



THE ROOSEVELT



QUALITY 55+ LIVING *starts here.*

Located in charming Mt. Laurel, NJ, **The Roosevelt** offers **affordable one and two bedroom apartments** with the perfect blend of comfort and accessibility.

- Dishwashers
- Full-Size Washer and Dryer
- Fitness Center
- Community Room

Check the chart below to see if you qualify to live at this brand new community!

Bedroom Size	Income %	Income Minimum	Income Maximum	Rent
1 Bedroom	30%	\$21,977	\$27,540	\$568
1 Bedroom	50%	\$36,720	\$45,900	\$998
1 Bedroom	60%	\$43,886	\$55,080	\$1,207
2 Bedroom	30%	\$26,400	\$34,410	\$687
2 Bedroom	50%	\$44,126	\$57,350	\$1,204
2 Bedroom	60%	\$51,429	\$68,820	\$1,417



Applications will be accepted starting **Sunday, September 29th** – **Tuesday, November 12th**. All applications must be received in office by **5pm on Tuesday, November 12th**. Applications will be selected through a lottery which will take place on **Friday, November 15th**.



TheRooseveltApts.com • 856-368-5388

4 Hovtech Boulevard, Mount Laurel, NJ 08054

There is a \$50 application fee per household member (over 18) at the time of credit check. In order to qualify, minimum limits must be met. Maximum household income limits are based on model and household size. Income limits and rent are subject to change.

Developed by Fair Share Housing Development, Inc.



THE ROOSEVELT

Phase II

Address: The Roosevelt
4 Hovtech Blvd
Mount Laurel, NJ 08054

Email: rooseveltaps@fairsharedevelopment.org

To be completed by office staff:

Application Number _____

Date Application Rec'd _____

Time Application Rec'd _____

Initials of Staff Member _____

HEAD OF HOUSEHOLD

M F

NAME: _____ **SSN:** _____
(First) (Middle Initial) (Last)

CURRENT ADDRESS: _____ **HOME #:** _____
(House #) (Street Name) (Apt. #)

CELL #: _____

(City) (State) (Zip Code) **WORK #:** _____

EMAIL: _____ **D.O.B:** _____

How did you hear about us?: _____

Unit Size (1 or 2 Bedrooms): _____

HOUSEHOLD MEMBERS

Name	DOB	M/F	Relationship	Soc. Sec. Number

ANNUAL HOUSEHOLD INCOME

Employment/Wages	\$
Social Security Income	\$
Social Security Disability Income	\$
Public Assistance (Welfare/TANF)	\$
Child Support	\$
Pension	\$
Other Income (Please Specify):	\$



Preferences for Determining Waiting List Position (if applicable)

Y N

Do you or any member of your household have a DISABILITY?				
Do you have a portable voucher (i.e. Section 8)?				
Are you currently employed?				
Are you a student or recent graduate of an educational or training program?				
Are you a Veteran?				
Are you homeless?				
Do you require a unit with special features? (i.e. unit for mobility impaired, visually impaired, hearing impaired, walk-in shower, grab bars, no steps, etc.)				
If yes above, please circle features required:				
Unit for mobility impaired:	Unit for visually impaired:	Unit for hearing impaired:		
Grab bars:	No steps:	Other:		
Describe:				

I hereby certify that the above is true and correct and complete to the best of my knowledge. I understand that any false statement or misrepresentation will be grounds for expulsion from the program and/or prosecution under Title 18, Section 1001 of the US Code.

***Important: You must notify us promptly should any information on this application change.**

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Types of Program Assistance (For Office Use ONLY)

Tax Credit	30%	50%	60%
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September 2024

