

Princeton Aplicación para las Ventas de Viviendas Asequible



Por favor regrese esta solicitud a:

FOR SALES

Princeton Affordable Housing

One Monument Drive

Princeton, NJ 08540

Phone: 609-688-2029

Fax: 609-688-2053



Habitat for Humanity _____ (Por favor Marque esta casilla si desea aplicar a Hábitat for Humanity)

Nombre: _____

Dirección: _____

Ciudad: _____ Estado: _____

Código Postal: _____ Teléfono de Casa: _____

Teléfono Celular: _____ Teléfono de Trabajo: _____

Nombre de Otros Miembros de la

Familia que Vivirán con Ud.:

(Incluye a sí mismo

como parte de la familia) Relación Fecha de Nacimiento Sexo (H/M) Número de Seguro Social

Nombre y Dirección de su Actual Empleador(es): _____

Salario anual: _____ Desde Cuando Esta Empleado: _____

Empleador(es) de Otros Miembros de la Familia:

Salario(s); _____ Desde Cuando Están Empleado: _____

Ingreso Económico Anual de Toda la Familia: \$ _____
(Antes de la deducción de impuestos)

Valor en dólares de todas las cuentas activas (ahorros, acciones, etc.):

\$ _____ Tipo de Cuenta _____

\$ _____ Tipo de Cuenta _____

\$ _____ Tipo de Cuenta _____

Fuente y cantidad de otros ingresos anuales (seguridad social, discapacidad, desempleo, pensión alimenticia, etc.):

\$ _____ por _____ fuente _____

\$ _____ por _____ fuente _____

\$ _____ por _____ fuente _____

Historial de Crédito y Deuda (incluye todas las tarjetas de crédito y cualquier estudiante, auto, hipotecario, o cualquier otro tipo de préstamos)

Nombre del prestamista	Tipo de préstamo	Tarjeta de Crédito	Balance	Fecha de Ultimo Pago
		Nombre		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LICENCIA DE CONDUCIR # _____ Estado _____ Cabeza de Casa _____

LICENCIA DE CONDUCIR # _____ Estado _____

LICENCIA DE CONDUCIR # _____ Estado _____

CERTIFICANTE DE APPLICANTE

Yo certifico que todas las declaraciones hechas en esta solicitud son, a mi mejor saber y entender, verdadera, correcta y completa. No tengo objeciones a las preguntas que se hace con el propósito de verificar la información en esta aplicación. Yo entiendo que esta información, y otra información requerida, se llevarán a cabo en estricta confidencialidad.

FIRMA:

Solicitante: _____ Fecha: _____

Co-Solicitante: _____ Fecha: _____

Princeton Oportunidad Equitativa de Vivienda. Princeton no ofrece ninguna garantía o representación de la disponibilidad de unidades para cada solicitante. Selección del se hace sobre la base de criterios que incluyen, pero no limitado ha: estado de ingresos, historial de crédito, la deuda, los hogares de tamaño apropiado para la unidad disponible, y la residencia legal permanente.



PCH DEVELOPMENT CORPORATION

One Monument Drive, Princeton, NJ 08540

609- 924-3822 fax 609 924-3827

Dear Applicant:

Thank you for your interest in Princeton Community Housing and affordable rentals in Princeton. We have been engaged by the Municipality of Princeton to provide you with affordable housing information for the rental units noted below.

Please submit the enclosed preliminary application. You will receive a letter of determination with regard to your preliminary eligibility for these units. If you have any questions, please contact PCHDC at 609-924-3822, ext. 1116 or via email at info@princetoncommunitousing.org.

___ 253 Nassau Street	Very Low Rental	2 BR
___ 291 Nassau Street	Moderate Rental	1 BR
___ 25 Spring Street	Moderate Rentals	Eff, 1, 2 BR
___ 41 Spring Street	Low & Moderate Rental	Eff (mod.) 1 BR (low)
___ 100 Leigh Avenue	Low and Very Low Rentals	1 (very low) 2, 3 BR (low)
___ Palmer Square	Moderate Rentals	1, 2 BR
___ Witherspoon House	Moderate Rentals	1 BR
___ 14 Vandeventer Avenue	Moderate Rental	Efficiency
___ Shirley Court	Moderate Rental	2 BR
___ 246 John Street	Low Rental	2 BR
___ 190 Witherspoon Street	Low and Moderate Rental	Eff (low); 1 BR (mod.)
___ 135 Bayard Lane	Very Low, Low & Moderate Rentals	1 BR (very low), 2 BR (low), 2 BR (mod)

This application does not guarantee you a housing unit. Selection is made on the basis of numerous criteria, which includes credit/background check, income, household size and available units. The following restrictions apply:

1. Renters of Princeton Affordable Housing units must be very low, low and/or moderate income households as determined by the NJ Council on Affordable Housing (COAH) guidelines – please see chart below.
2. Proof of gross annual household income is required to assure that you are qualified. **You must pass the owner's written credit policy and pass a credit/criminal check. You will not be placed in a random selection lottery until you have passed the owner's credit/criminal check and all income documentation has been submitted and verified.**
3. I further certify that I intend to personally occupy the unit as my primary residence except for reasonable periods of vacations and illnesses. I know it would be illegal and that I am prohibited from renting or leasing the affordable rental unit. I understand that only the parties listed on this application may reside in the affordable housing unit if I am selected to rent the unit in Princeton.
4. All applicant information required by PCHDC will be kept confidential. Your income will be determined based on the income information you have provided.

2014 MAXIMUM ALLOWABLE INCOME

HOUSEHOLD SIZE	VERY LOW INCOME	LOW INCOME	MODERATE INCOME
1	\$19,449	\$32,415	\$51,864
2	\$22,227	\$37,046	\$59,273
3	\$25,006	\$41,676	\$66,682
4	\$27,784	\$46,307	\$74,091
5	\$30,007	\$50,012	\$80,019
6	\$32,230	\$53,716	\$85,946



PCH DEVELOPMENT CORPORATION

One Monument Drive, Princeton, NJ 08540

609- 924-3822 fax 609 924-3827

PRINCETON AFFORDABLE RENTALS

Preliminary Application

Name (head of household) _____ Gender _____

Address _____ Length of Residency _____

City _____ County _____ State _____ Zip _____

Former Address _____

Social Security # _____ Date of Birth (DOB) _____

Email address _____

Home phone _____ Cell phone _____

Name of all household members who
will be living in the unit

Relation to
Head of household

Birthdate

Sex
M/F

Social Security
Number

Own your own home? Yes _____ No _____

Rent? Yes _____ No _____

If renting, give name, address, and phone number of Landlord _____

What is your present housing? (Type, size, condition?) _____

Do you own a pet? Yes _____ No _____

Current monthly rent _____ Does rent include utilities? Yes _____ No _____

Employers/Income for all household members:

<u>Household Member Name</u>	<u>Employer</u>	<u>Gross Annual Income</u>	<u>How long employed?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Household Annual Income: \$ _____

Dollar value of all assets (checking/savings/money market accounts, IRA/Keogh, stocks/bonds, CDs, real estate, etc.)

\$ _____ Type of Account _____

\$ _____ Type of Account _____

\$ _____ Type of Account _____

\$ _____ Type of Account _____

Source and amount of other annual income (social security, disability, unemployment, child support, etc):

\$ _____ per _____ source _____

\$ _____ per _____ source _____

\$ _____ per _____ source _____

\$ _____ per _____ source _____

Do you or anyone in your household have special needs? Yes _____ No _____

If yes, please describe _____

Are you subject to a lifetime sex offender registration program in any state? Yes _____

Name _____ Date _____ State _____ No _____

Additional information you want us to be aware of _____

Driver's License # _____ State _____

Driver's License # _____ State _____

Optional Questions

Have you ever worked in Princeton? Yes ____ No ____ Where? _____

Do you have a relative who lives or works in Princeton? Yes ____ No ____

Are you a former resident of Princeton? Yes ____ No ____

Applicant Certification:

I certify that all statements made on this application form have been examined by me and to the best of my knowledge and belief are true, correct, and complete. I understand that providing false statements or incomplete information may result in punishment under Federal law.

I hereby authorize Landlord to obtain a credit/consumer and criminal background report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I hereby expressly release Landlord, and any procurer or furnisher of information, from any liability whatsoever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state, and/or Federal government agencies, including, without limitations, various law enforcement agencies. Any deliberate misstatement of facts will disqualify me for admission and, if admitted, will be grounds for eviction.

