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 3-BEDROOM WAITING LIST. APPLICATIONS ARE AVAILABLE ONLINE ONLY AT:

HTTPS://FAIRSHAREDEVELOPMENT.ORG/

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

nsw-office@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.)
- •Other- Court Custody order, Court restraining order, 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)						
	Project: New	Sharon Woods	Development				
This is an application for housing at:	Address: 100	Hillcrest Drive					
	Se	well, NJ 08080					
	Telephone: (856) 468 - 0070					
Please complete this application and return to:	nsw-offic	e@fairshare	development.o	rg			
An applicant may be intervie	s are placed in order wed only after the re	ceipt of this comp		eation			
Applicant Name(s):							
Address:							
Street	Apt.#	City	State	Zip			
Davtime Phone:	Eveni	ng Phone:					

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ Bedroom size Requested: ☐ Two BR ☐ Three BR ☐ Handicap Two BR

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

in current unit:

Do you

RENT or OWN (check one)

Application



Are you currently receiving Section 8 Rental Subsidy?

Amount of current monthly rental or mortgage payment: \$

If owned, do you receive monthly rental income from property?

No. of BR's



☐ No (check one)

No

Yes

☐ Yes

	Name	Relationship to Head of Household	Marital Status M - Married D - Divorced S - Single C - Civil Union	Birth Date	Age	Soci Secur		Stude Y/N
Head						-		
Со-Н								
3.								
4.								
5.								
6.								
7.								
8.								
If yes, ex	xplain:		osition in the ne					No
Is there so If yes, exercised with all or year or plants.	xplain: someone not listed abo	nber age 62 or older at another location assemble be or have been dar year at an edu	on January 31, 2	2010 and one of the control of the c	did not h	ave a SS Ves Calendar orrespond	SN and	No were No
Vere you ecciving by the regular or playith regular.	someone not listed about plain: or any household mem HUD rental assistance If the persons in the hou an to be in the next cal lar faculty and students	nber age 62 or older at another location as ehold be or have be endar year at an edus?	on January 31, 2 on January 31, 3 on Jan	2010 and one of the control of the c	did not h	ave a SS Ves Calendar orrespond	es N and N month	No were No
Vere you ecciving by the regular or playith regular any full-	someone not listed about plain: or any household mem HUD rental assistance If the persons in the houan to be in the next cal lar faculty and students INSWER THE FOLL time student(s) married	nber age 62 or older at another location as ehold be or have been at an edus? OWING QUESTICATION of and filing a joint to the series of the s	on January 31, 2 on January 31, 3 on Jan	2010 and one of the control of the c	usehold?	ave a SS Ves Calendar orrespond	N and N month	No were No
Vere you ecciving with regularly full-any stude	someone not listed about plain: or any household mem HUD rental assistance If the persons in the hou an to be in the next cal lar faculty and students	nber age 62 or older at another location as ehold be or have been at an edus? OWING QUESTICATION of and filing a joint to the series of the s	on January 31, 2 on January 31, 3 on Jan	2010 and one of the control of the c	usehold?	ave a SS Ves Calendar orrespond	es N and N month	No were No
Vere you ecciving by the regular or playith regular any full-any studening Part	someone not listed about time student(s) enrolled in a job	be age 62 or older at another location as ehold be or have be endar year at an education of the endar year.	on January 31, 2 on Jan	2010 and one of the control of the c	usehold?	ave a SS Ves Calendar orrespond	SN and N month dence No	No were No

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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	\$



F

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:	Ψ						
	Position Held							
	How long employed:							
	Employment amount	\$						
	Employer:							
	Position Held							
	How long employed:							
	Alimony							
	Are you <i>legally entitled</i> to receive alimony?	☐ Yes	□ No					
	If yes, list the amount you are <i>entitled</i> to receive.	\$						
	Do you receive alimony?	☐ Yes	□ No					
	If yes list amount you receive.	\$						
	Child Support							
	Are you <i>legally entitled</i> to receive child support?	☐ Yes	□ No					
	If yes list the amount you are <i>entitled</i> to receive.	\$						
	Do you receive child support?	☐ Yes ☐ No						
	If yes, list the amount you receive.	\$						
	· ·							
	Other Income Other Income	\$ \$						
	Other Income	\$						
	other mediae	Ψ						
TOTAL GROSS ANNUAL INCOME (Based	d on the monthly amounts listed above x 12)	\$						
TOTAL GROSS ANNUAL INCOME FROM	1 PREVIOUS YEAR	\$						
Do you anticipate any changes in this inco	ome in the next 12 months?	☐ Yes						
Is any member of the household legally en	ntitled to receive income assistance?	☐ Yes						
from someone who is not a member of the	receive income or assistance <i>(monetary or not)</i> e household as listed on Page 2 etc.)?	☐ Yes						
If yes to any of the above, explain:								
Is the income received?		☐ Yes	□ No					



