

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 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:

SFIELDS@FAIRSHAREDEVELOPMENT.ORG

- 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.)

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

Application for Housing



Application for Housing
Please Print Clearly

Date Received: _____
(Office Use Only)

Income Target: _____
(Office Use Only)

New Sharon Woods Development

This is an application for housing at:
Please complete this application and return it to:

SFIELDS@fairsharedevelopment.org

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	Birth Date	Age	Social Security #	Student Y/N
			M - Married D - Divorced S - Single C - Civil Union				
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	\$
	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
	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 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.	\$
	Child Support	
	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.	\$
	Other Income:	\$
	Other Income:	\$
	Other Income:	\$
Total Gross Annual Income (Based on monthly amounts listed above x12)		\$
Total Gross Annual Income from Previous Year		\$



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

If yes, explain:

D. Assets

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

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

Checking Accounts	#	Bank:	Balance:\$
	#	Bank:	Balance:\$
	#	Bank:	Balance:\$
Savings Accounts	#	Bank:	Balance:\$
	#	Bank:	Balance:\$
	#	Bank:	Balance:\$
Trust Account	#	Bank:	Balance:\$
Certificates	#	Bank:	Balance:\$
	#	Bank:	Balance:\$
	#	Bank:	Balance:\$
Credit Union	#	Bank:	Balance:\$
	#	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 \$:
	Name:	#Shares:	Interest or Dividend \$: Value \$:
Investment Property			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

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 #:	



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 Fined 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 Fined 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		Employer Address City State Zip Code	
Employed From To	Salary / Wages per <input type="checkbox"/> month <input type="checkbox"/> year	Employed From To	Salary / Wages per <input type="checkbox"/> month <input type="checkbox"/> year
<input type="checkbox"/> SSI <input type="checkbox"/> Disability <input type="checkbox"/> Retirement <input type="checkbox"/> Other		<input type="checkbox"/> SSI <input type="checkbox"/> Disability <input type="checkbox"/> Retirement <input type="checkbox"/> Other	

Banking Information

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

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.