I understand that the filing of this application does not, in any way, bind the Landlord to reserve or assign an apartment to me.

I understand that ALL requested information must be completed for this application to be deemed complete. If there are blanks, the application will be deemed incomplete and returned to me. In the event that a section does not apply to me, I will mark it N/A.

Signature Applicant _____ Date _____

Signature Co-Applicant _____ Date _____

Telephone _____ Cell Phone _____

Email address _____

Please check which of the following best describes the Head of Household in both (A) and (B) for NJ Division of Civil Rights and HUD statistical purposes only.

(A) ____ White ____ Black ____ Indian/Asian ____ Islander

____ Asian Pacific ____ Other

(B) ____ Hispanic ____ Non-Hispanic



Princeton Housing Authority1 Redding Circle
Princeton, NJ 08540

Phone: (609) 924-3448 Fax: (609) 924-1663 Web: www.princetonhousing.org

Application #: _____

Date Received: ____-____-2016

Princeton Preference: Y or N

Sen ____ Dis ____

BR Size: 0 1 2 3 4

Status: A ____ D ____

Senior/Disabled Eligibility Application Form

This application is intended for seniors (62+) or disabled individuals (18+) who will benefit from a studio apartment. If you do not meet the criteria you must apply January 2017

The Princeton Housing Authority manages the following properties:Hageman Homes (Clay Street)
Redding Circle FamilyMaple & Franklin Terrace
Karin CourtLloyd Terrace (Spruce Circle)
Redding Circle Senior/DisabledHead Applicant: _____
First Middle LastPresent Address: _____
Street_____
City, State Zip Code

Mailing Address: _____

Telephone # 1: _____ Telephone # 2: _____

Family – List everyone who will occupy the apartment – INCLUDE YOURSELF FIRST

Full Name	Social Security	Race	Relationship To Head	DOB	Sex	Disabled
1. (Head of Household's Name)	SSN: _____ Citizen: Y or N Alien Reg. # (if eligible) _____	White ____ Black ____ Hispanic ____ Asian ____ Indian ____ Hawaiian ____	Head X	DOB: _____ Age: _____	M F	Y N
2. If this is a child, Do you have full-time, part-time, or joint custody? _____	SSN: _____ Citizen: Y or N Alien Reg. # (if eligible) _____	White ____ Black ____ Hispanic ____ Asian ____ Indian ____ Hawaiian ____	Spouse ____ Co-Head ____ Foster child/adult ____ Youth under 18 ____ F/T student 18+ ____ Live-In aide ____ Other adult ____	DOB: _____ Age: _____	M F	Y N
3. If this is a child, Do you have full-time, part-time, or joint custody? _____	SSN: _____ Citizen: Y or N Alien Reg. # (if eligible) _____	White ____ Black ____ Hispanic ____ Asian ____ Indian ____ Hawaiian ____	Spouse ____ Co-Head ____ Foster child/adult ____ Youth under 18 ____ F/T student 18+ ____ Live-In aide ____ Other adult ____	DOB: _____ Age: _____	M F	Y N
4. If this is a child, Do you have full-time, part-time, or joint custody? _____	SSN: _____ Citizen: Y or N Alien Reg. # (if eligible) _____	White ____ Black ____ Hispanic ____ Asian ____ Indian ____ Hawaiian ____	Spouse ____ Co-Head ____ Foster child/adult ____ Youth under 18 ____ F/T student 18+ ____ Live-In aide ____ Other adult ____	DOB: _____ Age: _____	M F	Y N

Full Name	Social Security	Race	Relationship To Head	DOB	Sex	Disabled
5. If this is a child, Do you have full-time, part-time, or joint custody? _____	SSN: _____ Citizen: Y or N Alien Reg. # (if eligible) _____	White ___ Black ___ Hispanic ___ Asian ___ Indian ___ Hawaiian ___	Spouse ___ Co-Head ___ Foster child/adult ___ Youth under 18 ___ F/T student 18+ ___ Live-In aide ___ Other adult ___	DOB: _____ Age: _____	M F	Y N
6. If this is a child, Do you have full-time, part-time, or joint custody? _____	SSN: _____ Citizen: Y or N Alien Reg. # (if eligible) _____	White ___ Black ___ Hispanic ___ Asian ___ Indian ___ Hawaiian ___	Spouse ___ Co-Head ___ Foster child/adult ___ Youth under 18 ___ F/T student 18+ ___ Live-In aide ___ Other adult ___	DOB: _____ Age: _____	M F	Y N
7. If this is a child, Do you have full-time, part-time, or joint custody? _____	SSN: _____ Citizen: Y or N Alien Reg. # (if eligible) _____	White ___ Black ___ Hispanic ___ Asian ___ Indian ___ Hawaiian ___	Spouse ___ Co-Head ___ Foster child/adult ___ Youth under 18 ___ F/T student 18+ ___ Live-In aide ___ Other adult ___	DOB: _____ Age: _____	M F	Y N
8. If this is a child, Do you have full-time, part-time, or joint custody? _____	SSN: _____ Citizen: Y or N Alien Reg. # (if eligible) _____	White ___ Black ___ Hispanic ___ Asian ___ Indian ___ Hawaiian ___	Spouse ___ Co-Head ___ Foster child/adult ___ Youth under 18 ___ F/T student 18+ ___ Live-In aide ___ Other adult ___	DOB: _____ Age: _____	M F	Y N

Income Information

Family Member	Source of Income (include start date for ADL services)	Employment Information	Start Date (month/year)	Monthly (Gross)
1.	Employer ___ Social Security ___ Public Assistance ___ Child Support ___ Other ___ No Income ___	Employer Name 1: _____ Employer Address: _____ Employer Name 2: _____ Employer Address: _____		
2.	Employer ___ Social Security ___ Public Assistance ___ Child Support ___ Other ___ No Income ___	Employer Name 1: _____ Employer Address: _____ Employer Name 2: _____ Employer Address: _____		
3.	Employer ___ Social Security ___ Public Assistance ___ Child Support ___ Other ___ No Income ___	Employer Name 1: _____ Employer Address: _____ Employer Name 2: _____ Employer Address: _____		
4.	Employer ___ Social Security ___ Public Assistance ___ Child Support ___ Other ___ No Income ___	Employer Name 1: _____ Employer Address: _____ Employer Name 2: _____ Employer Address: _____		
5.	Employer ___ Social Security ___ Public Assistance ___ Child Support ___ Other ___ No Income ___	Employer Name 1: _____ Employer Address: _____ Employer Name 2: _____ Employer Address: _____		

Does anyone outside of your household pay any of your bills, expenses, or give you money? ____ Yes ____ No

If yes, explain: _____

	Amount Paid		Amount Paid		Amount Paid
<i>Rent</i>		<i>Auto Pmt.</i>		<i>Cable</i>	
<i>Electric/Gas</i>		<i>Auto Ins.</i>		<i>Telephone</i>	
<i>Water</i>		<i>Med. Expenses</i>		<i>Loans</i>	
<i>Heat</i>		<i>Child Support</i>		<i>Tuition</i> (private school or college)	
<i>Childcare</i>		<i>Credit Card(s)</i>		<i>Other</i>	

Asset Information: Have you or any member of your household disposed of assets for less than their fair market value within the past 2 years from the date of this application? ____Yes ____No Do you own or have interest in: real estate, a boat and/or mobile home? ____Yes ____No Have you sold any real estate within the last 2 years? ____Yes ____No Do you have any rental properties? ____Yes ____No <i>If yes, please complete the information below.</i>						
Family Members	Asset Description	Current? OR Disposed? (past 2 years)	Market Value	Cash Value	Interest	Annual Income
1.		C D	\$	\$	%	\$
2.		C D	\$	\$	%	\$
3.		C D	\$	\$	%	\$
Banking Information: Complete for all household members						
Family Member – Enter Head of Household first if applicable	Name of Bank	Type of Account	Joint or Individual	Balance <i>Current 6-mo. Avg.</i>		
1.			J I	\$	\$	
2.			J I	\$	\$	
3.			J I	\$	\$	

Have you ever been evicted? ☐ Yes ☐ No When/Where? _____

Have you received Government Assisted Housing before? ☐ Yes ☐ No *Please indicate City/State:* _____

