Princeton Aplicación para las Ventas de Viviendas Asequible

A CEYO

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

Nombre:		©.	
	Estado:		
	Teléfono de Casa		
Teléfono Celular:	Teléfono de Trab	pajo:	
Nombre de Otros Miembro Familia que Vivirán con Ud (Incluye a sí mismo como parte de la familia) Relac		Sexo (H/M)	Número de Seguro Socia
	Actual Empleador(es):		
Nombre y Dirección de su A			
Nombre y Dirección de su A	Actual Empleador(es):		

\$		Tipo de Cuenta Tipo de Cuenta				
\$						
\$		Tipo de Cuenta	•			
Fuente y cantio alimenticia, etc	lad de otros ingresos anual	es (seguridad social, discapa	acidad, deser	mpleo, pensión		
\$	por	fuente				
\$	por	fuente				
\$	por	fuente				
	cualquier otro tipo de pré tamista Tipo de préstamo	Tarieta de Crédito		Fecha de		
	tamista Tipo de préstamo	estamos) Tarjeta de Crédito	Balance	Fecha de Ultimo Pago		
Nombre del pres	tamista Tipo de préstamo	Tarjeta de Crédito Nombre	Balance	Fecha de Ultimo Pago		
Nombre del pres	tamista Tipo de préstamo CONDUCIR #	Tarjeta de Crédito Nombre Estado	Balance Cabe	Fecha de Ultimo Pago		
Nombre del pres LICENCIA DE O	tamista Tipo de préstamo	Tarjeta de Crédito Nombre Estado Estado	Balance Cabe	Fecha de Ultimo Pago		
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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.



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@princetoncommunithousing.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	VERY LOW	LOW	MODERATE
SIZE	INCOME	INCOME	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



PRINCETON AFFORDABLE RENTALS Preliminary Application

Name (head of household)		G	ender	
Address		L	ength of Res	idency
City	County		State	_ Zip
Former Address				
Social Security #		Date	of Birth (DO	3)
Email address				
Home phone		Cell phone	!	
Name of all household members who will be living in the unit	Relation to <u>Head of household</u>	<u>Birthdate</u>	Sex <u>M/F</u>	Social Security <u>Number</u>
			13.113.47	
Own your own home? Yes	_ No		Rent? Ye	es No
If renting, give name, address, a	nd phone number of	Landlord		
What is your present housing? (Type, size, condition?	P)	-	
Do you own a pet? Yes No			****	STORY OF THE PROPERTY OF THE P
Current monthly rent	Does rent includ	le utilities? Vas	No	

Household Member Name	Employer	Gross Annual Income	How long employed?
	<u>p.c., c.</u>	GIOS FAMILIA III COME	now long citiployed.
			d 380
			225-00-01
			19
		the state of the s	***************************************
To	tal Household Annual	Income: \$	
Doliar value of all assets (c real estate, etc.)	:hecking/savings/mon	ey market accounts, IRA/Ke	ogh, stocks/bonds, CDs,
Source and amount of other	er annual income (soc	ial security, disability, unem	ployment, child support
		source	
		source	
		source	
	per	source	
Do you ar anyone in your h	ousehold have special	needs? Yes No	
oo you of allyone in your if	ouserioid have special	needs: res No	
f ves, please describe			
	-	ation program in any state? Y	
		State	
Additional information you	want us to be aware o	of	
	* ***		
Driver's License #		State	
Oriver's License #		State	

Optional Questions	
Have you ever worked in Princeton? Yes	No Where?
Do you have a relative who lives or works in Pr	inceton? Yes No
Are you a former resident of Princeton? Yes	No
	this application form have been examined by me and to the best of my
knowledge and belief are true, correct, and co information may result in punishment under I	omplete. I understand that providing false statements or incomplete
I hereby authorize Landlord to obtain	a credit/consumer and criminal background report, and any other
	ose of evaluating my application. I understand that such information
	ry, civil and criminal information, records of arrest, rental history, censing records, and/or any other necessary information. I hereby
	or furnisher of information, from any liability whatsoever in the use,
procurement, or furnishing of such informatio	on, and understand that my application information may be provided to
	nt agencies, including, without limitations, various law enforcement
agencies. Any deliberate misstatement of fac- eviction.	ts will disqualify me for admission and, if admitted, will be grounds for
	lication does not, in any way, bind the Landlord to reserve or assign an
apartment to me.	
	mation must be completed for this application to be deemed complete. emed incomplete and returned to me. In the event that a section does
not apply to me, I will mark it N/A.	med meomplete and returned to me. In the event that a section goes
Signature Applicant	Date
Signature Co-Applicant	Date
Telephone	Cell Phone
Email address	
Liliali address	
Please check which of the following best descri Rights and HUD statistical purposes only.	bes the Head of Household in both (A) and (B) for NJ Division of Civil
(A)WhiteBlackIndian/Asi	anIslander
4 . 5 .6.	
Asian Pacific Other	