	If yo	our assets are	e too numerou a section does	D. ASSET s to list here, on't apply, cro	S please request an addition oss out or write NA.	al form	
Checking Ac	counts	#		Bank		Balar	nce \$
_			# I			Balance \$	
				Bank		Balar	nce \$
Savings Acc	ounts	#		Bank		Balar	nce \$
S		#		Bank		Balar	nce \$
		#		Bank		Balar	
Trust Accou	nt	#		Bank		Balar	nce \$
Direct Deposit Cards				Bunk		Bului	ice ψ
For SS, SSI,		#		Bank		Balar	
TANF, Chile		#		Bank		Balar	
Support, Wo	rk	#		Bank		Balar	·
Certificates of	of.	#		Bank		Balar	nce \$
Deposit	J1	#		Bank		Balance \$	
Deposit		#		Bank		Balar	nce \$
		#		Bank		Balance \$	
Money Mark	xet	#		Bank		Balance \$	
Accounts		#	Bank			Balance \$	
		#		Maturity D	Date	Value	e \$
Savings Bon	ds	#		Maturity Date		Value \$	
24/11185 2 011		#		Maturity Date		Value \$	
		11		Maturity Date		v aruc φ	
Life Insuran	ce Policy						Value \$
Life Insuran		#			T	Cash	Value \$
Mutual Funds			#Shares:		Interest or Dividend \$		Value \$
	Name:		#Shares:		Interest or Dividend \$		Value \$
	Name:		#Shares:		Interest or Dividend \$		Value \$
G4 1	Name:		#Shares:		Dividend Paid \$		Value \$
Stocks	Name:		#Shares:		Dividend Paid \$		Value \$
	Name:		#Shares:		Dividend Paid \$		Value \$
Bonds	Name:		#Shares:		Interest or Dividend \$		Value \$
	Name:		#Shares:		Interest or Dividend \$		Value \$



Property		Appraised Value \$
rieporty	I_'	value \$
Real Estate Pr	operty: Do you own any property?	☐ Yes ☐
If yes, Type or	f property	
Location of pr	operty	
Appraised Ma	rket Value	\$
Mortgage or o	utstanding loans balance due	\$
Amount of an	nual insurance premium	\$
Amount of mo	ost recent tax bill	\$
NOT a membe	nber of the household have an asset(s) owned jointly with a person who er of the household as listed on Page 2?	is Yes _
If yes, describ	ð: 	
Do they have	access to the asset(s)?	☐ Yes ☐
	/disposed of any property in the last 2 years?	☐ Yes ☐
If yes, Type of		
	when sold/disposed	\$
Amount sold/o	=	\$
Date of transa	etion:	
•	osed of any other assets in the last 2 years (Example: Given away monust Accounts)?	ey to relatives, set
irrevocable 11		
irrevocable 11		☐ Yes ☐
	e the asset:	☐ Yes ☐
<i>If yes</i> , describ		☐ Yes ☐
If yes, describ	ition:	☐ Yes ☐
If yes, describ Date of dispos Amount dispo	ition:	
If yes, describ Date of dispos Amount dispo	intion: sed iny other assets not listed above (excluding personal property)?	\$
If yes, describ Date of dispos Amount dispo Do you have a	intion: sed iny other assets not listed above (excluding personal property)?	\$
If yes, describ Date of dispos Amount dispo Do you have a	intion: sed iny other assets not listed above (excluding personal property)?	\$
If yes, describ Date of dispos Amount dispo Do you have a	intion: sed iny other assets not listed above (excluding personal property)?	\$
If yes, describ Date of dispos Amount dispo Do you have a	intion: sed iny other assets not listed above (excluding personal property)?	\$
If yes, describ Date of dispos Amount dispo Do you have a If yes, pleas	sed iny other assets not listed above (excluding personal property)? se list:	\$



Will you take an apartment when one is available?	Yes	No
Briefly describe your reasons for applying:		

F. REFERENCE INFORMATION

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



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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	Eapplicable)	
List any cars, trucks, or other vehicles owned. Par Management will be necessary for more than one		one vehicle. Arrangement	s with
Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Do you own any pets?	·	Yes	No
If yes, describe:		1	
hereby certify that I/We Do/Will Not maintain a separate my/our permanent residence. I/We understand I/We me stand that my eligibility for housing will be based on apply that all information in this application is true to the best nation are punishable by law and will lead to cancellation cants, 18 or older, must sign application. IGNATURE (S):	nust pay a security deposit for oplicable income limits and by st of my/our knowledge, and	this apartment prior to occu management's selection cri I/We understand that false st	pancy. I/W iteria. I/We atements of
(Signature of Tenant) (Signature of Co-Tenant)		Date Date	
(Signature of Co-Tenant)		Date	
(Signature of Co-Tenant)		Date	





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			
ame of Owner/Managing Agent		Type of Assistance or Program Title			
Name of Head of Household	i	Name of Household Member			
Date (mm/dd/yyyy):					
	Ethnic Categories*	Select One			
Hispanic or Lat	ino				
Not-Hispanic o	r Latino				
	Racial Categories*	Select All that Apply			
American India	n or Alaska Native				
Asian					
Black or Africa	n American				
Native Hawaiia	n or Other Pacific Islander				
White					

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.