Do you owe any money to a public housing agency or Section 8 program? ☐ Yes ☐ No

If yes, *Who:* _____ *How Much:* \$ _____ *Why:* _____

Street Address: _____
 Street City State Zip

Landlord Name: _____ **Move In Date:** _____ **Move Out Date:** _____

Criminal Information

Has anyone in your household EVER been arrested, including felonies, misdemeanors, and summary offences, which have not been annulled, expunged or sealed by a court? ☐ Yes ☐ No *If yes, please explain:* _____

Have you or any member of your household ever been incarcerated? ☐ Yes ☐ No *Sentence Period:* _____

Is anyone in your household a registered sex offender? ☐ Yes ☐ No *Lifetime registration:* ☐ Yes ☐ No

Has anyone in your household EVER been arrested or convicted for the felonious use, sale, manufacture or distribution of a controlled substance? ☐ Yes ☐ No *If yes, please indicated each member below* _____

Have you or any household member ever used a name other than the one you are using now? ☐ Yes ☐ No

If yes, Current Name: _____ *Other Names Used* _____

If yes, Current Name: _____ *Other Names Used* _____

Please Complete: The Princeton Preference Indicator

The information listed below must be completed in full detail to be given preference

Former resident of Princeton? Y or N Address: _____ Dates of Residence: _____

CURRENT resident of Princeton? Y or N

Work in Princeton (Head/Spouse ONLY)? Y or N

Have family in Princeton (Seniors ONLY)? Y or N Address: _____ Dates of Residence: _____

Certifications & Signatures***Authorizations, Representations and Certifications***

Initials

I do hereby authorize the Housing Authority to obtain a "consumer report" as defined in the Fair Credit Reporting Act, 15 U.S.C. Sec. 1681a(d), seeking information on the credit worthiness, credit standing, credit capacity, general reputation, or mode of living of applicants. I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance. **WARNING:** Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department of Agency of the U.S. or the Department of Housing and Urban Development and is punishable under Federal law. **NOTICE:** Any attempt to obtain rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime.

Application Changes

Initials

You are **REQUIRED** to notify the Housing Authority (IN WRITING) of any change of address or circumstances. (If we cannot contact you at the address listed below, **YOUR NAME WILL BE REMOVED FROM THE WAITING LIST.**)

I understand that this is not a contract and does not bind either party. I/We certify that the information on this application is true and completed to the best of my/our knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein.

Signature of Head of Household: _____

Signature of Spouse or Co-Head: _____



PCH DEVELOPMENT CORPORATION

One Monument Drive Princeton, NJ 08540
609-924-3822 fax 609 924-3827

AVALON PRINCETON **APLICACION PRELIMINAR DE ALQUILER**

Querido Solicitante:

Gracias por su interés en Princeton Community Housing y alquiler asequibles en Avalon Princeton. Estamos comprometidos con Avalon Bay Communities para proveerle con la información de vivienda asequible y guiarlo por el proceso de solicitud.

Avalon Princeton consistirá de 56 unidades de alquiler asequible (estudios, 1, 2 y 3 dormitorios) para ser completado en el verano del 2016. Puede solicitar ahora para estar en la lista de espera para estas futuras unidades.

Se llevará a cabo una lotería entre los hogares elegibles para todas las unidades. Verificación de ingresos y crédito/análisis de antecedentes criminales determinará quien es elegible para la lotería.

2016 – ALQUILERES MENSUALES*

**TODAS las utilidades serán pagadas por el inquilino*

	<u>Estudio</u>	<u>1 dormitorio</u>	<u>2 dormitorios</u>	<u>3 dormitorios</u>
Bajo	\$380	\$389	\$463	\$534
Muy bajo	\$623	\$649	\$776	\$895
Moderado	\$785	\$823	\$984	\$1,136

INGRESO BRUTO MÁXIMO PERMITIDO POR FAMILIA

	<u>1 persona</u>	<u>2 personas</u>	<u>3 personas</u>	<u>4 personas</u>	<u>5 personas</u>	<u>6 personas</u>
Muy Bajo	\$19,449	\$22,227	\$25,006	\$27,784	\$30,007	\$32,230
Bajo	\$32,415	\$37,046	\$41,676	\$46,307	\$50,012	\$53,716
Moderado	\$51,864	\$59,273	\$66,682	\$74,091	\$80,019	\$85,496

Si usted está interesado en alquilar una unidad asequible en el Avalon Princeton , favor de completar y enviar la solicitud preliminar adjunto.

Si desea hablar con alguien, favor de llamarnos durante las horas de oficina abajo.

Lunes	11:00 am a 4:30 pm
Martes	8:30 am a 4:30 pm
Miércoles	8:30 am a 2:00 pm
Jueves	8:30 am a 2:00 pm
Viernes	8:30 am a 4:30 pm

Recibirá una carta de determinación con respecto a su elegibilidad preliminar para una unidad de alquiler asequible en Avalon Princeton. Si tiene alguna pregunta, contáctenos por teléfono al 609-924-3822 extensión 1116 o por correo electrónico a: info@princetoncommunityhousing.org. Gracias.

PCHDC

Agente administrativo



PCH DEVELOPMENT CORPORATION

One Monument Drive, Princeton, NJ 08540

609- 924-3822 fax 609 924-3827

AVALON PRINCETON RENTAL APPLICATION

**AvalonPrinceton
253 Witherspoon Street
Princeton, NJ 08540**

Nombre (cabeza del hogar) _____ Sexo _____
Dirección _____ Tiempo de estadía _____
Ciudad _____ Condado _____ Estado _____ Código Postal _____
Dirección anterior _____
Numero de Seguridad Social _____ Fecha de nacimiento _____
Correo electrónico _____
Teléfono de casa _____ Teléfono móvil _____

<u>Nombre de todos los miembros que vivirán en la unidad</u>	<u>Relación al cabeza del hogar</u>	<u>Fecha de Nacimiento</u>	<u>Sexo H/M</u>	<u>Número de seguridad social</u>
--	---	----------------------------	---------------------	-----------------------------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

¿Dueño de su propia casa? Si _____ No _____

¿Alquila? Si _____ No _____

Si alquila, provea el nombre, dirección, y teléfono del dueño _____

¿Cuál es su vivienda actual? (tipo, tamaño, condición) _____

¿Tiene una mascota? Si _____ No _____

Alquiler mensual actual _____ ¿Incluye utilidades de servicios públicos? Si _____ No _____

Empleadores/Ingresos de todos los miembros del hogar:

<u>Nombre del miembro del hogar</u>	<u>Empleador</u>	<u>Ingreso bruto anual</u>	<u>Tiempo empleado</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Ingreso total del hogar: \$ _____

Valor en dólar de todos los bienes (cheques/ahorros/cuentas del mercado monetario, IRA/Keogh, acciones/bonos, CDs, bienes raíces, etc.)

\$ _____ Tipo de cuenta _____

\$ _____ Tipo de cuenta _____

\$ _____ Tipo de cuenta _____

\$ _____ Tipo de cuenta _____

Origen y cantidad de otros ingresos anuales (seguridad social, discapacidad, desempleo, manutención de los hijos, etc.):

\$ _____ por _____ fuente _____

\$ _____ por _____ fuente _____

\$ _____ por _____ fuente _____

\$ _____ por _____ fuente _____

¿Usted o alguien en su hogar tienen necesidades especiales? Si _____ No _____

En caso afirmativo, describa _____

¿Estás sujeto a un programa de registro de delincuentes sexuales de por vida en cualquier estado? Si _____

No _____

Nombre _____ Fecha _____ Estado _____

¿Hay alguna información adicional que debemos saber? _____

De licencia de conducir _____ Estado _____

De licencia de conducir _____ Estado _____

Preguntas opcionales

¿Ha trabajado en Princeton? Si _____ No _____ Donde? _____

¿Tiene un familiar que viva o trabaje en Princeton? Si _____ No _____

¿Eres un ex residente de Princeton? Si _____ No _____

Certificación del solicitante:

Certifico que todas las declaraciones hechas en este formulario han sido examinadas por mí, y son veraces. Entiendo que hacer declaraciones falsas o dar información incompleta puede resultar en castigo bajo la ley federal.