For Staff Use ONLY:

Date Received: ____-2016

Princeton Preference: Y or N

Application #: Princeton F

Princeton Housing Authority

1 Redding Circle Princeton, NJ 08540

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

Sen ____ Dls ___ 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 Family Maple & Franklin Terrace Karin Court Lloyd Terrace (Spruce Circle) Redding Circle Senior/Disabled

Page 1 of 4

Head Applicant:	First	Middle	Last
Present Address:		reet	
	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	Relation (hip :// TöHeni	DOB.	A Sex	Disabled
1. (Head of Household's Name)	SSN: Citizen: Y or N Alien Reg. # (if eligible)	White Black Hispanic Asian Indian Hawaiian	Head <u>X</u>	DOB:	M F	Y N
2. If this is a child, Do you have full-time, part-time, or joint custody?	SSN:	White	Spouse Co-Head Foster child/adult Youth under 18 F/T student 18+ Live-In aide Other adult	DOB:	M F	Y
3. If this is a child, Do you have full-time, part-time, or joint custody?	SSN:	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:	M F	Y N
f this is a child, Do you have full-time, part-time, or joint custody?	SSN:	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:	M F	Y N

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

Income Information

Family/Member 5	Source of Income and include start date to fall the services)	Employment Information	Start Date (month/Year)	Monthly (Gross)
1.	Employer Social Security Public Assistance Child Support	Employer Name 1: Employer Address:		
The figure of	Other No Income	Employer Name 2: Employer Address:		
2.	Employer Social Security Public Assistance	Employer Name 1: Employer Address:		
	Child Support Other No Income	Employer Name 2: Employer Address:		
3.	Employer Social Security Public Assistance	Employer Name 1: Employer Address:		
	Child Support Other No Income	Employer Name 2: Employer Address:		
4.	Employer Social Security Public Assistance	Employer Name 1: Employer Address:		
	Child Support Other No Income	Employer Name 2: Employer Address:		
5.	Employer Social Security Public Assistance	Employer Name 1: Employer Address:		
	Child Support Other No Income	Employer Name 2: Employer Address:		

Does anyone outside of your household pay any of your bills, expenses, or give you money?YesNo	
If yes, explain:	

Monthly Household Expenses

	Amount Paid		Amount Paid		Amount Paid
Rent		Auto Pmt.		Cable	
Electric/Gas		Auto Ins.		Telephone	
Water	Company of the Company	Med. Expenses		Loans	
Heat		Child Support	**	Tuition (private school or college)	
Childcare		Credit Card(s)		Other	San San Carlos C

	Crean Cara(s)				Omer			
	Asset &	: Bankin	g Infor	mation				
		ehold dis	posed	of assets for less	than the	ir fair m	narket value wi	ithin the past 2
eal estate, hin the las	t 2 years?Yes	1 r	ol	Do you h	*	ental p	roperties?	_YesNo
Ass		Curi O Disp	rent? R osed?	Market Value		Value	Interest	Annual Income
		С	D	\$	\$		%	\$
		С	D	\$	\$		%	\$
	and the second s	С	D	\$	\$		%	\$
	,							
			-	0.1	Ψ.		Г	
N	ame of Bank		Type o	1 Account	L		Current	6-mo. Avg.
					J	1	\$	\$
					J	ı	\$	\$
	, <u> </u>				J	1	\$	\$
	Progran	n Integri	ty Info	rmation	_ -			
7 Yes	_	_	·					
					in diame	City/Ct	ata s	
								
