PLEASE READ

1. ANSWER ALL THE QUESTIONS ON ALL THE PAGES.

2. IF SOMETHING DOES NOT APPLY TO YOU, WRITE N/A.

3. BE SURE TO SIGN & DATE THE APPLICATION ON PAGE 8.

4. THE LAST PAGE HAS INSTRUCTIONS FORCOMPLETING THE APPLICATION.

5. BE SURE TO PROVIDE INCOME FOR EVERYONE INTHE FAMILY.

6. BE SURE TO INCLUDE COPIES OF THE REQUIRED DOCUMENTS LISTED ON THE LAST PAGE.

7. THE APPLICATION MUST BE MAILED TO OUR OFFICE:

ETHEL LAWRENCE HOMES
1 ETHEL LAWRENCE BLVD.
MT. LAUREL, NEW JERSEY 08054

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

Please Print Clearly

This is an application for housing at:	**Project: ETHEL R. LAWRENCE HOMES I & II**
	Address: 1 Ethel Lawrence Blvd
	Mount Laurel, NJ 08054
	Telephone: (856) 439 - 9901
Please complete this application and return to:	**SAME AS ABOVE**

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt.# City State Zip

Daytime Phone: _____ Evening Phone: _____

No. of BR's
in current unit: _____ Do you ☐ RENT or ☐ OWN (check one)

Amount of current monthly rental or mortgage payment: $_____

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

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

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

Bedroom size requested: ☐ One BR ☐ Two BR ☐ Three BR ☐ Handicap BR

B. HOUSEHOLD COMPOSITION						
	Name	**Relationship to head**	**Birth Date**	**Age** (optional)	**SS# (Last 4 digits)**	**Student Y/N**
Head		Self				
Co-H						
3.						
4.						
5.						
6.						
7.						
8.						

Will all listed minors be living in the unit at least 50% of the time? ☐ Yes ☐ No

Have there been any changes in household composition in the last twelve months? ☐ Yes ☐ No
If yes, explain:
Do you anticipate any changes in household composition in the next twelve months? ☐ Yes ☐ No
If yes, explain:
Is there someone not listed above who would normally be living with the household? ☐ Yes ☐ No
If yes, explain:

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 theJob 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 child(ren) who is nota Dependent on another's tax return and whose children are not dependents of anyone other than a parent?	☐ Yes	☐ No
Is any student a person who was previously under the care and placement of a fostercare program (under Part B or E of Title IV of the Social Security Act)?	☐ 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	$
		$
	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	$

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 ***legally entitled*** to receive alimony?	☐ Yes ☐ No
	If yes, list the amount you are ***entitled*** to receive.	$
	Do you receive alimony?	☐ Yes ☐ No
	If yes list amount you receive.	$
	Child Support	
	Are you ***legally entitled*** to receive child support?	☐ Yes ☐ No
	If yes list the amount you are ***entitled*** to receive.	$
	Do you receive child support?	☐ Yes ☐ No
	If yes, list the amount you receive.	$
	Other Income	$
	Other Income	$
	Other Income	$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		$
Do you anticipate any changes in this income in the next 12 months?	☐ **Yes**	☐ **No**
Is any member of the household legally entitled to receive income assistance?	☐ **Yes**	☐ **No**
Is any member of the household likely to receive income or assistance ***(monetary or not)*** from someone who is not a member of the household as listed on Page 2 etc.)?	☐ **Yes**	☐ **No**
If yes to any of the above, explain:		
Is the income received?	☐ **Yes**	☐ **No**

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 $	
Direct Deposit Cards For SS, SSI, SSP, TANF, Child Support, Work	# # #	Bank Bank Bank	Balance $ Balance $ Balance $	
Certificates of Deposit	#	Bank	Balance $	
	#	Bank	Balance $	
	#	Bank	Balance $	
	#	Bank	Balance $	
Money Market Accounts	#	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 $

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	$

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?	☐ Yes ☐ No
If yes, describe:	
Do they have access to the asset(s)?	☐ Yes ☐ No

Have you sold/disposed of any property in the last 2 years?	☐ Yes ☐ No
If yes, Type of property:	
Market value when sold/disposed	$
Amount sold/disposed for	$
Date of transaction:	

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	☐ Yes ☐ No
If yes, describe the asset:	
Date of disposition:	
Amount disposed	$

Do you have any other assets not listed above (excluding personal property)?	☐ Yes ☐ No
If yes, please list:	

E. ADDITIONAL INFORMATION		
Have you or any member of your family ever been evicted from any housing?	Yes	No
If yes, describe		

Have you ever filed for bankruptcy?	Yes	No
If yes, describe		
Will you take an apartment when one is available?	Yes	No
Briefly describe your reasons for applying:		

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?	Yes	No
If yes, describe:		

CERTIFICATION

I/We hereby 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 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

ETHEL R. LAWRENCE HOMES I & II

INSTRUCTIONS FOR RETURNING APPLICATIONS

PLEASE MAIL THE COMPLETED APPLICATION TO:

ETHEL LAWRENCE HOMES
1 ETHEL LAWRENCE BLVD.
MT. LAUREL, NEW JERSEY.
08054

Applications must be complete and include copies of the following information:

- □ Fully completed and signed application form.
- □ Social Security cards for all persons listed on the application.
- □ Birth Certificates for all persons listed on the application.
- □ Employment pay stubs - 4 if paid weekly or 2 if paid bi-weekly
- □ Verification of income: Social Security/SSI/Veteran's pension, Unemployment, Child Support etc.
- □ Most Recent Tax Return with W-2's.