Yo autorizo al propietario para obtener un informe del consumidor, así como cualquier información que considere necesario, con el propósito de evaluar mi solicitud. Entiendo que dicha información puede incluir, pero no se limita a, historial de crédito, información publica y criminal, registros de detención, historial de alquiler, detalles del empleo/salario, registros de vehículo, record de licencia, y/o cualquier otra información necesaria. Yo libero al propietario, y cualquier proveedor de información, de cualquier responsabilidad en el uso de dar información, y entiendo que la información de mi solicitud puede ser proveída a varias agencias locales, estatales, y/o agencias del gobierno federal, incluyendo, sin limitaciones, varias agencias del orden público. Cualquier información errónea deliberada de hechos me descalifica para la admisión y, si soy admitido, será motivo de desalojo.

Entiendo que llenar esta solicitud, de ninguna manera, obliga al propietario a reservar o asignarme un apartamento.

Entiendo que para que la solicitud se considere completa, TODA la información requerida debe ser llenada. Si se han dejado espacios en blanco, la solicitud será considerada incompleta, y será devuelta a mí. En caso de que una sección no me aplique, lo marcaré N/A.

Firma del solicitante _____ Fecha _____

Firma del co-solicitante _____ Fecha _____

Teléfono _____ Teléfono móvil _____

Correo electrónico _____

Por favor, escoja cuál de las siguientes opciones describe mejor al cabeza del hogar en (A) y (B) para División de Derechos Civiles de Nueva Jersey y solo con fines estadísticos de HUD.

(A) _____ blanco _____ negro _____ indio/asiático _____ isleño _____ asia y el pacifico _____ otro

(B) _____ hispano _____ no-hispano



**PCH DEVELOPMENT CORPORATION****One Monument Drive Princeton, NJ 08540****609- 924-3822 fax 609 924-3827**

Estimado/a solicitante:

Gracias por su interés en Princeton Community Housing y alquileres asequibles en Princeton. Hemos sido contratados por el Municipio de Princeton para proporcionar información sobre viviendas a precios razonables, de las unidades de alquiler indicadas a continuación. **Por favor envíe la solicitud preliminar adjunta. Usted recibirá una carta de determinación con respecto a las condiciones preliminares para estas unidades de alquiler. Si tiene alguna pregunta, póngase en contacto con PCHDC at 609-924-3822, ext. 1116 or por medio de correo electrónico a info@princetoncommunitihousing.org.**

___ 253 Nassau Street	Alquiler muy bajo	2 Recamaras
___ 291 Nassau Street	Alquiler moderado	1 Rec
___ 25 Spring Street	Alquiler moderado	Eficiencia, 1, 2 Rec
___ 41 Spring Street	Alquiler bajo y moderado	Eficiencia (mod.) 1 Rec (bajo)
___ 100 Leigh Avenue	Alquiler bajo y muy bajo	1 (muy bajo) 2, 3 Rec (bajo)
___ Palmer Square	Alquiler moderado	1, 2 Rec
___ Witherspoon House	Alquiler moderado	1 Rec
___ 14 Vandeventer Avenue	Alquiler moderado	Eficiencia
___ Shirley Court	Alquiler moderado	2 Rec
___ 246 John Street	Alquiler bajo	2 Rec
___ 190 Witherspoon Street	Alquiler bajo y moderado	Eficiencia (bajo); 1 Rec (moderado)
___ 135 Bayard Lane	Alquiler muy bajo, bajo y moderado	1 Rec (muy bajo), 2 Rec (low), 2 Rec (mod)

Esta aplicación no le garantiza una unidad de vivienda. Selección se realiza sobre una base de criterios múltiples, que incluyen crédito/revisión de antecedentes, los ingresos, el tamaño del hogar y las unidades disponibles. Aplican las siguientes restricciones:

1. Los inquilinos de Princeton Affordable Housing deben ser de hogares que reciben ingresos muy bajo, bajo y/o moderado en acuerdo con los directrices de NJ Council on Affordable Housing (COAH) – favor de consultar la siguiente tabla.
2. Comprobante de Ingresos anuales de familia será requerido para asegurar que usted está calificado. **Debe pasar la política de crédito escrita por el propietario y pasar verificación de crédito/antecedentes judiciales. No será colocado en una selección de lotería hecha al azar hasta que haya pasado verificación de crédito/antecedentes judiciales y que toda documentación de ingresos se hayan presentado y verificado.**
3. Certifico, además, que personalmente tengo la intención de ocupar el lugar como mi residencia principal excepto durante un período razonable de vacaciones y enfermedades. Sé que sería ilegal y prohibido alquilar o entrar en contrato de arrendamiento con otras personas en las viviendas de alquiler asequibles. Tengo entendido que sólo las personas que figuran en esta aplicación pueden residir en la vivienda asequible si soy seleccionado para alquilar la unidad en Princeton.
4. Toda información de los solicitantes requerida por PCHDC será mantenida en confidencia. Sus ingresos serán determinados sobre la información que usted ha proporcionado

2014 MÁXIMO INGRESOS ADMISIBLE

TAMAÑO DE FAMILIA	MUY BAJOS INGRESOS	BAJOS INGRESOS	INGRESOS MODERADO
1	\$19,449	\$32,415	\$51,864
2	\$22,227	\$37,046	\$59,273
3	\$25,006	\$41,676	\$66,682
4	\$27,784	\$46,307	\$74,091
5	\$30,007	\$50,012	\$80,019
6	\$32,230	\$53,716	\$85,946



PCH DEVELOPMENT CORPORATION

One Monument Drive, Princeton, NJ 08540

609- 924-3822 fax 609 924-3827

ALQUILERES ASEQUIBLES PRINCETON

Solicitud Preliminar

Nombre (Jefe del hogar) _____ Género _____
Dirección _____ Tiempo de Residencia _____
Ciudad _____ Condado _____ Estado _____ Código _____
Dirección Antigua _____
de Seguro Social _____ Fecha de Nacimiento _____
Correo Electronico _____
Teléfono de casa _____ Teléfono Celular _____

Nombre de todos los miembros de
Su familia que viviran en la unidad

Relación a el
jefe de hogar

Fecha de
Nacimiento

Sexo
H/M

Número
de Seguro Social

Es dueño de casa? Si _____ No _____

Alquila? Si _____ No _____

Si alquila, nombre, dirección y número de teléfono del Propietario _____

Cuál es su vivienda ahora? (Tipo, tamaño, condición?) _____

Tiene una mascota? Si _____ No _____

Renta mensual ahora _____ Incluye utilidades su Alquiler? Si _____ No _____

Nombre de empleadores y los ingresos de todos los miembros de la familia:

<u>Nombre de Mienbro de familia</u>	<u>Empleador</u>	<u>Ingresos anuales brutos</u>	<u>Cuánto tiempo empleado?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Ingresos Anuales en Total: \$ _____

Valor en dólares de todos los bienes (control/ahorro/cuentas del mercado monetario, IRA/Keogh, acciones/bonos, CDs, bienes inmuebles, etc.)

\$ _____ Tipo de Cuenta _____

\$ _____ Tipo de Cuenta _____

\$ _____ Tipo de Cuenta _____

\$ _____ Tipo de Cuenta _____

Origen y la cantidad de otros ingresos anuales (seguridad social, discapacidad, desempleo, pensión alimenticia, etc):

\$ _____ por _____ origen _____

\$ _____ por _____ origen _____

\$ _____ por _____ origen _____

\$ _____ por _____ origen _____

Usted o alguien de su familia tiene necesidades especiales? Si _____ No _____

Si la respuesta es afirmativa, favor dedescribir _____

Es usted sujeto a programa de registro por vida de delinciente en cualquier estado? No _____ Si _____

Nombre _____ Fecha _____ Estado _____ No _____

Información adicional que desea que seamos conscientes de _____

de Licencia de conductor _____ Estado _____

de Licencia de conductor _____ Estado _____

Preguntas opcionales

Alguna vez ha trabajado en Princeton? Si _____ No _____ Donde? _____

Tiene un pariente que vive o trabaja en Princeton? Si _____ No _____

Es usted un ex residente de Princeton? Si _____ No _____

Certificación de Solicitante:

Certifico que todas las declaraciones hechas en este formulario de solicitud han sido revisadas por mí y a lo mejor de mi conocimiento y creencia son verdaderas, correctas y completa. Yo entiendo que el hecho de proporcionar declaraciones falsas o información incompleta podria resultar en sanciones bajo la Ley Federal.