public ho	ousing agency or	Section	8 pro	gram?Yes	N)		
	How Mi	uch: \$_		Why:			· · · · · · · · · · · · · · · · · · ·	
	Previo	us Addre	sses:					
Street		City		State			Zip	_
	real estate, thin the last Ass Ass Public horse	Asset & or any member of your house ation?YesNo real estate, a boat and/or mobe thin the last 2 years?YesIf yes, please color	Asset & Bankin or any member of your household disation?YesNo real estate, a boat and/or mobile home thin the last 2 years?YesN	Asset & Banking Information or any member of your household disposed ation?YesNo real estate, a boat and/or mobile home?thin the last 2 years?YesNo If yes, please complete the info Asset Description	Asset & Banking Information or any member of your household disposed of assets for less ation?YesNo real estate, a boat and/or mobile home?YesNo	Asset & Banking Information or any member of your household disposed of assets for less than the ation?YesNo real estate, a boat and/or mobile home?YesNo thin the last 2 years?YesNoDo you have any to thin the last 2 years?YesNoNo	Asset & Banking Information or any member of your household disposed of assets for less than their fair mation?YesNo real estate, a boat and/or mobile home?YesNoDo you have any rental p. thin the last 2 years?YesNoNo when the last 2 years?YesNoNo	Asset & Banking Information or any member of your household disposed of assets for less than their fair market value wation?YesNo real estate, a boat and/or mobile home?YesNo

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Application Year: 2016

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?YesNo If yes, please explain:
Have you or any member of your household ever been incarcerated?YesNo Sentence Period: Is anyone in your household a registered sex offender?YesNo Lifetime registration:YesNo Has anyone in your household EVER been arrested or convicted for the felonious use, sale, manufacture or distribution of a controlled substance?YesNo 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?YesNo 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
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 inquires being made for the purpose of verifying the statements made herein.
Signature of Head of Household:
Signature of Spouse or Co-Head:

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

INGRESO BRUTO MÁXIMO PERMITIDO POR FAMILIA

Muy Bajo	<u>1 persona</u> \$19,449	2 personas \$22,227	3 personas \$25,006	4 personas \$27,784	5 personas \$30,007	6 personas \$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



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Strengt and supersonal objects of the second respublic of the world. It was the light of the Papersonal Second



AVALON PRINCETON RENTAL APPLICATION

AvalonPrinceton 253 Witherspoon Street Princeton, NJ 08540

Nombre (cabeza del hogar)			Sex	0
Dirección			iempo de esta	odía
Ciudad	Condado _		Estado	Código Postal
Dirección anterior				
Numero de Seguridad Social	Sid of a Salveri \$		Fecha d	e nacimiento
Correo electrónico				, , , , , , , , , , , , , , , , , , ,
Teléfono de casa	<u> </u>	Teléfond	o móvil	Control .
Nombre de todos los miembros que vivirán en la unidad	Relación al cabeza del hogar	Fecha de Nacimiento	Sexo <u>H/M</u>	Número de seguridad social
ment of the state				= 0.5 (15 8)
رياية علاقة العابد الراف	ر چې ک سست عبر پر	acocoatist produktis		a symmal many at haliness
¿Dueño de su propia casa? Si	No		¿Alquila? Si	No
Si alquila, provea el nombre, dir	ección, y teléfono	del dueño		
.0. (1				Entre in Explain
¿Cuál es su vivienda actual? (tip	o, tamaño, condic	ción)		e analy partition
¿Tiene una mascota? Si N	0			
Alquiler mensual actual	incluye u	itilidades de servicios	públicos? Si_	No

