

**Apartments at Montgomery Crossing**  
 9 Hartwick Drive, Montgomery, NJ 08558  
 Office (908)308-4040 Fax (609)802-0148 TTY/TDD: (800) 852-7899

|                           |
|---------------------------|
| <b>RENTAL APPLICATION</b> |
|---------------------------|

\*\* If you are disabled or have difficulty completing this form, assistance will be provided in a confidential manner and setting.

**A. General Information**

|                         |  |
|-------------------------|--|
| Name:                   |  |
| Current Street Address: |  |
| Town, State & Zip Code: |  |
| Phone:                  |  |

**PLEASE NOTE:** The information provided on this application will be treated as confidential. It includes both information necessary for determining eligibility for housing and information required for statistical purposes. The race, ethnicity and gender information is requested in order to assure the federal government that federal laws prohibiting discrimination against applicants are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. Please answer each question as completely as possible. Any information found to be incomplete and/or falsified will cause the application to be denied and not processed.

**WARNING:** Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of or request for obtaining federal funds.

**1. For marketing purposes, please let us know how you heard of us:**

Newspaper Ad \_\_\_      Driving By \_\_\_      Resident Referral \_\_\_      Placemat \_\_\_  
 Word of Mouth \_\_\_      Website \_\_\_      NJHRC \_\_\_      Other \_\_\_\_\_

**2. State your current living situation:**

Own my home \_\_\_      Living with friend/family \_\_\_      Renting \_\_\_  
 Lacking Nighttime Residence \_\_\_      Fleeing Violence \_\_\_

**3. List all of the states you or any family member have lived in: \_\_\_\_\_**

**B. Landlord Information**

|                            |  |
|----------------------------|--|
| Current Landlord/Contact:  |  |
| Complete Address:          |  |
| Phone:                     |  |
| Move-in & Move- Out Dates: |  |
| Reason for Leaving:        |  |



# Apartments at Montgomery Crossing

9 Hartwick Drive, Montgomery, NJ 08558

Office (908)308-4040 Fax (609)802-0148 TTY/TDD: (800) 852-7899

## **C. Household Information**

**List ALL household members that are applying to live in this apartment with you.**

Number of persons in household \_\_\_\_\_

Number of bedrooms needed \_\_\_\_\_

| Full Name: | Relationship To Head of Household: | Gender:<br>Male or Female | Race:<br>White/Caucasian<br>Black/Afro-Amer.<br>Asian<br>Am Indian/Pac Is<br>Other<br>Leave Blank if Preferred | Ethnicity:<br>Hispanic<br>Non-Hispanic<br>Leave Blank if Preferred | Citizenship:<br>Citizen<br>Green Card<br>Visa<br>Immigrant/<br>Refugee | Date Of Birth | Social Security Number: | Student of Higher Education:<br><br>Yes or No |
|------------|------------------------------------|---------------------------|--|--|--|---------------|-------------------------|---|
|            | HOH                                |                           |  |  |  |               |                         |   |
|            |                                    |                           |  |  |  |               |                         |   |
|            |                                    |                           |  |  |  |               |                         |   |
|            |                                    |                           |  |  |  |               |                         |   |



# Apartments at Montgomery Crossing

9 Hartwick Drive, Montgomery, NJ 08558

Office (908)308-4040 Fax (609)802-0148 TTY/TDD: (800) 852-7899



Managing Agent:

Moderate Income Management Company

P.O. Box 3709 Princeton, NJ 08543

(609) 989-8500 Fax: (609) 802-0148 TTY/TDD: (800) 852-7899

# Apartments at Montgomery Crossing

9 Hartwick Drive, Montgomery, NJ 08558

Office (908)308-4040 Fax (609)802-0148 TTY/TDD: (800) 852-7899

## **C. Household Information. (Continued)**

**Please answer each of the following questions:**

|     |   |         |        |
|-----|---|---------|--------|
| 1.  | Do you expect any additions to the household within the next twelve months?   | Yes ___ | No ___ |
| 2.  | Is there anyone living with you now who won't be living with you at this residence?   | Yes ___ | No ___ |
| 3.  | Do you have less than full custody of your child(ren)?  | Yes ___ | No ___ |
| 4.  | Do you have a family member who is permanently confined to a nursing home?  | Yes ___ | No ___ |
| 5.  | Do you have a child away at school who will live at your residence during school recesses?  | Yes ___ | No ___ |
| 6.  | Do you have a household member who is <u>temporarily</u> absent from the home due to?<br>Employment _____ Military _____ Foster Care _____ Hospital _____ Nursing Home _____                                      | Yes ___ | No ___ |
| 7.  | Do you have a live-in attendant for whom you have a doctor's note showing a medical need?   | Yes ___ | No ___ |
| 8.  | Are you or any member of your household currently in the US Military or are a US Military Veteran?  | Yes ___ | No ___ |
| 9.  | Are you or any member of your household a victim of a recent Presidential Declared Disaster?  | Yes ___ | No ___ |
| 10. | Has any household member ever used any name or social security number other than the one they are currently using?  | Yes ___ | No ___ |
| 11. | Have you or anyone else in your household filed for bankruptcy? (If yes, please explain below.)   | Yes ___ | No ___ |
| 12. | Has any member of your household been arrested and/or convicted of a felony? (If yes, please explain below.) Dates: _____   | Yes ___ | No ___ |
| 13. | Are you or any member of your household subject to a lifetime sex offender registry? (If yes, please explain below.)  | Yes ___ | No ___ |
| 14. | Are you or any member of your household a current user of a controlled substance, including medical marijuana?  | Yes ___ | No ___ |
| 15. | Has a member of your household ever been evicted from a rental unit of any type? (If yes, please explain below.)  | Yes ___ | No ___ |
| 16. | Do you currently live in, or have lived in, Public or HUD-Assisted Housing, or been in HUD's Housing Choice Voucher Program? If yes, please provide the landlord's name, complete address and phone number below. | Yes ___ | No ___ |
| 17. | Do you or any member of your household owe money to HUD or a previous landlord?   | Yes     | No     |



# Apartments at Montgomery Crossing

9 Hartwick Drive, Montgomery, NJ 08558

Office (908)308-4040 Fax (609)802-0148 TTY/TDD: (800) 852-7899

## **D. Income Information**

**Include all income anticipated for the next 12 months, for all household members.**

**Do YOU or ANYONE in your household receive OR expect to receive income from:**

|  |         |        |
|--|---------|--------|
| 1. Employments wages or salaries? (Include overtime, tips, bonuses, commissions and payments received in cash.)                                    | Yes ___ | No ___ |
| 2. Self-employment? (Include overtime, tips, bonuses, commissions and payments received in cash.)  | Yes ___ | No ___ |
| 3. Regular pay as a member of the Armed Forces?  | Yes     | No     |
| 4. Unemployment Benefits or Workman's Compensation?  | Yes     | No     |
| 5. Public Assistance, General Relief or Aid to Families with Dependent Children? (AFDC)  | Yes ___ | No ___ |
| 6. Social Security, SSI or any other payments from the Social Security Administration? ( <b>Include benefits paid under someone else's name.</b> ) | Yes ___ | No ___ |
| 7. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?  | Yes ___ | No ___ |
| 8. Regular payments from a severance package?  | Yes     | No     |
| 9. Regular payments from any type of settlement? (For example, an insurance settlement.)   | Yes ___ | No ___ |
| 10. Regular gifts or payments from anyone outside of the household? (This includes anyone supplementing your income or paying any of your bills.)  | Yes ___ | No ___ |
| 11. Educational grants, scholarships or other student benefits?  | Yes     | No     |
| 12. Regular payments from lottery winnings or inheritances?  | Yes     | No     |
| 13. Regular payments from a rental property or other type of real estate transactions?   | Yes ___ | No ___ |
| 14. Do you currently have existing assets which you are planning to use to supplement the rental payments?   | Yes ___ | No ___ |
| 15. Any other income sources not listed above?   | Yes     | No     |
| 16. Do you or any other household members expect any changes to your income in the next 12 months?   | Yes ___ | No ___ |

**If "Yes" was answered to any of the above income questions, please provide the information below. If additional space is required, use back of the page.**

| Question # | Household Member | Source of Income/Payor | Amount |
|------------|------------------|------------------------|--------|
|            |                  |                        |        |
|            |                  |                        |        |
|            |                  |                        |        |



# Apartments at Montgomery Crossing

9 Hartwick Drive, Montgomery, NJ 08558

Office (908)308-4040 Fax (609)802-0148 TTY/TDD: (800) 852-7899

## **E. Household Asset Information**

Include all assets held and the income derived from the asset. **INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.**

### **Do you or any member of your household have:**

|   |         |        |
|---|---------|--------|
| 1. Checking or Savings Account?   | Yes ___ | No ___ |
| 2. CD's, Money Markets or Treasury Bills?   | Yes ___ | No ___ |
| 3. Stocks, bonds or securities?   | Yes ___ | No ___ |
| 4. Trust funds?   | Yes ___ | No ___ |
| 5. Pensions, IRA's, Keogh or other retirement accounts?   | Yes ___ | No ___ |
| 6. Cash on hand over \$500?   | Yes ___ | No ___ |
| 7. Real estate, rental property, land contract(s) for deeds or other real estate holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes and commercial property.) | Yes ___ | No ___ |
| 8. Personal property held as an investment? (This includes paintings, coins or stamp collections, artwork, collector or show cars and antiques.)  | Yes ___ | No ___ |
| 9. Direct Express/Debit Cards?  | Yes ___ | No ___ |
| 10. Funeral Account? Revocable _____ Irrevocable _____  | Yes ___ | No ___ |
| 11. Life Insurance? Whole _____ Term _____  | Yes ___ | No ___ |
| 12. Safe Deposit Box?   | Yes ___ | No ___ |
| 13. Other? Explain.   | Yes ___ | No ___ |
| 14. I/We do not have any assets at this time.   | Yes     | No     |

