

**Sussex Seniors Apartment Complex
Application**

Please Print

<p><u>For Office Use Only!</u></p> <p># _____</p> <p>_____</p> <p>Date / Time</p>
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This is an application for housing in the Sussex Seniors Apartments located in Sussex Borough, New Jersey. **Please complete this application, attach income documentation for every member over the age of 18, and return it to NORWESCAP, Inc. at the address listed at the bottom of this page.** Completed applications are placed in order of date and time received. Applications received without income documentation will not be added to the waiting list. An applicant may be interviewed only after NORWESCAP, Inc. received the completed tenant application

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt # City Zip Code

Telephone Number: _____ No. Of Bedroom(s) In Current Unit: _____

Do you Own _____ or Rent _____.
If Renting, Amount of Current Monthly Rent Payment \$_____

Check Utilities Paid By You:	Approximate Monthly Cost of Utilities
Heat _____	Paid by You (excluding phone & cable tv)
Electricity _____	\$_____
Gas _____	
Other _____	

Bedroom Size Requested: One Bedroom _____
Efficiency _____

The Northwest New Jersey Community Action Program (NORWESCAP) is an Equal Housing Opportunity company, with projects in compliance with 504 and Fair Housing Regulations. NORWESCAP accommodates any applicants who need assistance in filling out this application.

Return Application To: NORWESCAP, Inc.
Attn: Sussex Seniors
Housing & Energy Services
350 Marshall Street
Phillipsburg, NJ 08865



EQUAL HOUSING
OPPORTUNITY

List ALL persons who will live in the apartment. List head of household first.

Name	Relationship	Birth Date	Age	Social Security
1.	Head of Household			
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Is anyone in this household a full time student? _____ Yes _____ No
 If yes, please list their full name(s) _____

B. INCOME: (List all sources of income as requested below and attach documentation)

Family Member Name	Source of Income	
_____	a. Social Security	Monthly Amount \$ _____
_____	Social Security	Monthly Amount \$ _____
_____	b. Pension	Monthly Amount \$ _____
_____	Pension	Monthly Amount \$ _____
	Source of Pension(s)	_____
_____	c. Veterans Benefits	Monthly Amount \$ _____ Claim # _____
_____	d. SSI Benefits	Monthly Amount \$ _____
_____	SSI Benefits	Monthly Amount \$ _____
_____	e. Unemployment Comp.	Monthly Amount \$ _____
_____	Unemployment Comp.	Monthly Amount \$ _____
_____	f. AFDC / TANF /	Monthly Amount \$ _____
_____	g. Wages (Gross)	Monthly Amount \$ _____
	Employer(s)	_____
	Position Held	_____ How long employed? _____
_____	Wages (Gross)	Monthly Amount \$ _____
	Employer(s)	_____
	Position Held	_____ How long employed? _____

_____ h. Full Time Student Income (18 & Over) Monthly Amount \$ _____
 _____ Full Time Student Income (18 & Over) Monthly Amount \$ _____
 _____ i. Alimony Monthly Amount \$ _____ Source _____
 _____ j. Child Support Monthly Amount \$ _____ Source _____
 _____ k. Interest Income Monthly Amount \$ _____ Source _____
 _____ Interest Income Monthly Amount \$ _____ Source _____
 _____ l. Other Income Monthly Amount \$ _____ Source _____
 _____ Other Income Monthly Amount \$ _____ Source _____

Total Gross Income (Base this on the monthly amounts listed above and multiply x 12) \$ _____.

Do you anticipate any changes in this income in the next 12 months? _____ Yes _____ No
 If yes, Explain: _____

C. ASSETS

Checking Account(s) # _____ Bank _____ Balance \$ _____
 # _____ Bank _____ Balance \$ _____
 # _____ Bank _____ Balance \$ _____
 Savings Account(s) # _____ Bank _____ Balance \$ _____
 # _____ Bank _____ Balance \$ _____
 Trust Account(s) # _____ Bank _____ Balance \$ _____
 Certificates # _____ Bank _____ Balance \$ _____
 # _____ Bank _____ Balance \$ _____
 Credit Union # _____ Bank _____ Balance \$ _____
 # _____ Bank _____ Balance \$ _____
 Savings Bank # _____ Maturity Date _____ Value \$ _____
 # _____ Maturity Date _____ Value \$ _____

Whole Life Insurance Policy # _____ Face Value \$ _____

Cash Value of Life Insurance Policy \$ _____

Real Property: Do you own any property? _____ Yes _____ No
 If Yes, Type of Property _____
 Location _____
 Appraised Market Value \$ _____
 Mortgage or Outstanding Loans Balance Due \$ _____
 Amount of Annual Income Premium \$ _____
 Amount of Most Recent Tax Bill \$ _____

Have you Sold / Disposed of any property in the last 2 years? \$ _____

If Yes, Type of Property _____

Market Value when Sold / Disposed \$ _____

Amount Sold / Disposed for \$ _____

Date of Transaction _____

1. Have You Disposal of Any Other Asset in the Last 2 Years (Example: Given Away Money to Relative, Set Up Irrevocable Trust Account? _____ Yes _____ No

If Yes, Describe Asset _____

Date of Disposition _____

Amount Disposed \$ _____

2. Do You Have Any Other Assets Not Listed Above (Excluding Personal Property)?

Yes _____ No _____

If Yes, List _____

D. MEDICAL / CHILD CARE / HANDICAP ASSISTANCE EXPENSES

Medical Costs: Complete this part ONLY if Head or Spouse is 62 or Older, Disabled or Handicapped.