Por la presente autorizo al Propietario obtener un reporte de crédito/consumidor y antecedentes penales, y cualquier otra información que considere necesaria, con el objeto de evaluar mi solicitud. Entiendo que este tipo de información puede incluir, pero no se limita a, historial de crédito, información civil y penal, las actas de detención, historiales de alquiler, detalles de empleo y salarios, registros de vehículos, registros de las licencias y/o cualquier otra información necesaria. Por la presente expresamente libero al dueño, y cualquier persona que consiga o solicite la información, de cualquier tipo de responsabilidad en el obtenimiento, uso o reparte de ese tipo de información, y comprendo que mi información de la aplicación puede ser proveida a las diferentes agencias locales, estatales y/o agencias del gobierno Federal, incluyendo, sin limitaciones, varias agencias juridicas. Una deliberada tergiversación de los datos, me descalifica para ser admitido y, si soy admitido, será motivo de expulsión.

Entiendo que la presentación de esta solicitud no compromete en modo alguno, al propietario que reserve o asigne un apartamento para mí.

Tengo entendido que toda la información solicitada debe ser completada para que esta aplicación se considerará completa. Si hay espacios en blanco, la solicitud se considerará incompleta y se regresera a mí. En el caso de que una sección no se aplica a mí, yo la marcara N/A.

Firma de Solicitante _____ Fecha _____

Firma de Co-Solicitante _____ Fecha _____

Teléfono _____ Teléfono Celular _____

Correo electrónico _____

Favor de marcar cual de las siguientes opciones describe mejor el jefe de familia en ambos (A) y (B) sólo para uso estadísticos de la División de Derechos Civiles de NUEVA JERSEY y por el departamento de HUD.

(A) _____ Blanco _____ Negro _____ Indio/a/Asiatico/a _____ Isleño/a

_____ Asiatico/a Pacífico/a _____ Otro

(B) _____ Hispano _____ No-Hispano





PCH DEVELOPMENT CORPORATION

**One Monument Drive Princeton, NJ 08540
609-924-3822 fax 609 924-3827**

AVALON PRINCETON **PRELIMINARY RENTAL APPLICATION**

Dear Applicant:

Thank you for your interest in Princeton Community Housing and affordable rentals at Avalon Princeton. We have been engaged by Avalon Bay Communities to provide you with the affordable housing information and guide you through the application process.

Avalon Princeton will consist of 56 affordable rental units (studios, 1, 2 and 3 bedrooms) to be completed in summer 2016. You may apply now to be on the waiting list for these future units.

A lottery will take place amongst eligible households for all the units. Income verification and credit/criminal background screenings will determine who is eligible for the lottery.

2016 - MONTHLY RENTS*

**ALL utilities to be paid by the tenant*

	<u>Studio</u>	<u>1 bdrm</u>	<u>2 bdrm</u>	<u>3 bdrm</u>
Very low	\$380	\$389	\$463	\$534
Low	\$623	\$649	\$776	\$895
Moderate	\$785	\$823	\$984	\$1,136

MAXIMUM GROSS HOUSEHOLD ALLOWABLE INCOME

	<u>1 person</u>	<u>2 persons</u>	<u>3 persons</u>	<u>4 persons</u>	<u>5 persons</u>
Very low	\$19,449	\$22,227	\$25,006	\$27,784	\$30,007
Low	\$32,415	\$37,046	\$41,676	\$46,307	\$50,012
Moderate	\$51,864	\$59,273	\$66,682	\$74,091	\$80,019

If you are interested in renting an affordable unit at Avalon Princeton, please complete and submit the enclosed preliminary application.

If you wish to speak with someone, please call us during the office hours below.

Monday	11:00 am to 4:30 pm
Tuesday	8:30 am to 4:30 pm
Wednesday	8:30 am to 2:00 pm
Thursday	8:30 am to 2:00 pm
Friday	8:30 am to 4:30 pm

You will receive a letter of determination with regard to your preliminary eligibility for an affordable rental unit at Avalon Princeton. If you have any questions, please contact us via phone at 609-924-3822 extension 1116 or via email at info@princetoncommunityhousing.org. Thank you.

PCHDC
Administrative Agent



PCH DEVELOPMENT CORPORATION

One Monument Drive, Princeton, NJ 08540

609- 924-3822 fax 609 924-3827

AVALON PRINCETON RENTAL APPLICATION

**AvalonPrinceton
253 Witherspoon Street
Princeton, NJ 08540**

Name (head of household) _____ Gender _____

Address _____ Length of Residency _____

City _____ County _____ State _____ Zip _____

Former Address _____

Social Security # _____ Date of Birth (DOB) _____

Email address _____

Home phone _____ Cell phone _____

<u>Name of all household members who will be living in the unit</u>	<u>Relation to Head of household</u>	<u>Birthdate</u>	<u>Sex M/F</u>	<u>Social Security Number</u>
---	--	------------------	--------------------	-----------------------------------

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

Own your own home? Yes _____ No _____

Rent? Yes _____ No _____

If renting, give name, address, and phone number of Landlord _____

What is your present housing? (Type, size, condition?) _____

Do you own a pet? Yes _____ No _____

Current monthly rent _____ Does rent include utilities? Yes _____ No _____

Employers/Income for all household members:

<u>Household Member Name</u>	<u>Employer</u>	<u>Gross Annual Income</u>	<u>How long employed?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Household Annual Income: \$ _____

Dollar value of all assets (checking/savings/money market accounts, IRA/Keogh, stocks/bonds, CDs, real estate, etc.)

\$ _____ Type of Account _____

\$ _____ Type of Account _____

\$ _____ Type of Account _____

\$ _____ Type of Account _____

Source and amount of other annual income (social security, disability, unemployment, child support, etc):

\$ _____ per _____ source _____

\$ _____ per _____ source _____

\$ _____ per _____ source _____

\$ _____ per _____ source _____

Do you or anyone in your household have special needs? Yes _____ No _____

If yes, please describe _____

Are you subject to a lifetime sex offender registration program in any state? Yes _____

Name _____ Date _____ State _____ No _____

Additional information you want us to be aware of _____

Drivers License # _____ State _____

Drivers License # _____ State _____

Optional Questions

Have you ever worked in Princeton? Yes ____ No ____ Where? _____

Do you have a relative who lives or works in Princeton? Yes ____ No ____

Are you a former resident of Princeton? Yes ____ No ____

Applicant Certification:

I certify that all statements made on this application form have been examined by me and to the best of my knowledge and belief are true, correct, and complete. I understand that providing false statements or incomplete information may result in punishment under Federal law.

I hereby authorize Landlord to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I hereby expressly release Landlord, and any procurer or furnisher of information, from any liability whatsoever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state, and/or Federal government agencies, including, without limitations, various law enforcement agencies. Any deliberate misstatement of facts will disqualify me for admission and, if admitted, will be grounds for eviction.

I understand that the filing of this application does not, in any way, bind the Landlord to reserve or assign an apartment to me.

I understand that ALL requested information must be completed for this application to be deemed complete. If there are blanks, the application will be deemed incomplete and returned to me. In the event that a section does not apply to me, I will mark it N/A.

Signature Applicant _____ Date _____

Signature Co-Aplicant _____ Date _____

Telephone _____ Cell Phone _____

Email address _____

Please check which of the following best describes the Head of Household in both (A) and (B) for NJ Division of Civil Rights and HUD statistical purposes only.

(A) ____ White ____ Black ____ Indian/Asian ____ Islander ____ Asian Pacific ____ Other

(B) ____ Hispanic ____ Non-Hispanic



PRINCETON COMMUNITY HOUSING

provides, manages and advocates for affordable housing

Application _____

PRINCETON COMMUNITY VILLAGE

1 Holly House Office

Princeton, NJ 08540

609-921-1686 fax 609-921-3404

TTY 1-800-852-7899

Preliminary Housing Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ (cell) _____ (work) _____

Email Address: _____

Name of all household members
who plan to live w/you
(include self)

Relationship to
head of
household

Birthdate

Sex
(M/F)

Social Security
Number

HEAD

Employers/Income for all household members:

Household Member Name

Employer

Gross Annual Income

How Long Employed?