Ingreso total del hogar: \$			
Valor en dólar de todos los bienes (cheques/ahorros/cuentas del mercado monetario, IRA/Keogh, a CDs, bienes raíces, etc.) \$			- 12 Control of the 12 Control
Valor en dólar de todos los bienes (cheques/ahorros/cuentas del mercado monetario, IRA/Keogh, a CDs, bienes raíces, etc.) \$Tipo de cuenta		<u>j</u> j	BER III retorne
Valor en dólar de todos los bienes (cheques/ahorros/cuentas del mercado monetario, IRA/Keogh, a CDs, bienes raíces, etc.) STipo de cuenta			
Valor en dólar de todos los bienes (cheques/ahorros/cuentas del mercado monetario, IRA/Keogh, a CDs, bienes raíces, etc.) STipo de cuenta			
Valor en dólar de todos los bienes (cheques/ahorros/cuentas del mercado monetario, IRA/Keogh, a CDs, bienes raíces, etc.) \$Tipo de cuenta		Ingreso total del hogar	s sobjebru i
CDs, bienes raíces, etc.) \$Tipo de cuenta	Valor on dálar		
Tipo de cuenta Origen y cantidad de otros ingresos anuales (seguridad social, discapacidad, desempleo, manutencetc.): por fuente por fuente por fuente Custed 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			norros/cuentas dei mercado monetario, ika/keogn, acci
Tipo de cuenta Origen y cantidad de otros ingresos anuales (seguridad social, discapacidad, desempleo, manutencetc.): por fuente por fuente por fuente Custed 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	¢	Tino de cuenta	
Tipo de cuenta Tipo de cuenta Origen y cantidad de otros ingresos anuales (seguridad social, discapacidad, desempleo, manutencietc.): porfuente			
Tipo de cuenta Origen y cantidad de otros ingresos anuales (seguridad social, discapacidad, desempleo, manutencietc.): porfuente porfuente porfuente Usted o alguien en su hogar tienen necesidades especiales? Si No Estás sujeto a un programa de registro de delincuentes sexuales de por vida en cualquier estado? Si			
Origen y cantidad de otros ingresos anuales (seguridad social, discapacidad, desempleo, manutence etc.): porfuente			
porfuente			
porfuente		ad de otros ingresos andales (s	eguridad social, discapacidad, desempleo, manutención
porfuente			
porfuente			
porfuente			-
Usted o alguien en su hogar tienen necesidades especiales? Si No in caso afirmativo, describa Estás sujeto a un programa de registro de delincuentes sexuales de por vida en cualquier estado? Si			
En caso afirmativo, describa	<u> </u>	por	fuente
En caso afirmativo, describa			
Estás sujeto a un programa de registro de delincuentes sexuales de por vida en cualquier estado? Si	.Usted o alguier	n en su hogar tienen necesidade	s especiales? Si No
Estás sujeto a un programa de registro de delincuentes sexuales de por vida en cualquier estado? Si			
lo	in caso afirmati	vo, describa	
	Estás sujeto a u	in programa de registro de delin	cuentes sexuales de por vida en cualquier estado? Si
Nombre Fecha Estado	-		
Techa			Estado
	Nombre		
Hay alguna información adicional que debemos saber?	Nombre Hay alguna info	rmación adicional que debemos	s saber?

.

# 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 Entiendo que hacer declaraciones falsas o dar información incompleta propietario para obtener un informe del consumio considere necesario, con el propósito de evaluar mi solicitud. Entiendo ese limita a, historial de crédito, información publica y criminal, registros del empleo/salario, registros de vehículo, record de licencia, y/o cualqui propietario, y cualquier proveedor de información, de cualquier responsentiendo que la información de mi solicitud puede ser proveída a varias gobierno federal, incluyendo, sin limitaciones, varias agencias del orden deliberada de hechos me descalifica para la admisión y, si soy admitido, Entiendo que llenar esta solicitud, de ninguna manera, obliga al apartamento. Entiendo que para que la solicitud se considere completa, TODA se han dejado espacios en blanco, la solicitud será considerada incomples sección no me aplique, lo marcaré N/A.	dor, así como cualquier información que que dicha información puede incluir, pero no de detención, historial de alquiler, detalles ier otra información necesaria. Yo libero al sabilidad en el uso de dar información, y agencias locales, estatales, y/o agencias del público. Cualquier información errónea será motivo de desalojo. propietario a reservar o asignarme un la información requerida debe ser llenada. Si
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 de Derechos Civiles de Nueva Jersey y solo con fines estadísticos de HUD.	del hogar en (A) y (B) para División de
(A)blanconegroindio/asiáticoisleñoa	sia y el pacifico otro
(B)hispanono-hispano	





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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 envie 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 electronico a info@princetoncommunithousing.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), 2Rec (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 sera requerido para asegurar que usted está calificado. Debe pasar la politica de crédito escrita por el propietario y pasar verificación de crédito/antecedentes judiciales. No sera 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 seran determinados sobre la información que usted ha proporcionado

2014 MÁXIMO INGRESOS ADMISIBLE

TAMAÑO DE	MUY BAJOS	BAJOS	INGRESOS
FAMILIA	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



ALQUILERES ASEQUIBLES PRINCETON Solicitud Preliminar

Nombre (Jefe del hogar)			Género _	
Dirección	Tiempo de Residencia			encia
Ciudad	Condado	Estad	lo	Codigo
Dirección Antigua				
# de Seguro Social		Fecha de N	acimient	.0
Correo Electronico				
Teléfono de casa				
Nombre de todos los miembros de <u>Su familia que viviran en la unida</u> d	Relación a el <u>iefe de hogar</u>	<u>Fecha de</u> <u>Nacimeinto</u>	Sexo <u>H/M</u>	Número de Seguro Social
Es dueño de casa? Si No _ Si alquila, nombre, dirección y nú		Alquila? Si _ opietario		
Cuál es su vivienda ahora? (Tipo,	tamaño, condición?)		7-2-2-1	
Tiene una mascota? Si No _		3 4) 14 10 10 10 10 10 10 10 10 10 10 10 10 10	2 194000	
Renta mensual ahora	Incluye utilidades su	Alguilar? Si	No	