1. Medicare Premiums Monthly Amount \$ _____

Monthly Amount \$ _____

2. Medical Insurance Coverage - - Name of Insurance Company _____

Address _____

Monthly Amount \$ _____

3. Anticipated Medical / Drug / Prescription / Non-Prescription Costs NOT Covered by Insurance

NOR Reimbursed: Monthly Amount \$ _____

4. Medical Bills or Outstanding Cost You Are Making Monthly Payments For:

Balance Due \$ _____ Monthly Payment \$ _____ Payable To: _____

5. Medical Related Travel Costs \$ _____

6. Are You Seeing a Physician Regularly? _____ Yes _____ No

Name _____

Address _____ Project Costs NOT Covered by Insurance

NOR Reimbursed for the next 12 Months \$ _____

7. Any Other Medical Expenses: List Type & Amounts: _____ \$ _____

_____ \$ _____

Childcare Costs: Complete ONLY for Children 12 & Younger:

8. Name(s) of Children Cared For _____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

9. Name & Address of Person OR Agency Caring for Children _____

10. Weekly Cost for Childcare Due to Employment \$ _____

11. Weekly Cost for Childcare Due to Education \$ _____

Handicap Assistance Expenses: Attendant care and/or apparatus expense that enables

Handicapped applications or others in the household to work.
Complete ONLY if Handicap Expenses Allow someone in the household to work.

12. List Type of Expenses, Weekly Amount, Paid to Whom:

PROGRAM INFORMATION

1. Are You Displaced? Yes No
If Yes, Displacement Agency _____
2. Is Your Current Unit Condemned / Substandard? Yes No
If Yes, Described _____
3. Are you Paying More Than 50% of Your Gross Income for Rent and Utilities? Yes No
4. Are You Applying for status as an "Elderly Household" where the tenant or co-tenant is 62 or older, handicapped or disabled as defined by USDA Rural Development? Yes No
5. Would you or anyone in your household benefit from a wheelchair or other handicapped accessible unit? Yes No
6. If so, would you like to request an adapted unit? Yes No
7. Are You Currently Living in Subsidized Housing? Yes No
8. Have You Ever Resided in a Project Financed and/or Subsidized by the Government?
 Yes No If Yes, Name & Address _____

9. Have You Ever Been Evicted from Public Housing or Any Other Federal Housing Program?
 Yes No If Yes, Where _____
When _____ Describe Reasons _____
10. Have You Ever Been Evicted From Other Housing? Yes No
11. Have You Ever Been Convicted of a Felony? Yes No
12. Are You Currently Using Illegal Drugs? Yes No
13. Have You Ever Been Convicted of Sale, Distribution, or Possession of Illegal Drugs?
 Yes No
14. Are You Now or Will You Become a Part Time or Full Time Student Prior to Move-In?
 Yes No
15. How Did You Head About This Housing? _____

16. Will You Take an Apartment When One is Available? Yes No
17. Briefly Describe Your Reasons for Applying? _____

F. REFERENCE INFORMATION

Current Landlord: Name _____
Address _____
Home Phone _____ Business Phone _____

Previous Rental Information:
Prior Landlord _____
Address _____
Home Phone _____ Business Phone _____
Prior Landlord _____
Address _____
Home Phone _____ Business Phone _____

G. CREDIT REFERENCES

- 1. Name _____ Address _____ Phone _____
- 2. Name _____ Address _____ Phone _____
- 3. Name _____ Address _____ Phone _____

H. PERSONAL NON-RELATED REFERENCES

- 1. Name _____ Address _____ Phone _____
- 2. Name _____ Address _____ Phone _____
- 3. Name _____ Address _____ Phone _____

J. OTHER REQUIRED INFORMATION

In Case of a Emergency Notify: _____
Address: _____
Phone: _____

In Case of a Emergency Notify: _____
Address: _____
Phone: _____

VEHICLES: List any cars, trucks or other vehicles owned. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.)

Type of Vehicle _____ Year / Make _____ Color _____
License Plate # _____
Drivers License # _____

Type of Vehicle _____ Year / Make _____ Color _____
License Plate # _____
Drivers License # _____

PETS: Do you own any pets? _____ Yes _____ No
If Yes, Describe _____

CERTIFICATION / AUTHORIZATION

CERTIFICATION

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment. I/We understand that my/our eligibility for housing will be based on USDA Rural Development income limits and by Sussex Seniors Apartments selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

SIGNATURE:

TENANT

CO-TENANT

DATED _____

DATED _____

AUTHORIZATION

I/We Do Hereby Authorize Sussex Seniors Apartments and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in programs administered/managed by Northwest NJ Community Action Program, Inc.. I further authorize to verify all information listed on this application.

SIGNATURE:

TENANT

CO-TENANT

DATED _____

DATED _____

FAMILY HOUSEHOLD COMPOSITION

“The information solicited on this application is requested by the apartment owner in order to assure the Federal Government, acting through USDA Rural Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.”

Race _____

Ethnic Group _____

Sex _____