**If you answered "Yes" to any of the above asset questions, please provide additional information below. If additional space is needed, please use back of page.**

| Household Member | Source of Benefit/Payor | Amount |
|------------------|-------------------------|--------|
|                  |                         |        |
|                  |                         |        |
|                  |                         |        |



# Apartments at Montgomery Crossing

9 Hartwick Drive, Montgomery, NJ 08558

Office (908)308-4040 Fax (609)802-0148 TTY/TDD: (800) 852-7899

## **F. Asset Disposition**

|  |         |        |
|--|---------|--------|
| 1. Have you or any member of your household disposed of or given away any asset(s) for <b>LESS</b> than fair market value within the past 2 years? | Yes ___ | No ___ |
| 2. Has any household member sold any real estate in the last 2 years?  | Yes ___ | No ___ |

**If you answered “Yes” to any of the above questions, please provide additional information below.**

| Question # | Household Member | Source | Amount |
|------------|------------------|--------|--------|
|            |                  |        |        |
|            |                  |        |        |
|            |                  |        |        |
|            |                  |        |        |

## **G. Program Eligibility**

**The following questions pertain to specific eligibility requirements.**

|  |         |        |
|--|---------|--------|
| 1. Are you or any other household members (INCLUDING MINORS) currently a part-time or full-time student or expect to be one in the next 12 months?<br>Household Member _____ | Yes ___ | No ___ |
| 2. Will your household be receiving or applying to receive Section 8 Rental Assistance in the next 12 months?  | Yes ___ | No ___ |
| 3. Does any household member pay childcare expenses to enable them to work? (Applies to Section 8 recipients only.)  | Yes ___ | No ___ |
| 4. Does any household member pay handicap expenses to enable them to work? (Applies to Section 8 recipients only.)   | Yes ___ | No ___ |

## **H. Household Medical Deductions - This section applies to Section 8 recipients only.**

|  |     |    |
|--|-----|----|
| 1. Do you pay for prescription medications?              | Yes | No |
| 2. Do you pay a medical insurance premium?               | Yes | No |
| 3. Do you pay for Medicare coverage?                     | Yes | No |
| 4. Do you pay for over-the-counter medications/supplies? | Yes | No |



**Apartments at Montgomery Crossing**  
 9 Hartwick Drive, Montgomery, NJ 08558  
 Office (908)308-4040 Fax (609)802-0148 TTY/TDD: (800) 852-7899

**I. Reasonable Accommodations**

Individuals with disabilities have the right to request reasonable accommodations, which include changes, exceptions or adjustments to a program, service, building, dwelling unit or workplace that will allow a qualified person with a disability to participate fully in a program, take advantage of a service, live in a dwelling or perform a job.

|  |       |      |
|--|-------|------|
| 1. Do you or any household member require a special accommodation in your unit, or a need for a handicap accessible unit? If yes, please explain _____ | Yes _ | No _ |
|--|-------|------|

**J. Vehicle Identification**

**List vehicle information for all vehicles that are owned or operated by any household member. Proof of valid driver's license, registration and insurance will be required.**

|                          | Make | Model | Year | State | Plate # |
|--------------------------|------|-------|------|-------|---------|
| <b><u>Vehicle #1</u></b> |      |       |      |       |         |
| <b><u>Vehicle #2</u></b> |      |       |      |       |         |

**Certification and Consent to Release of Information**

All household members 18 and older must sign this application. By signing the application, I/we certify the accuracy of the information contained herein. I consent to release the necessary information to determine my eligibility, appropriate bedroom size, and the amount my household will pay in rent. I/we understand that this will be my **ONLY** residence. I authorize management to contact my present/prior landlords for information regarding my tenancy and to access records pertaining to me which may be on file with credit bureau authorities. I/we authorize a credit and criminal background check including the State/National Sex Offender Registry for all adult household members. I/we understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such actions may result in penalties. I understand that my occupancy is contingent on meeting Tenant Selection Policy Program requirements.

|                               |  |
|-------------------------------|--|
| <b><u>Office Use Only</u></b> |  |
| Date Application Received     |  |
| Time Received                 |  |
| Signature                     |  |

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