	<u>Em</u>	pleador	Ingresos anuales brutos	Cuánto tiempo empleado?
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
				- 100
<u> </u>				
tr	ngresos Anuales e	n Total: \$		
/alor en dólares de todos CDs, bienes inmuebles, et		rol/ahorro/cuentas	del mercado monetario	o, IRA/Keogh, acciones/bo
	_ Tipo de Cuenta			
	_ Tipo de Cuenta			
	_ Tipo de Cuenta			
~F	_ Tipo de Cuenta			
				pleo, pensión alimenticia,
	por	orige:	1	
			n	
	_por	orige		
	_por	orige	n	
Isted o alguien de su fam	_por _por ilia tiene necesida	orige orige des especiales? Si	nnNo	
Isted o alguien de su fam i la respuesta es afirmativ	_por _por ilia tiene necesida /a, favor dedescril	orige orige des especiales? Si	n n No	
Jsted o alguien de su fam	_por por ilia tiene necesida va, favor dedescril a de registro por v	orige orige des especiales? Si bir vida de delincuente	n No en cualquier estado? No	o Si
Isted o alguien de su fam i la respuesta es afirmativ s usted sujeto a programa	_por por ilia tiene necesida /a, favor dedescril a de registro por v Fecl	orige orige des especiales? Si bir vida de delincuente	n No en cualquier estado? No Estado	oSi
Jsted o alguien de su fam i la respuesta es afirmativ s usted sujeto a programa Nombre	_porilia tiene necesida /a, favor dedescril a de registro por v Fect desea que seamo	orige orige des especiales? Si bir vida de delincuente na s conscientes de	n No en cualquier estado? No Estado	oSi

Alguna vez ha trabajado en Princeton? Si	No Donde?
Tiene un pariente que vive o trabaja en Prince	ton? Si No
Es usted un ex residente de Princeton? Si	No
Certificación de Solicitante:	
mi conocimiento y creencia son verdaderas, c	en este formulario de solicitud han sido revisadas por mí y a lo mejor de correctas y completa. Yo entiendo que el hecho de proporcionar a podria resultar en sanciones bajo la Ley Federal.
cualquier otra información que considere nec información puede incluir, pero no se limita a historiales de alquiler, detalles de empleo y sa otra información necesaria. Por la presente es la información, de cualquier tipo de responsa comprendo que mi información de la aplicació	o obtener un reporte de crédito/consumidor y antecedentes penales, y cesaria, con el objeto de evaluar mi solicitud. Entiendo que este tipo de a, historial de crédito, información civil y penal, las actas de detención, alarios, registros de vehículos, registros de las licencias y/o cualquier expresamente libero al dueño, y cualquier persona que consiga o solicite bilidad en el obtenimiento, uso o reparte de ese tipo de información, y ón puede ser proveida a las diferentes agencias locales, estatales y/o n limitaciones, varias agencias juridicas. Una deliberada tergiversación de si soy admitido, será motivo de expulsión.
asigne un apartamento para mí. Tengo entendido que toda la informac	solicitud no compromete en modo alguno, al propietario que reserve o ción solicitada debe ser completada para que esta aplicación se aco, la solicitud se considerará incompleta y se regresera a mí. En el caso arcare N/A.
Firma de Solicitante	Fecha
Firma de Co-Solicitante	Fecha
TeléfonoT	eléfono Celular
Correo electrónico	
	s describe mejor el jefe de familia en ambos (A) y (B) sólo para uso de NUEVA JERSEY y por el departamento de HUD.
A)BlancoNegroIndio/a/a	Asiatico/aIsleño/a
Asiatico/a Pacífico/a Otro	
R) Hispano No-Hispano	

Preguntas opcionales





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	\$78 5	\$823	\$984	\$1,136

MAXIMUM GROSS HOUSEHOLD ALLOWABLE INCOME

Very low	<u>1 person</u> \$19,449	2 persons \$22,227	3 persons \$25,006	4 persons \$27,784	5 persons \$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

