



Dear Applicant:

Thank you for applying for tenancy at **CHAMBERS CRESCENT**<sup>1</sup> located in Lakewood, New Jersey. Please complete the attached application in accordance with the following application instructions:

**1. PLEASE READ CAREFULLY**

Applications will be processed in order of date and time received.

Incomplete applications or applications not accompanied by the appropriate documentation or fees will not be processed and will be returned.

There is no application fee to apply, but check the income requirements to see if you qualify.

**2. COMPLETE ALL AREAS**

If an item does not apply to you, answer "N/A" to that question or mark with a "0" if it is a dollar amount line or section. Answer all questions; **do not leave any questions blank.** Do not cross out or use white out on the application.

- a) All sources of earned income **must** be reported for all household members.
- b) All unearned income and assets **must** be reported for all household members.

**3. SIGNATURES**

Signatures are required for all adult applicants.

**4. PLEASE PROVIDE COPIES OF THE FOLLOWING INFORMATION**

- a. Valid Driver's License or other government issued identification for adult household members age 18 and older;
- b. Birth Certificates for all household members;
- c. Social Security cards for all household members;
- d. Name, address and phone number of current employer; and
- e. Income verification:
  - 1. Social Security award letter;
  - 2. Four (4) current consecutive pay stubs; however, eight (8) paystubs will be required if Landlord is unable to verify income;
  - 3. Bank name, address, and phone number; along with 6 most recent bank statement for all checking and savings account(s); (all pages)
  - 4. Most recent Tax Return; along with all W-2's and 1099's;
  - 5. Real Estate documents if you owned or sold a home within the past two years;
  - 6. Child Support Award Letter;
  - 7. All asset information; (e.g. Cash held in savings and/or checking accounts, safe deposit boxes or at home, etc., trusts, equity in real estate or other capital investments, stocks, bonds, treasury bills, certificate of deposits (CD's) money market accounts);
  - 8. Pension benefits award letter; 401K, IRA, Annuities, or any retirement account(s);
  - 9. Life Insurance policies,
  - 10. Welfare/public assistance documents, AFDC Documentation;
  - 11. Workers compensation award letter;
  - 12. Disability award letter and;
  - 13. Unemployment award letter or 4 consecutive unemployment check stubs

**5. PLEASE RETURN APPLICATION TO:**

**Chambers Crescent  
100 Crescent Court  
Lakewood, NJ 08701**

Should you have any questions, please feel free to contact us at: (732) 994-7490

Thank you,  
CHAMBERS CRESCENT Staff





# APPLICATION FOR HOUSING

## Low-Income Housing Property

Please Print Clearly

This is an application for housing at:	Project: <b>CHAMBERS CRESCENT</b>
Please complete this application and return to:	<b>Chambers Crescent 100 Crescent Court Lakewood, NJ 08701</b>

**Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.**

**ALL QUESTIONS MUST BE ANSWERED OR APPLICATION WILL BE CONSIDERED INCOMPLETE AND RETURNED**

**If a section doesn't apply, write NA. Do not cross out.**

### A. GENERAL INFORMATION

Applicant Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
 Street Apt.# State ZIP

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

No. Of BR's in current unit: \_\_\_\_\_ Do you  RENT or  OWN (circle one)

Amount of current monthly rental or mortgage payment: \$ \_\_\_\_\_

If owned, do you receive monthly rental income from property?  Yes  No (circle one)

Circle utilities paid by you:  Heat  Electricity  Gas  Other (specify) \_\_\_\_\_

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ \_\_\_\_\_

Do you receive rental assistance? (Example: Section 8 or any other type of voucher)  Yes  No (circle one)

Is any member of the applicant household a Lifetime Sex Offender Registrant:  Yes  No (circle one)

Please list any states where you have previously resided: \_\_\_\_\_

How did you hear about us? (Please be specific.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### B. HOUSEHOLD COMPOSITION

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

No.	Name	Relationship to head	Marital Status M-married D-divorced S-single E-estranged L-legal separation	Birth Date	Age	SS#	Student Y/N
	Applicant						
	Co-Applicant						
3.							
4.							
5.							
6.							