Total Household Annual Income: \$ _____

Dollar value of all assets (savings, stocks, bonds, etc.):

\$ _____ Type of Account _____

\$ _____ Type of Account _____

\$ _____ Type of Account _____

\$ _____ Type of Account _____

Source and amount of other annual income (social security, disability, unemployment, child support, etc.):

\$ _____ per _____ source _____

\$ _____ per _____ source _____

\$ _____ per _____ source _____

\$ _____ per _____ source _____

Are you subject to a lifetime sex offender registration program in any state? Yes _____

Name _____ Date _____ State _____ No _____

DRIVER'S LICENSE # _____ State _____ Head of Household
DRIVER'S LICENSE # _____ State _____ Other Adult (over 18)
DRIVER'S LICENSE # _____ State _____ Other Adult (over 18)

Applicant Certification:

I certify that all statements made on this application form have been examined by me and to the best of my knowledge and belief are true, correct, and complete. I understand that providing false statements or incomplete information may result in punishment under Federal law.

I hereby authorize Landlord to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I hereby expressly release Landlord, and any procurer or furnisher of information, from any liability whatsoever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state, and/or Federal government agencies, including, without limitations, various law enforcement agencies. Any deliberate misstatement of facts will disqualify me for admission and, if admitted, will be grounds for eviction.

I understand that the filing of this application does not, in any way, bind the Landlord to reserve or assign an apartment to me.

Applicant: _____ Date: _____
Signature

Co-Applicant: _____ Date: _____
Signature

Please check which of the following best describes the Head of Household in both (A) and (B) for NJ Division of Civil Rights and HUD statistical purposes only.

(A) _____ White _____ Black _____ Indian/Asian _____ Islander _____ Asian/Pacific _____ Other

(B) _____ Hispanic _____ Non-Hispanic



Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

☐ Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you.	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

PRINCETON COMMUNITY HOUSING

Providing, managing and advocating for affordable housing

Application _____

GRIGGS FARM
One Monument Drive
Princeton, NJ 08540
609-924-3822 fax 609-924-3827
TTY 1-800-852-7899

Preliminary Housing Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone : _____ (cell) _____ (work) _____

Email address: _____

Name of all household members
who plan to live w/you
(include self)

Relationship to
head of
household

Birthdate

Sex
(M/F)

Social Security
Number

HEAD

Employers/Income for all household members:

Household Member Name

Employer

Gross Annual Income

How Long Employed?

Total Household Annual Income: \$ _____

Dollar value of all assets (checking/savings/money market accounts, stocks/bonds, real estate, etc.):

\$ _____ Type of Account _____

\$ _____ Type of Account _____

\$ _____ Type of Account _____

\$ _____ Type of Account _____

Source and amount of other annual income (social security, disability, unemployment, child support, etc.):

\$ _____ per _____ source _____

\$ _____ per _____ source _____

\$ _____ per _____ source _____

\$ _____ per _____ source _____

Do you or anyone in your household have special needs? ____ Yes ____ No. If yes, please describe _____

DRIVER'S LICENSE # _____ State _____ Head of Household

DRIVER'S LICENSE # _____ State _____ Other Adult (over 18)

DRIVER'S LICENSE # _____ State _____ Other Adult (over 18)

Preference: Buy ____ Rent ____ Both ____ Princeton Habitat for Humanity ____

Are you subject to a lifetime sex offender registration program in any state? Yes ____
Name _____ Date _____ State _____ No ____

Applicant Certification:

I certify that all statements made on this application form have been examined by me and to the best of my knowledge and belief are true, correct, and complete. I understand that providing false statements or incomplete information may result in punishment under Federal law.

I hereby authorize Landlord to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I hereby expressly release Landlord, and any procurer or furnisher of information, from any liability whatsoever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state, and/or Federal government agencies, including, without limitations, various law enforcement agencies. Any deliberate misstatement of facts will disqualify me for admission and, if admitted, will be grounds for eviction.

I understand that the filing of this application does not, in any way, bind the Landlord to reserve or assign an apartment to me.

Applicant: _____ Date: _____
Signature

Co-Applicant: _____ Date: _____
Signature

Please check which of the following best describes the Head of Household in both (A) and (B) for NJ Division of Civil Rights and HUD statistical purposes only.

(A) ____ White ____ Black ____ Indian/Asian ____ Islander ____ Asian/Pacific ____ Other

(B) ____ Hispanic ____ Non-Hispanic



ELM COURT, INC
An affiliate of Princeton Community Housing
300 Elm Road . Princeton, NJ 08540
(609) 921-0929 (Office) . (609) 921-1068 (Fax)
TTY 1-800-852-7899

Dear Applicant:

In response to your inquiry, enclosed is an application for housing at Elm Court. We would like to remind you of the following criteria for residence at Elm Court. Elm Court is a federally funded apartment house that has established "Smoke-Free" Living Zones and Units for people 62 or older. Non-elderly applicants are eligible for housing only if they "require the accessible features of the unit" as defined by HUD and requires verification. To be considered for an apartment at Elm Court your gross income for the year cannot exceed \$46,100 for an individual and \$52,650 for a couple.

We do offer a few services through our Congregate Services Program on a sliding scale fee basis. However, we are not an assisted living facility and do not have any health care personnel on our staff.

Upon receipt of your completed application, we will date and time stamp your application. Your application will then be placed on our numbered Wait List. If your mailing address and/or phone numbers change, please contact the Office and provide us with the updated information. Also, please note that a credit/criminal check is mandatory as a part of eligibility when being offered an apartment. We recommend that applicants check their credit report and address/resolve any issues identified to ensure eligibility at time of interview.

Thank you for your interest in Elm Court. Please feel free to call our office at (609) 921-0929 if you have any questions or require further information.

Sincerely,

Kerri Philhower
Property Manager



SMOKE-FREE LIVING ZONES AND UNITS

PRINCETON COMMUNITY HOUSING
provides, manages and advocates for affordable housing
www.princetoncommunityhousing.org

ELM COURT
300 Elm Road
Princeton, NJ 08540
Office (609) 921-0929 Fax (609) 921-1068
TTY 1-800-852-7899

APPLICATION # _____

For EC Office Use Only: Received _____ Staff Initials _____ Income Level: ELI _____ VLI _____ LI _____

Preliminary Housing Application
(Do not include supporting documents at this time)

Applicant's Name _____ Gender _____

Social Security # _____ Date of Birth _____

Co-Applicant (if any) _____ Gender _____

Social Security # _____ Date of Birth _____

Address _____ Length of Residency _____

City _____ County _____ State _____ Zip _____

Applicants **must** provide a complete list of all states/countries in which Applicant/Co-Applicant has resided.
(use a separate sheet of paper if necessary and attach it to this application):

Own your own home? Yes _____ No _____ Rent? Yes _____ No _____

If renting, give name, address, and phone number of current and previous Landlord _____

What is your present housing? (Type, size, condition?) _____

Current monthly rent _____ Does rent include utilities? Yes _____ No _____

Are you currently living in federally assisting housing? Yes _____ No _____

If yes, name and location of housing property: _____

Is any member of your household active U.S. military or a U.S. military veteran? Yes _____ No _____

Is any member of your household seeking housing as a result of a "Presidentially-Declared Disaster"? Yes _____ No _____

Are you interested in a 1 bedroom _____; studio _____ (only one person can occupy a studio); either _____

**** ALL apartments are SMOKE FREE. ****

Do you work full time, part time or seasonally? Yes _____ No _____

Earnings \$ _____ per _____ How long employed _____ from _____ to _____

INCOME: This section must be completed with source and amount.

Examples: Social Security, SSI, Public Assistance, SS Debit Card, Employment Income, Unemployment Income, Pensions, Annuities, Alimony, Business Net Income, Disability Payments, P.A.A.D. Lifeline Electric Assistance, I-864 Immigration Sponsor Contributions to Household (legal non-citizens only), etc.

\$ _____ per _____ source _____

\$ _____ per _____ source _____

\$ _____ per _____ source _____

\$ _____ per _____ source _____

\$ _____ per _____ source _____

ASSETS: This section must be completed. Provide the monetary value of your assets and anticipated income:

Examples: Checking/Savings/Brokerage/Money Market accounts, Annuity, Mutual Funds, IRAs, 401K, Stocks, Bonds, Whole Life Insurance Policy, Revocable Trust Fund, Revocable Pre-paid Funeral, CDs, Real Estate (market value), cash held at home or in safe deposit box, etc. Distributions from a retirement account are considered income.

