

Wemrock Senior Living
 1 Arbor Terrace, Freehold, NJ 07728
 Office (732)414-2390 Fax (732)414-2391 TTY/TDD: (800) 852-7899

RENTAL APPLICATION

** 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:	



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



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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? 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



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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? (Include benefits paid under someone else's name.)	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



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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.		
8. 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 __
9. Personal property held as an investment? (This includes paintings, coins or stamp collections, artwork, collector or show cars and antiques.)	Yes __	No __
10. Direct Express/Debit Cards?	Yes __	No __
11. Funeral Account? Revocable _____ Irrevocable _____	Yes __	No __
12. Life Insurance? Whole _____ Term _____	Yes __	No __
13. Safe Deposit Box?	Yes __	No __
14. Other? Explain.	Yes __	No __
15. 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



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F. Asset Disposition

1. Have you or any member of your household disposed of or given away any asset(s) for LESS 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? 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



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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 __
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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 #
<u>Vehicle #1</u>					
<u>Vehicle #2</u>					

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.

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

Signature _____ Date _____
 Signature _____ Date _____
 Signature _____ Date _____

