Balance:\$
	#	Bank:	Balance:\$
	#	Bank:	Balance:\$
<b>Credit Union</b>	#	Bank:	Balance:\$
	#	Bank:	Balance:\$
	#	Bank:	Balance:\$
<b>Savings Bonds</b>	#	Maturity Date:	Value:\$
	#	Maturity Date:	Value:\$
	#	Maturity Date:	Value:\$
<b>Life Insurance Policy</b>	#		Cash Value:\$



<b>Life Insurance Policy #</b>		<b>Cash Value:\$</b>		
<b>Mutual Funds</b>	Name:	#Shares:	Interest or Dividend \$:	Value \$:
	Name:	#Shares:	Interest or Dividend \$:	Value \$:
	Name:	#Shares:	Interest or Dividend \$:	Value \$:
<b>Stocks</b>	Name:	#Shares:	Dividend Paid \$:	Value \$:
	Name:	#Shares:	Dividend Paid \$:	Value \$:
	Name:	#Shares:	Dividend Paid \$:	Value \$:
<b>Bonds</b>	Name:	#Shares:	Interest or Dividend \$:	Value \$:
	Name:	#Shares:	Interest or Dividend \$:	Value \$:
	Name:	#Shares:	Interest or Dividend \$:	Value \$:
<b>Investment Property</b>				Appraised Value \$:

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 two 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 two years ?  Yes  No

(Example: Given away money to relatives, set up Irrevocable Trust Accounts, Etc.)

If yes, describe the asset:

Date of disposition:

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

**E. Additional Information**

Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please describe:				

Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, describe:				

Have you ever filed for bankruptcy?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, describe:				

Will you take an apartment when one is available?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Briefly describe your reasons for applying:				

Please List all States in which you and your household have lived in:	
Name _____	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?	
Yes	No
If your answer is yes, please list names of the States(s) _____	





**F. Reference Information**

<b>Current Landlord</b>	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long:	

<b>Prior Landlord</b>	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long:	

<b>Credit Reference #1:</b>			
Address:			
Account #:		Phone #:	

<b>Credit Reference #2:</b>			
Address:			
Account #:		Phone #:	

<b>Credit Reference #3:</b>			
Address:			
Account #:		Phone #:	

<b>Personal Reference #1</b>			
Address:			
Relationship:		Phone #:	

<b>Personal Reference #2</b>			
Address:			
Relationship:		Phone #:	

<b>Personal Reference #3</b>			
Address:			
Relationship:		Phone #:	

<b>In case of emergency notify:</b>			
Address:			
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/Make:		Color:	
Type of vehicle:		License Plate #:	
Year/Make:		Color:	
Do you own any pets?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
If yes, describe:			

**Certification**

I/We here by 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/our 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)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date





# Rental Application

## Applicant Information

Last Name			First Name			M.I.			Co-Applicant Last Name			First Name			M.I.				
Date of Birth / /		Social Security Number - -		Home Telephone ( ) -				Date of Birth / /		Social Security Number - -		Home Telephone ( ) -							
E-Mail Address				Mobile Telephone ( ) -				E-Mail Address				Mobile Telephone ( ) -							
Current Street Address				City		State		Zip Code		Co-Applicant Current Address (if different)				City		State		Zip Code	
Previous Street Address				City		State		Zip Code		Co-Applicant Previous Address (if different)				City		State		Zip Code	
Length of Residence at Current Address __ months			Ever Filed for Eviction? <input type="checkbox"/> Yes <input type="checkbox"/> No		Own or Rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent			Length of Residence at Current Address __ months			Ever Filed for Eviction? <input type="checkbox"/> Yes <input type="checkbox"/> No		Own or Rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent						

### Present Housing Information

Landlord or Agent Name		Landlord Telephone Number ( ) -		Co-Applicant Landlord or Agent Name		Landlord Telephone Number ( ) -	
Reason for Leaving		Length of Rental __ months	Monthly Rent	Reason for Leaving		Length of Rental __ months	Monthly Rent

### Employment / Income Information

Present Employer Name		Position		Co-Applicant Employer Name		Position	
Supervisor Name		Telephone Number ( ) -		Supervisor Name		Telephone Number ( ) -	
Employer Address		City		State		Zip Code	
Employed From To		Salary / Wages per □ month □ year		Employed From To		Salary / Wages per □ month □ year	
Other Income <input type="checkbox"/> SSI <input type="checkbox"/> Disability <input type="checkbox"/> Retirement <input type="checkbox"/> Other		Amount per □ month □ year		Other Income <input type="checkbox"/> SSI <input type="checkbox"/> Disability <input type="checkbox"/> Retirement <input type="checkbox"/> Other		Amount per □ month □ year	

### Banking Information

Bank Name		Telephone Number ( ) -		Name		Telephone Number ( ) -	
Account Number	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings		Ever Filed for Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Account Number	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
						Ever Filed for Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Emergency Contact Information

Name		Telephone Number ( ) -		Name		Telephone Number ( ) -	
Address		Relationship		Address		Relationship	

### Other Information

Car Year / Make / Model / /		License Plate State / Number		Car Year / Make / Model / /		License Plate State / Number	
Other Residents (Names / Ages)				Other Residents (Names / Ages)			
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", Date of Most Recent Conviction?	Nature of Conviction		Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", Date of Most Recent Conviction?	Nature of Conviction	
If "Yes", #: _____				If "Yes", #: _____			

### Applicant Signature(s)

By signing below, I/we authorize that the above information is correct and complete and authorize Landlord to obtain information it deems desirable in the processing of my application, including; credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, and any other relevant information. If I rent the unit, I understand the information on this form may be maintained in a tenant database for up to 5 (five) years after I vacate the premises. I also understand that the application fee is non-refundable, even if my application is denied.

**Applicant: X**

**Date:**

**Co-Applicant: X**

**Date:**

Items in BOLD are REQUIRED

### OFFICE USE ONLY

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

**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)

\_\_\_\_\_  
Name of Property                                  Project No.                                  Address of Property

\_\_\_\_\_  
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*	Select All that Apply
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 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 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)

### 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.