

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

Date: _____

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 \$33,950 for an individual and \$38,800 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

www.princetoncommunityhousing.org

HARRIET BRYAN HOUSE

310 Elm Road

Princeton, NJ 08540

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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 _____

I am interested in a 1 bedroom _____ ** 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 Harriet Bryan House? 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 Harriet Bryan House 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"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
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.

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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

Date:

Date:

