Ethel R. Lawrence Homes III - Robinson Estates

FAIR SHARE HOUSING DEVELOPMENT
building homes and hope

FOR OFFICE ONLY:
DATE: _____
TIME: _____
NO. _____

PRELIMINARY APPLICATION FOR AFFORDABLE HOUSING

Please read enclosed directions carefully. Incomplete applications will be returned.

PLEASE PRINT- HEAD OF HOUSEHOLD INFORMATION

First, Last Name		**Email Address:**
Address, City, State, Zip Code		**County:**
Home Phone Number:	**Cell Phone Number:**	**Alternate Phone Number:**

Section 8 voucher: Yes or no

How many bedrooms are you interested in: _____

1. HOUSEHOLD COMPOSITION (LIST ALL PERSONS TO LIVE IN HOME) AND INCOME

Name(s) First & Last	Head of Household	Date of Birth	Gender (M/F)	Current Gross Annual Income*

*Income includes, but is not limited to gross wages (before taxes), salaries, tips, commission, child support, pensions, and social security & disability benefits

2. ASSETS (SAVINGS, CDS, STOCK, REAL ESTATE, OTHER INVESTMENTS, ETC.)

Type of Asset	Current Market Value	Yearly Interest of Dividends**

**Include Interest and Dividends from assets such as savings, checking, CDs, Money Market accounts, mutual funds, stocks and or bonds.

I certify that the information provided herein is true and complete and that any misrepresentation of income or household size reported herein shall be cause for program disqualification.

I also understand that this information is to be used only for determining my preliminary eligibility for referral to an affordable housing unit and does not obligate me in any way.

_____

PRINTED NAME OF HEAD OF HOUSEHOLD Date

_____

SIGNATURE OF HEAD OF HOUSEHOLD Date

NATIONAL TENANT NETWORK

Rental Application Form

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**

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	Ever Filed for Eviction?	Own or Rent?	Length of Residence at Current Address	Ever Filed for Eviction?	Own or Rent?
___ months	☐ Yes ☐ No	☐ Own ☐ Rent	___ months	☐ Yes ☐ No	☐ Own ☐ 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	Monthly Rent	Reason for Leaving	Length of Rental	Monthly Rent
	___ months			___ months	

Employment 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**	*per* ☐ month ☐ year	Employed From To	Salary	*per* ☐ month ☐ year

Banking Information

Bank Name	Telephone Number		Name	Telephone Number	
Account Number	Ever Filed for Bankruptcy?	Account Type	Account Number	Ever Filed for Bankruptcy?	Account Type
	☐ Yes ☐ No	☐ Checking ☐ Savings		☐ Yes ☐ No	☐ Checking ☐ Savings

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)		

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. Full disclosure regarding this law is being made to you in a supplemental notice. **Your signature below confirms your receipt of both documents.**

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 rejected.

Applicant:* X** ***Date: ***Co-Applicant:* X** ***Date:***

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:*

Submit above information to NTN

Phone: (800) 422-8299 Fax: (888) 885-7528 Web: www.ntnonline.com