



Rental Application

Thank you for your interest in *Tennessee Green*, RPM's Newest apartment community in Atlantic City , NJ.

# of Bedrooms	Monthly Rent*	Minimum Income	Maximum Income Limit Per Number of Household Members*					
			1	2	3	4	5	6
1	\$680	\$25,302	\$30,180	\$34,500				
2	\$660-\$815	\$24,994	\$30,180	\$34,500	\$38,820	\$43,080		
3	\$765-\$940	\$28,971			\$38,820	\$43,080	\$46,560	\$49,980

Prices and Income limits are subject to federal regulation and may change without notice.

To ensure that you do not miss out on this opportunity, mail completed applications to;

**RPM Leasing Office
49 South Main Street
Pleasantville, NJ 08232**

- Complete and sign** the enclosed application in **Black Ink**, if something does not apply to you, please write **N/A**. White Out and/or cross outs are not allowed. Submit application to the address provided below together with **copies of all required documentation listed on the following page**.
- Submit a non-refundable **money order** in the amount of **\$30.00** for the application fee payable to: **RPM Management, LLC**
- Fully cooperate with the processing of your application and submit any additional documents requested by RPM Management LLC within **7 days** of any request.
- Sign all lease documents and pay a deposit within **48 business hours** from the date notified of approval by RPM Management, LLC.
 - Final** approval will be based on review of your final application and supporting documentation, minimum and maximum income restrictions, credit criteria, criminal history check and your financial ability to rent the apartment.
 - Availability of the unit type and price will be determined on the basis of the priority order, household size and income eligibility. Availability is contingent upon applications which may be ahead of yours. Even if approved for affordable housing, we cannot guarantee that the home which is offered will be affordable to you.
 - All household members who intend to reside in the home must be listed on the Application and Application Questionnaire. There can be no more than two persons per bedroom. Exceptions to the occupancy limit may be requested in writing and may be granted under exceptional circumstances, as described in the Resident Selection Policy.
 - If changes in household composition occur during the application process or there is a change of address, applicants are required to notify us in writing immediately. Applicants must be truthful, complete and accurate. Any false, inaccurate or incomplete statement makes the application null and void.
 - Applications will be processed on a first come, first served basis. Application must be completed in its entirety and returned with all necessary documents, (see attached). Any incomplete applications will not be processed until the application is completed and all documents have been received from the applicant.**

priority will be given to individuals or households who were directly affected by Superstorm Sandy

assistance is available for anyone who needs help with the English Language





Application Requirements

Application must be filled out completely in **black ink**. If something does not apply to you, please write **N/A**. White Out and/or cross outs are **NOT** allowed.

****APPLICATIONS WILL BE PROCESSED IN THE ORDER RECEIVED AND WILL NOT BE CONSIDERED COMPLETE UNTIL ALL DOCUMENTS ARE SUBMITTED. FAILURE TO SUBMIT DOCUMENTS OR FEE WILL DELAY YOUR APPLICATION PROCESS****

All applications must be submitted with copies of the following documents:

- Positive Photo ID**-Identification is required to run credit/background check
- Birth Certificates & Social Security Cards** for all persons who will reside in the apartment.
- Last 4 to 6 consecutive pay stubs** (four if you are paid biweekly or bimonthly, and six if you are paid weekly) for all household members 18 years of age or older. Must be employed at least 90 days. If applicable, you will also need a printout from the current month from the agency or fund that provides the source of income. For example, Public Assistance, SS, SSI, Pension, VA Benefits, Military Pay, Unemployment, etc. ****Must display ability to afford rent for 12 months****
- If you receive child support, please provide copy of court order or case number. (You can print online at njchildsupport.org) If you receive assistance from the other parent, please obtain a letter from the parent stating the amount and how often it's paid. IT MUST BE NOTARIZED. If you don't have a child support case open, please obtain a verification letter that states you don't have a child support order from your local child support services department.
- 2016 Federal Tax Return (1040 Form) & Education Credits (8863 Form, if applicable), for each household member 18 yrs of age or older. If you have not filed taxes, you will need a proof of non-filing from the IRS. We do not accept self-prepared tax returns. If you file self-employment (business) income you will need to provide the last 3 years Federal tax returns. You may download a copy right online at irs.gov/transcript. You may also request a copy of your tax return transcripts **or a letter of non-filing** by calling the IRS automated system at **1-800-829-104 OR you can visit the local IRS office located at 5218 Atlantic Ave, Mays Landing NJ 08330 to obtain it in person.**
- 2016 W2(s) or 1099 form(s) for each household member 18 years of age or older. You may obtain a copy of your W2 Transcripts or a letter stating no W2s were filed by following the Tax Return instructions above.
- Current bank statements from all accounts for each household member, **if applicable**. This includes: savings, checking, credit union, shared accounts, 401K, annuity, pension, retirement, life insurance policy, pre-paid cards etc.
- Last 3 rent receipts from your current landlord or a letter from whom you are residing with regarding the dates of residency, address and amount of rent paid. **It must be signed and dated by individual you are residing with.**
- Authorization and Consent to Release Information form must be signed by each household member over the age of 18 (one form per person). Please make extra copies if necessary.

