

RESIDENCY APPLICATION

NORTH BRUNSWICK SENIOR HOUSING

740 HERMANN ROAD, NORTH BRUNSWICK, NJ 08902

Operated by the North Brunswick Housing Corporation (NBHC)

Managed by PRC Management Co., Inc. (PRC)

732-296-7122

ALL RESIDENTS MUST BE 55 YEARS OF AGE OR OVER, AND RESIDENTS MUST NOT EXCEED THE MAXIMUM INCOME PERMITTED AT THE TIME OF APPLICATION

Information on this application must be provided for all persons who will occupy the apartment (maximum occupancy is two persons). If a particular question does not apply, please write NA for "not applicable". All persons who are intended to occupy the apartment must sign the application on the last page.

PERSONAL HISTORY

Name _____ Age _____ Date of Birth _____
Address: _____ Phone # _____
Social Security # _____ Driver's License # _____

Name _____ Age _____ Date of Birth _____
Address: _____ Phone # _____
Social Security # _____ Driver's License # _____

Do you presently own ____ or rent ____? If you rent, please fill out the following information:
(Your landlord will not be contacted until such time as you are notified that an apartment is available.)

Landlord _____ Address _____
Landlord Phone # _____ Years Lived There _____ Monthly Rent _____
Reason for Moving _____

(If you lived there for less than 2 years, please provide the following information on your previous landlord.)

Landlord _____ Address _____
Landlord Phone # _____ Years Lived There _____ Monthly Rent _____

CONTACT INFORMATION AND REFERENCES

Please give the name of 2 relatives or friends in the event we need to contact you:

Name _____ Phone # _____ Relationship _____
Name _____ Phone # _____ Relationship _____

Please give the name of 2 personal references that are not related you:

Name _____ Phone # _____ Relationship _____
Name _____ Phone # _____ Relationship _____

EMPLOYMENT & INCOME

Name and address of Employer _____

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TOTAL INCOME OF EACH HOUSEHOLD MEMBER (Please provide the information below for each household member who receives income. At a later time, you will have to provide documentation for all income.)

<u>Income Category</u>	<u>Household Member's Name</u>	
	Name _____	Name _____
Employment Income	\$ _____	\$ _____
Business Income	\$ _____	\$ _____
Real Estate Income	\$ _____	\$ _____
Social Security Income	\$ _____	\$ _____
Pension Income	\$ _____	\$ _____
Income from a Retirement Plan	\$ _____	\$ _____
Unemployment Benefits	\$ _____	\$ _____
Welfare Benefits	\$ _____	\$ _____
Disability Benefits	\$ _____	\$ _____
Alimony and/or Child Support	\$ _____	\$ _____
Investment Income	\$ _____	\$ _____
TOTAL INCOME (Add all categories)	\$ _____	\$ _____

INVESTMENT ACCOUNTS AND BANK ACCOUNTS (Please provide information on all investment accounts and bank accounts held by any household member.)

<u>Account Owner's Name</u>	<u>Investment Account or Bank Account Name</u>	<u>Account #</u>	<u>Value</u>	<u>Estimated Annual Income</u>
_____ / _____	_____ / _____	_____ / _____	/\$ _____	/\$ _____
_____ / _____	_____ / _____	_____ / _____	/\$ _____	/\$ _____
_____ / _____	_____ / _____	_____ / _____	/\$ _____	/\$ _____
_____ / _____	_____ / _____	_____ / _____	/\$ _____	/\$ _____
_____ / _____	_____ / _____	_____ / _____	/\$ _____	/\$ _____
_____ / _____	_____ / _____	_____ / _____	/\$ _____	/\$ _____
_____ / _____	_____ / _____	_____ / _____	/\$ _____	/\$ _____

Do You Currently Own a House, or Have You Owned within the Past Two Years? Yes _____ No _____
 What is the current market value or sale price? _____ What is the Existing Mortgage Amount? _____
 Property Address of Real Estate Owned or Sold _____

Are You or Your Spouse Physically Challenged in Any Way That Would Require Special Facilities?
 Yes _____ No _____

PET (You must sign a separate pet lease. Only one dog or cat is permitted. Certain breeds are prohibited.)
 Describe Breed _____ Weight _____

VEHICLES OWNED (Only one vehicle per licensed driver who is physically able to drive is permitted.)
 Car # 1: Make _____ Model _____ Year _____ License Plate # _____
 Car # 2: Make _____ Model _____ Year _____ License Plate # _____

HOW DID YOU LEARN ABOUT NORTH BRUNSWICK SENIOR HOUSING?
 Website _____ Newspaper _____ Driving By _____ A Tenant Told You _____ A Friend or Relative Told You _____

EQUAL OPPORTUNITY INFORMATION

NBHC does not discriminate on the basis of race, creed, color, national origin, ancestry, religion, sexual orientation, disability, gender or familial status. However, for reporting purposes please check off appropriate box:
White, non-Spanish speaking _____ African American _____ Other _____
White, Spanish speaking _____ Asian _____

AUTHORIZATION TO RELEASE INFORMATION

I/We understand that NBHC is required to verify current income and assets, and that NBHC is prohibited from approving any household whose income exceeds the maximum permissible income at the time of application in accordance with income figures published by the New Jersey Housing and Mortgage Finance Agency. At a later date, when NBHC gets closer to your name on the waiting list and an apartment can be made available to you, you will be contacted to supply documentation for the information provided in this application, including a tax return, copies of documents to verify all income and assets, and the HUD Settlement Statement if you have recently sold a home. At that time, NBHC will proceed with the verifications authorized below.

EACH APPLICANT, BY EXECUTION OF THIS APPLICATION, HEREBY AUTHORIZES AND DIRECTS ANY BANK, RETAIL ESTABLISHMENT, CREDIT REFERENCE, CREDIT REPORTING AGENCY OR LENDER REFERRED TO IN THIS APPLICATION TO SUPPLY NBHC OR PRC WITH ANY CREDIT INFORMATION REQUESTED IN CONNECTION WITH THE REQUIREMENTS FOR APPROVAL OF THIS APPLICATION, INCLUDING PRIOR LANDLORDS, CIVIL OR CRIMINAL RECORDS, AND EMPLOYMENT/SALARY DETAILS.

I specifically understand that NBHC requires a criminal background check on all applicants for housing. I hereby consent to NBHC conducting a criminal background check on me/us and understand that I/we will not be approved for occupancy if any item on the Criminal Background Check does not comply with the Criminal Background Check standards utilized for applicants.

I also understand that, should my/our application be denied based upon my criminal background check, PRC will provide an explanation of what information resulted in this decision.

Have you ever been convicted of a misdemeanor or felony other than a parking ticket or a motor vehicle violation?
Yes ___ NO ___ If yes, please explain _____

CERTIFICATION AS TO ACCURACY OF INFORMATION

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 a the option of NBHC.

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

REQUIRED SIGNATURES

APPLICANT #1 SIGNATURE: _____ Date _____

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CO-SIGNOR SIGNATURE: _____ Date _____

For Office Use: Application Received on (Date) _____ at (Time) _____