Rental Application Form Applicant Information

Loot Name	Fire	Nama	Applicant I			First	Mana		MI
Last Name	FIISI	Name	IVI.I.	Co-Applicant L	asi name	FIISI	Name		M.I.
Date of Birth	Social Security	Number	Home Telephone	Date of Birth		Social Security Nu	mber	Home Tel	lephone
Current Street Address		City	State Zip Code	Co-Applicant C	Current Addre	ess (if different)	City		State Zip Coo
		•	·			. ,	,		•
						45.055			
Previous Street Address		City	State Zip Code	Co-Applicant F	revious Addr	ress (if different)	City		State Zip Co
Length of Residence at Cu	irrent Address	Ever Filed Eviction?	d for Own or Rent?	Length of Resi	dence at Cur	rent Address	Ever File Eviction		Own or Rent?
months		Yes	□ No □ Own □ Rent	months				r s □ No	☐ Own ☐ Re
				na Informa	tion				
Landlord or Agent Name		Landlord	Present Housis	Co-Applicant L		nent Name	Landlor	d Telephone	Number
Landiord of Agent Name		Landiord	reiephone Number	ОО-Арріїсані Е	andiord of A	gent ivanie	Landion	и тексрионе	Number
								(5	
Reason for Leaving		Length of	Rental Monthly Rent	Reason for Lea	aving			of Rental	Monthly Rent
		mo	onths				_ m	nonths	
			Employment	Information	on				
Present Employer Name		Position		Co-Applicant E	mployer Nan	ne	Position		
Supervisor Name		Telephor	ne Number	Supervisor Nar	me		Telepho	ne Number	
Employer Address		City	State Zip Code	Employer Addr	ess		City		State Zip Coo
, ,,		- 7	, , , , , , , , , , , , , , , , , , , ,	, ,,					,
Employed		Salary		Employed			Colony		
I _ ` `	•	Salary	per □ month —		т		Salary		per □ month
From To	<u> </u>		☐ year	From	Т	O			☐ year
-			Banking In		1				
Bank Name		Telephon	e Number	Name			Telepho	ne Number	
Account Number	Ever Filed for		Account Type	Account Numb	er	Ever Filed for Ban		Account T	•
	☐ Yes ☐	□No	☐ Checking ☐ Savings			Yes No)	☐ Chec	king
	•		Emergency Con	tact Inforn	nation	•			
Name		Telephon	e Number	Name			Telepho	ne Number	
Address		Relations	hip	Address			Relation	nship	
			Oth or Inf	'a a 4 ii a					
Car Year / Make / Model		License F	Plate State / Number	ormation Car Year / Mak	ce / Model			License P	late State / Number
/	1	License	late otate / Namber	J Gair Four 7 Mar	to / Model	1		Liocitoc	iate State / Hamber
1	1			/		1			
Other Residents (Names / A	ges)			Other Residen	ts (Names / A	Ages)			
No I	: Ch :	. II	A -4 N I C A 46.0 50	42 (4 (ECH	A) 1:i4	1	المحالة المحادث	. ماداناند	4:
			(Act, N.J.S.A. 46:8-52) whether to extend an of						
			g made to you in a s						
receipt of both d	_	is ocing	3 made to you in a s	вирристиста	i nonce.	Tour sign	ature	DCIOW (confirms yo
1 cccipt of both u	ocuments.								
			Applicant S	ignature/s	;)				
By signing below, I/we	authorize that th	ne above infe	ormation is correct and com		_	lord to obtain info	rmation	it deems	desirable in
the processing of my a	pplication, inclu	ding; credit	reports, civil or criminal act	ions, rental his	tory, emplo	oyment/salary det	tails, pol	lice and ve	ehicle records,
			t, I understand the information that the application fee is r					pase for u	p to 5 (five)
			F.F						
Applicant: X		ı	Date:	Co-Applica	nt: X			Date	:
	Т		OFFICE	USE ONLY	I				
NTN Access Number:		Address/Unit	t Applied for:		Monthly	Rent Amount for u	ınit applio	cant is app	lying for: \$
Date Screened:		Projected Mo	ove-In Date:		Apartmer	nt / Unit Type:			