IMPORTANT: Only once you've completed the application and made copies of the above items with money order, you may then mail in your application. Once your application has been reviewed, you will be contacted by phone or by mail.

PLEASE NOTE: APPLICATION & COPY OF DOCUMENTS WILL NOT BE RETURNED. WE DO NOT ALLOW ANY CHANGES TO THE APPLICATION ONCE IT IS SUBMITTED, UNLESS IT IS REGARDING A CHANGE IN INCOME OR ASSETS.



Tax Credit Housing Program

APPLICATION QUESTIONNAIRE

HOUSEHOLD INFORMATION

List all household members that are applying to live in this apartment:

Name First, Middle Initial, Last	Relationship to Head of Household	M/F	Social Security Number	Birth Date mo/day/yr

YES **NO (Must Check One)**

- 1. Do you expect any additions to your household within the next twelve months?**

Name & Relationship: _____

Explanation: _____

- 2. Is there anyone living with you now who won't be living with you at this property?**

Name & Relationship: _____

Explanation: _____

- 3. Do you have full custody of the child(ren) in your household?**
(If no, obtain proof of the amount of time the child(ren) will be living with you.)

Name & Relationship: _____

Explanation: _____

- 4. Are there any absent household members who under normal conditions would live with you?**
(For example, a spouse away in the military.)

Name & Relationship: _____

Explanation: _____

Signature

Date



APPLICATION FOR LEASE

How many bedrooms are you looking for?

(Must Check One) 2 bed 3 bed

Applicant Name: _____
LAST FIRST MIDDLE INITIAL

Social Security #: _____ **Date of Birth:** _____

Cell / Phone #: _____ **Email:** _____

Are you a full time student? Yes | No

Have you ever:

Declared bankruptcy? Yes | No If yes, discharge date: _____

Been evicted? Yes | No If yes, please explain: _____

Been convicted of a felony? Yes | No Explain: _____

CO-Applicant's Name: _____
LAST FIRST MIDDLE INITIAL

Social Security #: _____ **Date of Birth:** _____

Cell / Phone #: _____ **Email:** _____

Are you a full time student? Yes | No

Have you ever:

Declared bankruptcy? Yes | No If yes, discharge date: _____

Been evicted? Yes | No If yes, please explain: _____

Been convicted of a felony? Yes | No Explain: _____

OTHER OCCUPANTS

Full Name	Date of Birth	Social Security #	Relationship to Applicant	Full Time Student (Yes / No)

Current Address _____ **Apt#** _____ **City** _____ **State** _____ **Zip** _____

Dates: _____ **Monthly Payment:** \$ _____ **Rent / Own (Circle One)**
From To

Present Landlord/Mortgage Company: _____ **Phone #:** _____

Reason For Moving: _____

(If at current address for less than 1 year, fill below):

Previous Address	Apt#	City	State	Zip
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Do you own any pets? (Circle One) Yes No				
If yes, type of pet: _____	Breed: _____	How Many: _____		

ONLY COMPLETE THIS SECTION IF YOU HAVE SECTION 8:

Housing Authority you receive assistance from: _____

Name and Phone number of your caseworker: _____

Have you been released to move to a new apartment? (Circle one) Yes | No **If yes, attach supporting documentation**

Number of bedrooms your voucher is for (circle one) 1 Bed | 2 Bed | 3 Bed **Attach a copy of your voucher**

INCOME INFORMATION - List all full time, part time and self employment of all household members and the anticipated income from each source of employment during the next 12 month period.

Household Member	Name and Address of Employer	Position Held	Supervisor's Name and Phone #	Monthly Gross Income	Date of Hire

ASSETS

Checking Account	Yes	No	Bank:	Account #:
Savings Account	Yes	No	Bank:	Account #:
Share Account	Yes	No	Bank:	Account #:
Draft Account	Yes	No	Bank:	Account #:
Pension	Yes	No	Institution:	Account #:
401K	Yes	No	Institution:	Account #:
Life Insurance	Yes	No	Company:	Type of Policy: Term Whole Policy #:
Other	Yes	No	Explain:	

Have you disposed of any assets in the past 2 years? (Circle One) Yes No

TOTAL ANTICIPATED GROSS INCOME THROUGH THE NEXT 12 MONTHS

APPLICANT/HEAD OF HOUSEHOLD YEARLY SALARY: \$ _____
 (including additional jobs, tips, fees, bonuses and commissions)
CO-APPLICANT'S YEARLY SALARY: \$ _____
 (including additional jobs, tips, fees, bonuses and commissions):