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

Name (head of household)			Ge	nder
Address			ength of Resid	lency
City	County	······	State	Zip
Former Address				
Social Security #		Date	of Birth (DOB)	
Email address				
Home phone		Cell phone	e	
Name of all household members who will be living in the unit	Relation to <u>Head of household</u>	<u>Birthdate</u>	Sex <u>M/F</u>	Social Security <u>Number</u>
Own your own home? Yes		THE COOK I	Rent? Yes	No
If renting, give name, address, ar	nd phone number of	Landlord		le y
What is your present housing? (1	Type, size, condition?)		
Do you own a pet? Yes No				
Current monthly rent	Does rent includ	e utilities? Yes	No	<u>. </u>

Employers/Income for all household members:		
Household Member Name Employer	Gross Annual Income	How long employed?
Total Household Annual Inc	ome: \$	
Dollar value of all assets (checking/savings/money real estate, etc.)	market accounts, IRA/Ke	ogh, stocks/bonds, CDs,
\$Type of Account		
\$Type of Account \$Type of Account		
\$Type of Account		
\$Type of Account		
Source and amount of other annual income (social		
\$per	source	
\$per	source	
\$per		
\$per	source	
Do you or anyone in your household have special ne	eds? Yes No	
If yes, please describe		
Are you subject to a lifetime sex offender registration		
NameDate	State	No
Additional information you want us to be aware of		
. Constitution in orinion of you from the so so arrange of		
Drivers License #		

Drivers License #	State
Optional Questions	No. Whore?
nave you ever worked in Princeton? Yes _	No Where?
Do you have a relative who lives or works i	n Princeton? Yes No
Are you a former resident of Princeton? Ye	s No
knowledge and belief are true, correct, an information may result in punishment und I hereby authorize Landlord to obtathe purpose of evaluating my application. credit history, civil and criminal information records, licensing records, and/or any other procurer or furnisher of information, from information, and understand that my applications are government agencies, including, without list facts will disqualify me for admission ar	on this application form have been examined by me and to the best of my d complete. I understand that providing false statements or incomplete der Federal law. It can a consumer report, and any other information it deems necessary, for a l understand that such information may include, but is not limited to, on, records of arrest, rental history, employment/salary details, vehicle for necessary information. I hereby expressly release Landlord, and any any liability whatsoever in the use, procurement, or furnishing of such lication information may be provided to various local, state, and/or Federal imitations, various law enforcement agencies. Any deliberate misstatement and, if admitted, will be grounds for eviction.
•	formation must be completed for this application to be deemed complete.
	deemed incomplete and returned to me. In the event that a section does
Signature Applicant	Date
Signature Co-Applicant	Date
Felephone	Cell Phone
Email address	
Please check which of the following best de Rights and HUD statistical purposes only.	scribes the Head of Household in both (A) and (B) for NJ Division of Civil
A)WhiteBlackIndian	AsianIslanderAsian Pacific Other
B) HispanicNon-Hispanic	





PRINCETON COMMUNITY HOUSING provides, manages and advocates for affordable housing

PRINCETON COMMUNITY VILLAGE 1 Holly House Office Princeton, NJ 08540 609-921-1686 fax 609-921-3404 TTY 1-800-852-7800

Preliminary Housing Application				
Name:				. 18].
Address:		116		
City:		State:	Zip:	
	(cell)		(work)	
Email Address:	h is littleor	17		
Name of all household members who plan to live wiyou include self)	Relationship to head of household HEAD	Birthdate	Sex (M/F)	Social Security Number
				sa la la suo mi
mployers/income for all usehold Member Name	household memb	ers:	Gross Annual Innua	Central in the rath (2)
MPIOYETS/INCOME for all usehold Member Name	household memb Employer	ers:	Gross Annuel Income	How Long Employed
mployers/income for all usehold Member Name				How Long Emoloved
				200 00 200 200 200 200 00 200 200 200
mployers/income for all usehold Member Name	icome: \$			an an awaye eg
tal Household Annual In	icome: \$ savings, stocks, b	onds, etc.):		an a
tal Household Annual In	savings, stocks, b	onds, etc.): e of Account		How Long Emoloyed