Will any of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?  Yes  No (circle one)

**IF YOU CIRCLED YES, ANSWER THE FOLLOWING QUESTIONS:**

Are any full-time student(s) married and filing a joint tax return? (circle one)	◆ Yes	◆ No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? (circle one)	◆ Yes	◆ No
Are any full-time student(s) a TANF or a title IV recipient? (circle one)	◆ Yes	◆ No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependent on another's tax return? (circle one)	◆ Yes	◆ No

Do you anticipate any additions to the household in the next twelve months?  Yes  No (circle one)

If yes, explain: \_\_\_\_\_

\_\_\_\_\_



**C. INCOME**

List ALL sources of income as requested below. **If a section doesn't apply, write NA.**

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF	\$
	Title IV/TANF	\$
	Title IV/TANF	\$
	Full-Time Student Income (18 & Over Only)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Other _____	\$

Household Member Name	Source of Income	Monthly Amount
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Alimony</b>	
	Are you <i>entitled</i> to receive alimony?	◆ Yes ◆ No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	◆ Yes ◆ No
	If yes list amount you receive.	\$
	<b>Child Support</b>	
	Are you <i>entitled</i> to receive child support?	◆ Yes ◆ No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	◆ Yes ◆ No
	If yes, list the amount you receive.	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
<b>TOTAL GROSS ANNUAL INCOME</b> (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?		◆ Yes ◆ No
If yes, explain:		

**D. ASSETS**

If your assets are too numerous to list here, please request an additional form.

**If a section doesn't apply, write NA.**

Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
Trust Account	#	Bank	Balance \$
Certificates of Deposit	#	Bank	Balance \$
	#	Bank	Balance \$
Credit Union	#	Bank	Balance \$
Savings Bonds	#	Maturity Date	Value \$
Life Insurance Policy	#		Cash Value \$
Mutual Funds	Name:	#Shares:	Interest or Dividend \$ Value \$
Stocks	Name:	#Shares:	Dividend Paid \$ Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$ Value \$
Investment Property			Appraised Value \$
Real Estate Property: <i>Do you own any property?</i>			(circle one) ◆ Yes ◆ No
If yes, Type of property			
Location of property			
Appraised Market Value			\$
Mortgage or outstanding loans balance due			\$
Amount of annual insurance premium			\$
Amount of most recent tax bill			\$



Have you sold/disposed of any property in the last 2 years?	(circle one)	◆ Yes	◆ No
<i>If yes, Type of property</i>			
Market value when sold/disposed		\$	
Amount sold/disposed for		\$	
Date of transaction			
Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	(circle one)	◆ Yes	◆ No
<i>If yes, describe the asset</i>			
Date of disposition			
Amount disposed		\$	

Do you have any other assets not listed above (excluding personal property)?	(circle one)	◆ Yes	◆ No
<i>If yes, please list:</i>			

E. ADDITIONAL INFORMATION			
Have you or any member of your household ever been evicted from any housing?	(circle one)	◆ Yes	◆ No
<i>If yes, describe</i>			
Have you ever filed for bankruptcy?	(circle one)	◆ Yes	◆ No
<i>If yes, describe</i>			
Will you take an apartment when one is available?	(circle one)	◆ Yes	◆ No
<i>Briefly describe your reasons for applying:</i>			

#### F. REFERENCE INFORMATION

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Credit Reference #1:		
Address:		
Account #:		Phone #:
Credit Reference #2:		
Address:		
Account #:		Phone #:
Personal Reference #2:		
Address:		
Relationship:		Phone #:
Personal Reference #3:		
Address:		
Relationship:		Phone #:

#### G. VEHICLE AND PET INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned. Parking will be provided for only one vehicle.			
Type of Vehicle:		License Plate #:	
Year/Make:		Color:	
Type of Vehicle:		License Plate #:	
Year/Make:		Color:	
Do you own any pets?	(circle one)	◆ Yes	◆ No
<i>If yes, describe:</i>			



**TO COMPLETE THIS APPLICATION FOR TENANCY, PLEASE CAREFULLY READ ALL TERMS AND COMPLETE THE ATTACHED PAGES WHICH FORM PART OF THE APPLICATION.**

**PLEASE READ ALL TERMS CAREFULLY ON THIS FORM AND SIGN BELOW:**

**CHAMBERS CRESCENT** complies with all state and federal statutes which prohibit discrimination in the rental of dwellings. This application is subject to **CHAMBERS CRESCENT** and may without designating cause, be disapproved by them. I understand that this application creates no obligation for **CHAMBERS CRESCENT** or applicant. This application may be made part of my lease. I understand that the truth of the information contained herein is essential. If **CHAMBERS CRESCENT** deems any answer or statement herein to be false, or misleading, any lease granted by virtue of this application maybe canceled at their option.

**AGREEMENT, AUTHORIZATION AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION**

I understand that in conjunction with my application for tenancy, **CHAMBERS CRESCENT** may use the services of an outside agency to research and verify the information I have provided on my application for housing including my personal background, work history and qualifications. I therefore authorize **CHAMBERS CRESCENT**, CIS, CIS Management Inc., or Yardi Resident Screening (or any authorized entity hired for this purpose) to verify any information provided by me in this tenancy application and any supplemental attachments, including but not limited to: criminal conviction record, current and former employers, credit reports, and personal references and I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **CHAMBERS CRESCENT**, CIS, CIS Management Inc., Yardi Resident Screening and any authorized reporting agency.

I further agree, authorize and consent to **CHAMBERS CRESCENT**, CIS and/or CIS Management Inc. to obtain a consumer report as well as a criminal and sexual offender report from Yardi Screening Reports (or any other entity hired for this purpose) and/or investigative consumer report, which may contain information about my credit worthiness, credit standing, credit capacity, and criminal background.

In accordance with the Fair Credit Reporting Act, I will be notified by **CHAMBERS CRESCENT**, CIS and/or CIS Management Inc. if my tenancy is denied because of information obtained from a consumer reporting agency. I further understand that I may request a copy of the report from the consumer reporting agency having conducted the background investigations.

By signing this application, I hereby expressly release **CHAMBERS CRESCENT** and any agent, procurer or furnisher of information, from any liability what-so-ever 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 limitation, various law enforcement agencies.

**SIGNATURE FOR ALL ADULT HOUSEHOLD MEMBERS**

\_\_\_\_\_  
(Signature of Tenant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Co-Tenant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Co-Tenant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Co-Tenant)

\_\_\_\_\_  
Date

<sup>1</sup>For the purpose of this Application for Housing, the term **CHAMBERS CRESCENT** refers to **CHAMBERS CRESCENT, LLC** and its successors, assigns, divisions, affiliated or related entities, owners, partners, officers, directors, management and parent companies, including CIS and CIS Management Inc.



## Acknowledgment of Application for Housing Procedure

A completed, signed, dated application along with the required deposit (where applicable) is required to be considered for housing at Chambers Crescent. The Application will be time and date stamped upon receipt. Depending on availability the application will be logged in the waitlist book and processed or placed on the waiting list to be processed when an appropriate size unit becomes available. Once an application has been submitted, it cannot be altered or modified to add or remove members. Applicants that are rejected may respond to the owner in writing or request a meeting within 14 days to dispute the rejection. If the rejection of the applicant stands after a meeting or review of a written dispute, the applicant can re-apply after six (6) months and another application fee will be required, if applicable.

