

Date Received. _____
Ref. # _____

A Unit ___ check one
B Unit _____

APPLICATION FOR OCCUPANCY

NORTH BRUNSWICK SENIOR HOUSING
740 Hermann Road
North Brunswick, N. J. 08902
732-296-7122

Operated by the North Brunswick Housing Corp.
Managed by PRC Management Co., Inc.

This information is to be filled out by the head of household and information requested is for all persons who will occupy the apartment. You must complete all sections of this Application. If a particular question does not apply, write in "not applicable". This application is not valid unless all persons who will occupy the apartment sign and date, where indicated at the end of this Application. The occupancy limits for North Brunswick Senior Housing is a maximum of two persons per apartment. Occupants must be at least fifty-five (55) years of age and meet the income requirements in this application packet. Proof of date of birth must be supplied (i.e. copy of birth certificate, driver's license, passport, etc.) APPLICATION MUST BE POSTMARKED.

Please Print

Personal History

Last Name	First Name	Age	Date of Birth	Social Security #
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1) _____

2) _____

3) Drivers License# _____ Drivers License# _____

Street Address _____

City _____ State _____ Zip Code _____ Telephone # () _____

Do you presently own _____ or rent _____?

If you rent, please provide the following:

Present Landlord _____ Telephone # () _____

Note: Your landlord will not be contacted until such time as you are notified that there is an apartment available.

Landlord's Address _____

Current Monthly Rent: \$ _____ **Size of Apt.** _____ **Years lived there** _____

Reason for moving _____

If you have lived at your current address less than 2 years, please fill in the following:

Name of Previous Landlord _____ **Telephone # ()** _____

Address of Previous Landlord _____

Physical Challenges

Are you or your spouse physically challenged in any way that would require special facilities?

_____ **Yes** _____ **No**

Contact Person

List the name, address and telephone number of two (2) relatives or friends to be contacted in the event that we are unable to reach you at the address given above or need to reach them in an emergency.

Name	Address	Telephone #	Relationship
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1) _____

2) _____

Personal References

List the name, address and telephone number of two (2) additional personal references who are not related to you and are NOT applying for an apartment.

Name	Address	Telephone #	Relationship
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1) _____

2) _____

Employment: If not applicable, please write the words "not applicable" below. List all part-time and full time employment for all household members. Include self-employment earnings.

<u>Name and Address of Employer</u>	<u>Gross Earnings (before taxes)</u>	<u>Years Employed</u>
1) _____		
2) _____		

Retirement: If you are retired, please provide the following information:

<u>APPLICANT</u>	<u>CO-APPLICANT</u>
Last Date Worked: _____ Worked _____	Last Date Worked _____
Name & Address of Last Employer _____	Name & Address of Last Employer _____

Sources of Income:

Social Security:

Applicant 1)	Do you receive SS benefits?	Yes _____	No _____
	Gross Amount Received	_____	Per Year
Applicant 2)	Do you receive SS benefits?	Yes _____	No _____
	Gross Amount Received	_____	Per Year
Combined Total Gross Amount \$		_____	Per Year

(Give the GROSS dollar amount received. This means that if a Medicare deduction is taken out of your check, add it back in for the GROSS amount)

Pensions/Annuity payments:

Applicant 1)	Do you receive Pension or Annuity Benefits?	Yes _____	No _____
	Gross Amount Received	_____	Per Year
Applicant 2)	Do you receive Pension or Annuity Benefits?	Yes _____	No _____
	Gross Amount Received	_____	Per Year
Combined Total Gross Amount \$		_____	Per Year

(Give the GROSS Dollar Amount Received – add back in any deductions)

OTHER SOURCES OF INCOME:

Example: Unemployment Benefits, Workers Compensation, Trust Payments, Welfare, Baby Sitting, Caretaking, Alimony, Child Support, Veteran Administration Benefits, Armed Forces, Reserves, Grants, Income from Business, Income from Deeds of Trust, Death Benefits, Recurring Monetary Contributions or Gifts regularly received from others, and other similar types of periodic receipts.

LIST ALL SOURCES OF INCOME:

Type of Income	Gross Amount	
1.	\$	Per Year
2.	\$	Per Year
3.	\$	Per Year
4.	\$	Per Year
5.	\$	Per Year
6.	\$	Per Year

Assets:

Includes: Cash in safety deposit boxes or other places, Savings and Checking Accounts, Money Market Accounts, Certificates of Deposit (give total dollar amount of Certificate and % of interest earned), Current value of IRAs, LIST ALL ASSETS YOU MAY HAVE, even if you are not receiving income from it.

Name & Address of Bank/Company	Account #'s	Current Balance	%Interest Earned
1.		\$	Per Year
2.		\$	Per Year
3.		\$	Per Year
4.		\$	Per Year
5.		\$	Per Year
6.		\$	Per Year

Other Assets:

Includes: Revocable Trusts, Bonds, Annuities (even though you may not be receiving income), Stocks, Bonds, Mutual Funds:

Name & Address of Company/Broker	Account #'s	Current Balance	Int./Dividends
1.		\$	Per Year
2.		\$	Per Year
3.		\$	Per Year
4.		\$	Per Year
5.		\$	Per Year
6.		\$	Per Year

Equal Opportunity Information

The North Brunswick Housing Corp. welcomes people of all races, creeds and ethnic backgrounds, and we will not discriminate against any person on the basis of race, color, religion, sex, national origin, family status or handicap. However, for informational reporting purposes, please check off the appropriate box below:

White, non Spanish speaking	_____	American Indian	_____
White, Spanish speaking	_____	Asian	_____
African-American	_____	Other	_____

Certification and Release of Information:

I/We understand that the North Brunswick Housing Corp. (NBHC) is required to verify information on current income and assets as a condition of the financing that made this project feasible.

I/We understand that the NBHC is prohibited from approving any household whose income exceeds the maximum income allowed by the New Jersey Housing and Mortgage Finance Agency.

I/We hereby authorize the release to the NBHC of all information necessary to process an application for residence, including but not limited to information on the following:

- 1. All sources of income**
- 2. Bank accounts and investment accounts**
- 3. Existing mortgages**
- 4. Credit History**
- 5. Criminal Record**
- 6. Tenant history**
- 7. Date of Birth**

I/We hereby certify that all of the information contained in this application is to the best of my/our knowledge and belief true, correct and complete, and that any misrepresentation or material omission could render any agreement for residency void at the option of the North Brunswick Housing Corporation.

I/We understand that the processing of this application does not in any way bind the NBHC to reserve or assign any apartment to me/us.

NOTE: At a later date you will be contacted to supply a copy of a signed Income Tax Return. When we are near an applicant's name on the waiting list and an apartment is about to become available, we will do third-party verification of income and assets as well as a credit check, landlord check and home inspection visit (if within a driving distance). You will be required to provide us with all documentation of the information you have provided us with on this application.

Signature of Head of Household: _____ Date: _____

Signature of Co-head of Household: _____ Date: _____

Signature of Co-Signor _____ **Date:** _____