\$	ber	source	
\$	per	source	
\$	per	source	
\$	per	source	
Are you s	subject to a lifetime se	x offender registration program in any state? Yes	·
Name _	22	DateStateNo	-
DRIVER'S	S LICENSE #	State Head of House	hold
	D LIUCINGE #	State Other Adult /our	40\
ORIVER'S	S LICENSE #	State Other Adult (over	or 10)
		Oute Addit (DV	10)
hereby au r the pur nited to, o	thorize Landlord to o pose of evaluating my credit history, civil an	btain a consumer report, and any other information it deems napplication. I understand that such information may include, il criminal information, records of arrest, rental history, e records, licensing records, and/or any other records are	but is n
hereby au or the pur mited to, nploymen ereby expensation plication cluding, w ll disquali	thorize Landlord to opose of evaluating my credit history, civil an at/salary details, vehic ressly release Landlor in the use, procureme information may be pythout limitations, valify me for admission a	btain a consumer report, and any other information it deems n	but is nation. ility ncies, of facts
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hereby au or the pur mited to, o mployment ereby expended hatsoever oplication cluding, we fill disquality anderstance sign an ap	thorize Landlord to opose of evaluating my credit history, civil an at/salary details, vehically release Landlor in the use, procureme information may be pythout limitations, valify me for admission and that the filing of this artment to me.	btain a consumer report, and any other information it deems application. I understand that such information may include, il criminal information, records of arrest, rental history, e records, licensing records, and/or any other necessary information, and any procurer or furnisher of information, from any liab ant, or furnishing of such information, and understand that my rovided to various local, state, and/or Federal government agerious law enforcement agencies. Any deliberate misstatement and, if admitted, will be grounds for eviction.	but is nation. ility ncies, of facts
hereby au or the pur mited to, o mployment ereby expo- hatsoever oplication cluding, w ill disquali	thorize Landlord to opose of evaluating my credit history, civil an at/salary details, vehic ressly release Landlor in the use, procureme information may be pyithout limitations, valify me for admission and that the filing of this eartment to me.	btain a consumer report, and any other information it deems application. I understand that such information may include, il criminal information, records of arrest, rental history, e records, licensing records, and/or any other necessary information, and any procurer or furnisher of information, from any liab ant, or furnishing of such information, and understand that my rovided to various local, state, and/or Federal government agerious law enforcement agencies. Any deliberate misstatement and, if admitted, will be grounds for eviction.	but is nation. ility ncies, of facts



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,

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organ	nization:
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
Emergency	Assist with Recertification Process
Unable to contact you.	Change in lease terms
Termination of rental assistance	Change in house rules
Eviction from unit	Other:
Late payment of rent	
rise during your tenancy or if you require any service sues or in providing any services or special care to yo	
Confidentiality Statement: The information provided pplicant or applicable law.	on this form is confidential and will not be disclosed to anyone except as permitted by the
equires each applicant for federally assisted housing to rganization. By accepting the applicant's application, equirements of 24 CFR section 5.105, including the pr	community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) to be offisted the option of providing information regarding an additional contact person or the housing provider agrees to comply with the non-discrimination and equal opportunity robibitions on discrimination in admission to or participation in federally assisted housing origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on f 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 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 and reviewing me conscious of minimum. Section 44 of the 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 address, telephase number, and other relevant information of a family member, filed, 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 assist 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 programs and management control that prevent the property and a particular program and management. of 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 informatic 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.

Date

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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

	Prelimir	nary Housing Appl	ication	
Name:				
Address:				
City:				
Home Phone :	(cell))	(work)	
Email address:				
Name of all household members who plan to live w/you (include self)	Relationship to head of household HEAD	<u>Birthdate</u>	Sex (M/F)	Social Security <u>Number</u>
Employers/Income for a	all household mem	bers:		
Household Member Name	Employer		Gross Annual Income	How Long Employed?
Total Household Annua				
Dollar value of all asset			accounts, stocks/bon	ds, real estate, etc.):
\$	T	ype of Account		

Source and etc.):	amount of oth	ner annual in	come (social s	security, c	lisability, u	nemployment, child support,
\$	per		source			
\$	per		source			
\$	per		source			
\$	per		source			
Do you or ar describe	nyone in your	household h	nave special ne	eds?	Yes	No. If yes, please
DRIVER'S L	ICENSE#				State	Head of Household
DRIVER'S L	ICENSE #				State	Other Adult (over 18)
DRIVER'S L	ICENSE#				State	Other Adult (over 18)
Preference:	Buy	Rent	Both	Prince	ton Habita	t for Humanity
Are you subje	ct to a lifetime	sex offender	registration pro	gram in an	y state? Yo	es No
evaluating my a criminal inform any other necess any liability what information may various law enfort grounds for elunderstand that	pplication. I und ation, records of sary information atsoever in the usy be provided to orcement agencie eviction.	lerstand that su arrest, rental h . I hereby expr se, procurement various local, si s. Any delibers	nch information maistory, employme essly release Land t, or furnishing of tate, and/or Federate misstatement of	ay include, nt/salary de llord, and a such inforn al governm f facts will	but is not limetails, vehicle my procurer mation, and uent agencies, disqualify me	eems necessary, for the purpose of nited to, credit history, civil and records, licensing records, and/or or furnisher of information, from inderstand that my application including, without limitations, a for admission and, if admitted, without limitations in the formal management to
me.						
Applicant:		Signature			Date	:
Co-Applicant					Date	
oo Appiloant	•	Signature			Date.	
Please check	which of the	following be		ne Head o		old in both (A) and (B) for NJ
(A)W	hiteBla	ackl	ndian/Asian	lsla	nder/	Asian/PacificOther
	spanicNo				-	