\$ _____ Type of Account _____

\$ _____ Type of Account _____

\$ _____ Type of Account _____

\$ _____ Type of Account _____

Federal Tax Return for Prior Year? No ____ Yes ____ (If yes, must be provided at Eligibility Interview)

Do you or anyone in your household have special needs as defined by Section 223 of Social Security Act?

Yes ____ No ____ If yes, please describe: _____

Has a Form I-864 Affidavit of Support been signed on your behalf? Yes ____ Date _____ No ____

Are you subject to a lifetime sex offender registration program in any state? Yes ____ No ____

If Yes, Provide: Name _____ Date _____ State(s) _____

MUST BE PROVIDED (if applicable):

Driver's License (Applicant) # _____ State _____

Driver's License (Co-Applicant) # _____ State _____

Personal References

1. _____

2. _____

How did you learn about Elm Court? Check all that apply.

____ Princeton Community Housing website

____ Friend/Family

____ NJ Housing Resource Center

____ Church (specify) _____

____ Resident of Princeton Community Housing

____ Community Agency _____

APPLICANT CERTIFICATION:

I understand that Elm Court is a smoke-free community; no smoking of any type will be permitted in any apartment or common areas; violations of policy will result in eviction.

I understand that the filing of this application does not, in any way, bind Management to reserve or assign an apartment to me. I understand that I must be BOTH age and income eligible at the time of application AND when called for an Eligibility Interview.

I understand that ALL requested information must be completed for this application to be deemed complete. If there are blanks, the application will be deemed incomplete and returned to me. In the event that a section does not apply to me, I will mark it N/A.

I agree to notify Management in writing immediately regarding any changes in household address, telephone number, and household composition. I understand that if Management cannot reach me by telephone or U.S. mail, my name will be removed from the Wait List.

I certify that all statements made on this application form have been examined by me and to the best of my knowledge and belief are true, correct, and complete. I understand that providing false statements or incomplete information may result in punishment under Federal law.

I hereby authorize Management to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I hereby expressly release Management, and any procurer or furnisher of information, from any liability whatsoever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state, and/or Federal government agencies, including, without limitations, various law enforcement agencies. Any deliberate misstatement of facts will disqualify me for admission and, if admitted, will be grounds for eviction.

Signature _____ Date _____
Co-Applicant _____ Date _____
Telephone _____ Cell Phone _____
Email address: _____

Please check which of the following best describes the Head of Household in both categories). This information is for compliance with Fair Housing laws, NJ Division of Civil Rights and HUD statistical purposes only.

RACE: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
 ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Other

ETHNIC: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

11/2014



SMOKE FREE BUILDING

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING
This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

☐ Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you.	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Signature of Applicant

Date

Information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers operating HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. The information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste, and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Authority: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

ELM COURT, INC
An affiliate of Princeton Community Housing
300 Elm Road . Princeton, NJ 08540
(609) 921-0929 (Office) . (609) 921-1068 (Fax)
TTY 1-800-852-7899

I, _____,
(Applicant/Resident or Applicant/Resident Power of Attorney)
understand that Elm Court and/or Elm Court, Inc. (hereinafter referred to as "Elm Court")
is a Section 202/8 housing facility for those who are income eligible and are 62 years or
older. Non-elderly applicants are eligible for housing only if they "require accessible
features of the unit" (HUD Handbook 4350.3, Chapter 3-20) and are also income eligible.
Furthermore, owners may verify a person's disability to document their eligibility to the
housing facility (Chapter 2-31F).

As such, I understand that Elm Court is not a licensed health care facility and does NOT
provide the following related health care services or amenities, including but not limited
to:

- Nursing assessment, care planning or nursing management services
- Medical Emergency Response and/or Medical services
- 24/7 on-site staff or 24/7 response to pull cords or medic alert units
- Staff supervision or welfare checks of tenants
- 24/7 emergency response systems
- Medication monitoring, pouring of medications or cueing
- Durable medical equipment (or electricity back-up for recharging
durable medical equipment, i.e. hooyer lift)
- Oxygen tanks (or electricity back-up for recharging in apartments)
- Dementia care
- Laundry assistance
- Wander guard systems
- Daily meals
- Nutrition counseling or assessment
- 24-hour home health care or back-up home health care services
- Respite care
- Long-term or rehabilitative care – nursing home, rehabilitation
or assisted living placement and/or transfer services
- Medical transportation
- Transportation escort services
- Daily assistance with dressing, bathing, shopping, cooking or
other activities of daily living
- CPR (Cardio Pulmonary Resuscitation)



SMOKE-FREE LIVING ZONES AND UNITS

Residents are solely responsible for the costs associated with obtaining services. The Director of Social Services is available to provide information and identify resources available to residents and families for their consideration and action regarding third-party groups, organizations or businesses that provide applicable services listed above.

I, the undersigned, have reviewed and fully understand the above and will not hold Elm Court, Elm Court, Inc., the staff of Elm Court, Princeton Community Housing Board of Trustees or any PCH subsidiary corporations, responsible for the provision of any of the above services or amenities that I, my family member or physician may order or require now or in the future.

The applicant/resident agrees to indemnify, defend and hold harmless Elm Court, Elm Court, Inc., the staff of Elm Court, Princeton Community Housing Board of Trustees or any PCH subsidiary corporations on any and all injuries, claims, lawsuits, losses, expenses, complaints or demands for money damages, injunctive relief or any other form of remedy as a result of the claims of any party, including any damage, liability or cost (including reasonable attorneys' fees and costs of defense) to the extent caused by the applicant/resident's negligent acts, errors or omission and those of its agents or anyone for whom the applicant/resident is legally liable.

Applicant/Applicant Power of Attorney

Resident/Resident Power of Attorney

Date:

Date:



It is important to note that the proposed changes to the rules are not intended to be a blanket ban on all forms of gambling. The proposed changes are intended to be a targeted approach to addressing the problem of gambling addiction. The proposed changes are intended to be a targeted approach to addressing the problem of gambling addiction. The proposed changes are intended to be a targeted approach to addressing the problem of gambling addiction.

It is also important to note that the proposed changes to the rules are not intended to be a blanket ban on all forms of gambling. The proposed changes are intended to be a targeted approach to addressing the problem of gambling addiction. The proposed changes are intended to be a targeted approach to addressing the problem of gambling addiction. The proposed changes are intended to be a targeted approach to addressing the problem of gambling addiction.

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HARRIET BRYAN HOUSE
An affiliate of Princeton Community Housing
310 Elm Road . Princeton, NJ 08540
(609) 683-8858 (Office) . (609) 683-1234 (Fax)
TTY 1-800-852-7899

Dear Applicant:

In response to your inquiry, enclosed is an application for housing at Harriet Bryan House. We would like to remind you of the following criteria for residence at Harriet Bryan House. Harriet Bryan House is a federally funded "Smoke-Free" apartment house for people 62 or older. To be considered for an apartment at Harriet Bryan House your gross income for the year cannot exceed \$33,450 for an individual and \$38,200 for a couple.

We do offer a few services through our Congregate Services Program on a sliding scale fee basis. However, we are not an assisted living facility and do not have any health care personnel on our staff.

Upon receipt of your completed application, we will date and time stamp your application. Your application will then be placed on our numbered Wait List. If your mailing address and/or phone numbers change, please contact the Office and provide us with the updated information. Also, please note that a credit/criminal check is mandatory as a part of eligibility when being offered an apartment. We recommend that applicants check their credit report and address/resolve any issues identified to ensure eligibility.

Thank you for your interest in Harriet Bryan House. Please feel free to call our office at (609) 683-8858 if you have any questions or require further information.

Sincerely,

Kerri Philhower
Property Manager



SMOKE-FREE LIVING ZONES AND UNITS

PRINCETON COMMUNITY HOUSING
provides, manages and advocates for affordable housing
HARRIET BRYAN HOUSE
310 Elm Rd.
Princeton, NJ 08540
609-683-8858 (Office) 609-683-1234 (Fax)
TTY 1-800-852-7899

Application _____

Preliminary Housing Application

Applicant's Name _____ Gender _____

Social Security # _____ Date of Birth _____

Co-Applicant (if any) _____ Gender _____

Social Security # _____ Date of Birth _____

Address _____ Length of Residency _____

City _____ County _____ State _____ Zip _____

Former Address _____

Own your own home? Yes _____ No _____ Rent? Yes _____ No _____

If renting, give name, address, and phone number of Landlord _____

What is your present housing? (Type, size, condition?) _____

Current monthly rent _____ Does rent include utilities? Yes _____ No _____

Occupation (past or present) _____

Place of Employment _____

Earnings \$ _____ per _____ How long employed _____ from _____ to _____

Income and Assets

Source and amount of all other income (Social Security, SSI, I-864 Support, Cash Assistance, Disability, etc.)