ADDITIONAL INCOME

Child Support \$ _____
 Social Security \$ _____
 SSI/Disability \$ _____
 Public Assistance \$ _____
 Alimony \$ _____
 Veteran or Rail Road \$ _____
 Unemployment Benefits \$ _____
 Pension/Annuity \$ _____
 Medicare/Medicaid \$ _____
 Recurring Gift \$ _____
 Other \$ _____

TOTAL ADDITIONAL YEARLY INCOME = \$ _____

TOTAL ANTICIPATED YEARLY INCOME FOR HOUSEHOLD = \$ _____

VEHICLE

Year: _____ Make: _____ Model: _____ Color: _____
 Registered to: _____ License Plate#: _____ State: _____
 Description and tag numbers of any boat, motorcycle or camper van you may own: _____

EMERGENCY CONTACT

Name: _____ Phone Number: _____ Relationship: _____
 Address: _____
 Street Apt # City State Zip

All Applicants hereby authorize RPM Management, L.L.C. to verify my/our credit history and to verify any and all information set forth on this application, including release of information by any employer (present and former), any bank or savings and loan, and any lender, and hereby waive all right of action for any consequence resulting from such information. All such information hereon, and released as authorized by the applicant(s)'s signature below will be kept confidential. **ALL APPLICANTS REPRESENT THAT THE INFORMATION SET FORTH ON THIS APPLICATION IS TRUE AND COMPLETE.** Material misrepresentations on this application will constitute a default under the lease agreement between the parties. The application fee is non-refundable and all documents that are submitted to RPM will not be returned.

 Applicant's Signature Date Co-Applicant's/18 + Household Member Signature Date

 RPM Management Representative's Signature Date

THE LEASE AGREEMENT WILL NOT BECOME EFFECTIVE UNTIL THIS APPLICATION IS APPROVED BY MANAGEMENT.

Title VIII of the CIVIL RIGHTS ACT of 1966 makes discrimination based on race, color, religion, sex, financial status, or national origin illegal in connection with the rental of housing. The Federal agency which administers compliance with this law concerning this Company: Dept. of Housing & Urban Development



INFORMATION FOR GOVERNMENT MONITORING PURPOSES:

The information solicited below is requested by the building owner in order to assure the Federal Government, acting through the State Finance Agency that we comply with Federal Laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, familiar status, age and handicap.

You are not required to furnish this information but are encouraged to do so.

This information will not be used in evaluating our 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 observance or surname.

RESIDENT

I do not wish to furnish this information (initials) _____

CO-RESIDENT

I do not wish to furnish this information (initials) _____

RACE/NATIONAL ORIGIN

- American Indian Alaskan Native
- Asian, Pacific Island Black
- White Hispanic
- Other (specify) _____

RACE/NATIONAL ORIGIN

- American Indian Alaskan Native
- Asian, Pacific Island Black
- White Hispanic
- Other (specify) _____

SEX: Female Male

SEX: Female Male

How did you hear about us?

- Resident referral - who? Name _____ Address _____
- Referred by superintendent- who? Name _____ Address _____
- Piazza and Associates
- Star Ledger
- Other newspaper – which one: _____
- Craigslist
- Zillow
- Trulia
- Hotpads
- Banner/Drive By
- Postcard
- www.apartmentguide.com
- www.apartments.com
- www.rentatrpm.com
- Town Hall
- Housing Authority
- Other: _____



AUTHORIZATION AND CONSENT TO RELEASE INFORMATION

(Please complete one Authorization and Consent to Release Information form
for each household member over 18 years of age.)

Applicant's Name: _____

Address: _____

I, _____, hereby authorize RPM Management LLC to verify my credit history and to send verifications of **any and all** information set forth on my application, including release of information by any employer (present and former), any bank or savings and loans by any lender, and rental history information. I hereby waive all right to action for any consequence resulting from such information. All such information hereon, and released as authorized by my signature below will be kept confidential.

I agree that photocopies of this authorization may be used for purposes stated above.

I understand that my authorization will remain effective 120 days from the date of my signature and that the information will be handled confidentially in compliance with all applicable federal laws.

I understand that I may revoke this authorization at any time by written, dated communication.

I have read and understand the nature of this release.

Applicant's Signature

Date



AUTHORIZATION AND CONSENT TO RELEASE INFORMATION

(Please complete one Authorization and Consent to Release Information form
for each household member over 18 years of age.)

Applicant's Name: _____

Address: _____

I, _____, hereby authorize RPM Management LLC to verify my credit history and to send verifications of **any and all** information set forth on my application, including release of information by any employer (present and former), any bank or savings and loans by any lender, and rental history information. I hereby waive all right to action for any consequence resulting from such information. All such information hereon, and released as authorized by my signature below will be kept confidential.

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