Management will conduct background screening (credit and criminal), including the Lifetime Sex Offender Registration status on all members of the applicant household age 18 and older. The application may be denied/rejected based upon information obtained and applicant household will be notified in writing. If the application has been accepted based upon the background screening, Management will request documents to verify information in the rental application to ensure that the household will meet the requirement of the HUD/LIHTC and or other applicable housing program for which the household is applying including but not limited to verifying all sources of income and will calculate it in accordance with applicable program guidelines. It may be determined during this process that the application requires additional information to process, which must be submitted within 48 hours of being notified. Failure to respond may cause for the application to be denied. Based upon this review, Management will determine if the file is suitable to be presented to New Jersey Housing and Mortgage Finance Agency, NJHMFA. In the event the file is determined not to be suitable the applicant will receive written notification.

Upon review and verification of the application, NJHMFA may still request additional information that must be presented to Management for submission to NJHMFA within 48 hours. Failure to provide the documents requested and/or based upon the information submitted, the application for housing may be rejected and/or denied.

An offer for housing will only be offered after Management has received NJHMFA approval. Management is not responsible if applicant gives notice or vacates their home prior to Management receiving NJHMFA approval.

By signing and dating below, I \_\_\_\_\_, acknowledge receipt of the Application for Housing Procedure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Tenant

\_\_\_\_\_  
Date



**MULTIPLE DWELLING REPORTING RULE TENANT/APPLICANT INQUIRY**

The **New Jersey Law Against Discrimination**, *N.J.S.A. 10:5-1 to -49*, makes it unlawful to discriminate in the sale or rental of housing based on a person’s race, creed, color, national origin, ancestry, nationality, affectional or sexual orientation, disability, gender, marital status, familial status (whether you have a child, a parent-child relationship with a minor, or you are pregnant), lawful source of income or rental subsidy used for rental payments.

The **New Jersey Division on Civil Rights** is the State agency that is authorized to enforce the Law Against Discrimination. Under the Division’s **Multiple Dwelling Reporting Rules**, *N.J.A.C. 13:10-1.1 to -2.6*, the Division requires landlords to collect and record information about applicants for apartment rentals and tenants in apartment complexes throughout New Jersey. The **Multiple Dwelling Reporting Rule** requires landlords to provide a summary of this information to the Division and to retain the information on this form. **The information is used to prevent and eliminate discrimination in housing.** Your cooperation in filling out this form will assist the Division in enforcing the Law Against Discrimination.

Please note that, although landlords must record certain information about the race and ethnicity of applicants and tenants, it is unlawful to record or ask applicants or tenants about other characteristics such as religion, gender, marital status or affectional or sexual orientation.

If you feel you have been denied housing or treated differently for one of the reasons listed above, you may contact the Division on Civil Rights at (609) 984-3138 for referral to a local Division office for additional information or assistance.



Visit the Division on Civil Rights Web site at: [www.NJCivilRights.org](http://www.NJCivilRights.org)

● ●  
Tenants/applicants: Fold & tear along dotted line and retain top portion for your records

**MULTIPLE DWELLING REPORTING RULE TENANT/APPLICANT INQUIRY**

**If the tenant/applicant chooses not to complete this form, the landlord or the landlord’s representative is required to conduct a visual observation of the tenant or applicant and then complete this form as accurately as possible.**

**This form is not intended to be a part of the rental application process and must be kept separate and apart from rental records.**

Tenant  Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Race/Ethnicity: Please check all that apply to leaseholders (tenants) or applicants.

- Black or African American:** a person having origins in any of the original peoples of Africa
- Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish origin or culture, or a person having a Spanish surname
- Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- American Indian or Alaska Native:** a person having origins in any of the original peoples of North or South America
- Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White or Caucasian:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Date: \_\_\_\_\_ Completed by:  Tenant  Applicant  Landlord

**If you have any questions regarding this inquiry please contact the Division on Civil Rights, Multiple Dwelling Unit at 609-984-3138 between the hours of 9:00 to 5:00 Monday through Friday, or e-mail the MDRR unit at [DCRMDRR@njcivilrights.org](mailto:DCRMDRR@njcivilrights.org)**



Supplemental and Optional 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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.	

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

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**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.