\$ _____ per _____ source _____

\$ _____ per _____ source _____

\$ _____ per _____ source _____

List total dollar value of assets (checking/savings/money market accounts, IRA/Keogh, stocks/bonds, CDs, real estate, etc.)

\$ _____ Type of Account _____

\$ _____ Type of Account _____

\$ _____ Type of Account _____

\$ _____ Type of Account _____

Do you or anyone in your household have special needs? Yes _____ No _____

If yes, please describe _____

Has a Form I-864 Affidavit of Support been signed on your behalf? Yes _____ Date _____ No _____

Are you subject to a lifetime sex offender registration program in any state? Yes _____

Name _____ Date _____ State _____ No _____

Would you use Congregate Services? Yes _____ No _____
(Congregate Services include a hot noonday meal in the dining room, some assistance with cleaning, shopping, and/or personal care. A fee based on a sliding scale is charged for these services.)

Additional information you want us to be aware of _____

Drivers License (Applicant) # _____ State _____
Drivers License (Co-Applicant) # _____ State _____

Personal References

1. _____
2. _____

Optional Questions

Have you ever worked in Princeton? Yes _____ No _____ Where? _____

Do you have a relative who lives or works in Princeton? Yes _____ No _____

Are you a former resident of Princeton Borough or Township? Yes _____ No _____

Applicant Certification:

I certify that all statements made on this application form have been examined by me and to the best of my knowledge and belief are true, correct, and complete. I understand that providing false statements or incomplete information may result in punishment under Federal law.

I hereby authorize Landlord to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I hereby expressly release Landlord, and any procurer or furnisher of information, from any liability whatsoever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state, and/or Federal government agencies, including, without limitations, various law enforcement agencies. Any deliberate misstatement of facts will disqualify me for admission and, if admitted, will be grounds for eviction.

I understand that the filing of this application does not, in any way, bind the Landlord to reserve or assign an apartment to me.

I understand that ALL requested information must be completed for this application to be deemed complete. If there are blanks, the application will be deemed incomplete and returned to me. In the event that a section does not apply to me, I will mark it N/A.

Signature _____ Date _____
Co-Applicant _____ Date _____
Telephone _____ Cell Phone _____
Email address _____

Please check which of the following best describes the Head of Household in both (A) and (B) for NJ Division of Civil Rights and HUD statistical purposes only.

(A) _____ White _____ Black _____ Indian/Asian _____ Islander _____ Asian Pacific _____ Other

(B) _____ Hispanic _____ Non-Hispanic



SMOKE FREE BUILDING

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

☐ Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	
 Signature of Applicant Date	

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

HARRIET BRYAN HOUSE
An affiliate of Princeton Community Housing
310 Elm Road . Princeton, NJ 08540
(609) 683-8858 (Office) . (609) 683-1234 (Fax)
TTY 1-800-852-7899

We (I), _____,
(Applicant/Resident or Applicant/Resident Power of Attorney) understand that Harriet Bryan House and/or Elm Court II, Inc. (hereinafter referred to as "Harriet Bryan House") is a Section 202 PRAC housing facility for those who are income eligible and are 62 years or older.

As such, I understand that Harriet Bryan House is not a licensed health care facility and does NOT provide the following related health care services or amenities, including but not limited to:

- Nursing assessment, care planning or nursing management services
- Medical Emergency Response and/or Medical services
- 24/7 on-site staff or 24/7 response to pull cords or medic alert units
- Staff supervision or welfare checks of tenants
- 24/7 emergency response systems
- Medication monitoring, pouring of medications or cueing
- Durable medical equipment (or electricity back-up for recharging durable medical equipment, i.e. hoist lift)
- Oxygen tanks (or electricity back-up for recharging in apartments)
- Dementia care
- Laundry assistance
- Wander guard systems
- Daily meals
- Nutrition counseling or assessment
- 24-hour home health care or back-up home health care services
- Respite care
- Long-term or rehabilitative care – nursing home, rehabilitation or assisted living placement and/or transfer services
- Medical transportation
- Transportation escort services
- Daily assistance with dressing, bathing, shopping, cooking or other activities of daily living
- CPR (Cardio Pulmonary Resuscitation)



SMOKE-FREE LIVING ZONES AND UNITS

Residents are solely responsible for the costs associated with obtaining services. The Director of Social Services is available to provide information and identify resources available to residents and families for their consideration and action regarding third-party groups, organizations or businesses that provide applicable services listed above..

I, the undersigned, have reviewed and fully understand the above and will not hold Harriet Bryan House, Elm Court II, Inc., the staff of Harriet Bryan House, Princeton Community Housing Board of Trustees or any PCH subsidiary corporations, responsible for the provision of any of the above services or amenities that I, my family member or physician may order or require now or in the future.

The applicant/resident agrees to indemnify, defend and hold harmless Harriet Bryan House, Elm Court II, Inc., the staff of Harriet Bryan House, Princeton Community Housing Board of Trustees or any PCH subsidiary corporations on any and all injuries, claims, lawsuits, losses, expenses, complaints or demands for money damages, injunctive relief or any other form of remedy as a result of the claims of any party, including any damage, liability or cost (including reasonable attorneys' fees and costs of defense) to the extent caused by the applicant/resident's negligent acts, errors or omission and those of its agents or anyone for whom the applicant/resident is legally liable.

Applicant/Applicant Power of Attorney

Resident/Resident Power of Attorney

Applicant/Applicant Power of Attorney

Resident/Resident Power of Attorney

Date

Date





PRINCETON AFFORDABLE HOUSING
Monument Hall
1 Monument Drive
Princeton, NJ 08542
609-688-2029
www.princetonnj.gov
cpeacock@princetonnj.gov

Princeton Application for Affordable Housing Sales

Please return this application to:

FOR SALES

Princeton Affordable Housing
One Monument Drive
Princeton, NJ 08542
Phone: 609-688-2029
Fax: 609-688-2053

Habitat for Humanity ☐ (Please check here if you would like to apply to Habitat for Humanity)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Work: _____

Name of all household members who plan to live in dwelling (include self as head of household)	Relationship to Head of household	Birthdate	Sex (M/F)	Social Security Number
--	---	-----------	--------------	---------------------------

Head

Employers and Income for all household members:

Household Member Name	Employer	Gross Annual Income	How Long Employed

TOTAL GROSS HOUSEHOLD ANNUAL INCOME FOR ALL WORKING MEMBERS: \$ _____
(Before Taxes are deducted)

Dollar value of all assets (savings, stocks, bonds, etc.):

\$ _____ Type of Account _____

\$ _____ Type of Account _____

\$ _____ Type of Account _____

Source and amount of other annual income (social security, disability, unemployment, child support, etc.):

\$ _____ per _____ source _____

\$ _____ per _____ source _____

\$ _____ per _____ source _____

Credit and Debt History (include all credit cards and any student, auto, home equity, or any other kinds of loans)

Lender's Name	Kind of Loan	Credit Card Name	Balance	Date of Last Payment

DRIVER'S LICENSE # _____ State _____ Head of Household

DRIVER'S LICENSE # _____ State _____

DRIVER'S LICENSE # _____ State _____

APPLICANT CERTIFICATION

I certify that all statements made on this application are, to the best of my knowledge and belief, true, correct and complete. I have no objections to inquiries being made for the purpose of verifying the information in this application. I understand that this information, and other required information, will be held in strictest confidence.

SIGNATURE:

Applicant: _____ Date: _____

Co-Applicant: _____ Date: _____

Princeton is an Equal Housing Opportunity. Princeton offers no guarantee or representation of unit availability for every applicant. Selection is made on the basis of criteria including, but not limited to: income, credit history, debt, household-size appropriate to the unit available, and legal permanent residency status.

fam:affordablehousingapplication