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





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

Office (609) 921-0929 Fax (609) 921-1068 TTY 1-800-852-7899

APPLICATION #____

For EC Office Use Only: Received	Staff Initials	Income Level: El	VLILI
	Preliminary Hou Do not include supportin	sing Application ag documents at this	time)
Applicant's Name	The second second	100	Gender
Social Security #		Date of Birt	h
Co-Applicant (if any)			Gender
Social Security #		Date of Bir	th
Address		Length of R	Lesidency
City	County	State	Zip
Applicants must provide a com (use a separate sheet of paper if	plete list of all states/cour necessary and attach it to	ntries in which Appli this application):	cant/Co-Applicant has resided.
Own your own home? Yes	No	. Rent? Yes	sNo
If renting, give name, address, a			
What is your present housing? (Type, size, condition?)		
Current monthly rent	Does rent include ut	ilities? Yes	No
Are you currently living in feder	rally assisting housing?	es No	in the second
f yes, name and location of hou	sing property:		
s, any member of your househol			
s any member of your househol			
es No			•
am interested in a 1 bedroom	; studio (only o	1e person can occup	y a studio); either
	** ALL apartments are		
o you work full time, part time	or seasonally? Yes	No	
	How long employ		n to

INCOME: This section <u>must</u> be completed with source and amount.

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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	
Telephone	Cell Phone
Email address	
This informa	which of the following best describes the Head of Household in both categories). tion is for compliance with Fair Housing laws, NJ Division of Civil Rights and eal 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	EGMAL HOUSERD OPPORTUNITY

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: Cell Phone No: Telephone Not Name of Additional Contact Person or Organization: Address Cell Phone No: Telephone No: E-Mail Address (if applicable): Relationship to Applicant: Reason for Contact: (Check all that apply) Assist with Recertification Process Emergency Change in lease terms Unable to contact you. Change in house rules Termination of rental assistance Bylotion from unit Other: 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.

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. 8501-9520). The oregoring budget 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 eviewing 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 alpating 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 cocupancy lise name, and other relevant information of a family member, filand, or person associated with a social, health, advocacy, or similar organization. The objective of providing such nation 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 sesies with ving any tenancy issues satisfy during the tenancy of such tenant. This supplemental application information is best to to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fluid, and minuteness, in a coordance 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

Signature of Applicant

oy 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 by HUD to protect disbursement data from fraudulent actions.

Date

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

(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. hoyer 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)





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:	747 39	Date:



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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





PRINCETON COMMUNITY HOUSING

provides, manages and advocates for affordable housing

Application _____

HARRIET BRYAN HOUSE 310 Elm Rd.

Princeton, NJ 08540 609-683-8858 (Office) 609-683-1234 (Fax) TTY 1-800-852-7899

a or recruitly to a Table of	ary Housing Application
Applicant's Name Social Security #	Gender Date of Birth
Co-Applicant (if any)	Gender Gender
Social Security #	Date of Birth
	Length of Residency
City County	StateZip
Former Address	
Own your own home? Yes No	Rent? YesNo
	r of Landlord
	tion?)
Current monthly rent Does rent in	nclude utilities? YesNo
Occupation (past or present)	
Place of Employment	
Earnings \$ Per How long 6	employed from to
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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) **Emergency** Assist with Recertification Process Unable to contact you. Change in lease terms Termination of rental assistance Change in house rules Eviction from unit Other: 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.

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 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.

Signature of Applicant

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.

Date

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

As such, I understand that Harriet Bryan House is not a licensed health care facility and does <u>NOT</u> 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. hover 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)





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

Phone: 609-688-2029				
ax: 609-688-2053				
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