Your application will be placed on the waiting list in the same order it is returned to our office.

INSTRUCCIONES PARA REGRESAR APLICACIONES

POR FAVOR, ENVIEN LA APLICACION COMPLETADA A:

ETHEL LAWRENCE HOMES
1 ETHEL LAWRENCE BLVD.
MT. LAUREL, NEW JERSEY.
08054

Las solicitudes deberán ser completas e incluir copias de la siguiente información:

- □ Formulario de solicitud completamente completado y firmado.
- □ Tarjetas de Seguro Social para todas las personas que figuran en la solicitud.
- □ Certificados de nacimiento para todas las personas que figuran en la solicitud.
- □ Remuneración por empleo - 4 si se paga semanalmente o 2 si se paga quincenalmente
- □ Verificación de ingresos: Seguro Social/SSI/Pensión de veteranos, desempleo, manutención de los hijos, etc.
- □ Declaración de impuestos más reciente con W-2.

Su solicitud será colocada en la lista de espera en el mismo orden en que sea devuelta a nuestra oficina.

NEW JERSEY DIVISION ON CIVIL RIGHTS RENTAL SURVEY

The **New Jersey Law Against Discrimination (LAD)** prohibits discrimination in rental housing based on several protected characteristics, including race, gender, familial status (having a child or children under the age of 18 or being pregnant), and source of lawful income used for rental payments (whether you receive rental assistance). The **New Jersey Division on Civil Rights (DCR)** is the government agency that enforces the LAD. DCR requires landlords who own 25 or more rental units to file a confidential annual report with the agency regarding their applicants and tenants. DCR requires landlords to provide this survey form to all applicants and tenants to collect the information for their reports.

Filling out this form helps DCR learn about and fight housing discrimination.

Completion of this form is voluntary. If you do not wish to answer a question, you can skip it and leave it blank. Tenants and applicants who choose to complete the form should answer the questions for each child and adult living in their unit and return the completed form to their landlord. If you choose not to complete this form, the landlord will complete it for you to the best of their knowledge.

Landlords cannot ask you about other characteristics like your religion, national origin (what country you're from), nationality (whether you're a citizen), disability, whether you're married, or whether you identify as LGBTQIA+. Landlords also cannot decide whether or not to rent to you based on your responses to this form.

Housing providers cannot:

- Discriminate against you based on your responses to this form;
- Ask additional questions about your responses to this form:
- Harass or intimidate you based on your responses to this form;
- Retaliate against you based on your responses to this form, including by raising your rent;
- Require you to complete this form; or
- Enter your rental unit without permission or investigate you to collect the information requested by this form.

If you feel you have been denied housing or treated differently for one of the reasons listed above, you may file a complaint at bias.njcivilrights.gov. For additional assistance, e-mail DCR at NJDCR4U@njcivilrights.gov or call 1-833-653-2748.

Visit our website at www.NJCivilRights.gov to learn more about the LAD.

Please complete the form on the next page and return it to the landlord.

NEW JERSEY DIVISION ON CIVIL RIGHTS RENTAL SURVEY

This form is not intended to be a part of the rental application process and must be kept separate and apart from rental records.

Are you a: ☐ **Current Tenant** ☐ **Applicant | Name:**_____

Unit/Complex Address:_____

1. Race/Ethnicity

Please write how many people living in your unit identify their race/ethnicity as:

American Indian or Alaska Native: _____
(Individuals with origins in any of the original peoples of North, Central, and South America, including, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, and Maya.)

Asian: _____
(Individuals with origins in any of the original peoples of Central or East Asia, Southeast Asia, or South Asia, including, for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, and Japanese.)

Black or African American: _____
(Individuals with origins in any of the original peoples of Africa including, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, and Somali.)

Hispanic or Latino/a/x/e: _____
(Includes individuals of Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, and other Central or South American or Spanish culture or origin.)

Middle Eastern or North African: _____
(Individuals with origins in any of the original peoples of the Middle East or North Africa, including, for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, and Israeli.)

Native Hawaiian or Pacific Islander: ____
(Individuals with origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands, including, for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, and Marshallese.)

White: _____
(Individuals with origins in any of the original peoples of Europe, including, for example, English, German, Irish, Italian, Polish, and Scottish.)

Multiracial/Multiethnic: _____
(Individuals who identify as two or more of these categories.)

2. Gender

Please write how many people living in your unit identify their gender as:

Woman/Girl: _____ **Man/Boy: _____** **Non-Binary/Other: _____**

3. Familial Status

Are there children under age 18 in your unit or is anyone pregnant in your unit? ☐ Yes ☐ No

4. Rental Assistance

How many people living in your unit receive rental assistance, such as Section 8 housing choice vouchers? If none, write 0 (zero): _____

Date completed: _____

Landlord: Check this box if you completed this form on behalf of your tenant or applicant: ☐