

Date: _____

RESIDENT APPLICATION

Jewish Senior Housing and Healthcare Service
Saltzman House
1401 Springdale Road
Cherry Hill, NJ 08003

We are an all inclusive community.

1. Name (Head): _____ SS#: _____
(Last) (First) (MI)

Name (Spouse): _____ SS#: _____
(Last) (First) (MI)

Present Address: _____
(Street) (City)

State: _____ Zip: _____ County: _____

Telephone: () _____ Email: _____

2. Applicant's age: _____ Date of Birth: ____/____/____
(Month/Day/Year)

Spouse's age: _____ Date of Birth: ____/____/____
(Month/Day/Year)

3. Circle: MALE FEMALE

4. Circle (voluntary): Caucasian African American
American Indian Asian
Alaskan Hispanic
Native Pacific Islander Other

5. Circle: Own Real Estate: YES NO Rent: YES NO

a) If you own real estate, what is the market value of this property? \$ _____

Balance of mortgage, if any: \$ _____

b) If renting, fill in below:

Landlord's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____

Current Monthly Rent: _____ Monthly Utilities (Gas, Electric) _____

6. How many years have you lived at your present address? _____

7. Where did you live before? _____

8. Are you presently receiving a rent subsidy? YES _____ NO _____

HEALTH INFORMATION

1. What type of medical insurance do you have? _____

What is the yearly premium? \$ _____

2. Describe any problems you have performing activities of daily living, such as personal hygiene, cooking, housekeeping, medications.

GENERAL INFORMATION

1. Do you have any problems with your current housing, such as cost, maintenance, accessibility (physical barriers). etc.?

2. Are you presently employed? YES _____ NO _____

3. If not, are you actively seeking employment? YES _____ NO _____

4. Do you take care of your own finances, such as writing checks, insurance forms, etc.?
YES _____ NO _____

5. Are you a student? YES _____ NO _____

If yes, do you attend school FULL-TIME _____ PART-TIME _____

If no, are you planning to return to school? YES _____ NO _____

INCOME

This section must be completed by the applicant and/or spouse in order to be processed. List all **monthly** income.

	Applicant (monthly)	Spouse (Monthly)
Social Security (amount of check)	_____	_____
Amount of Medicare Part B Deduction	_____	_____
Salary (before deductions)	_____	_____
Pension/ Annuities (before deductions)	_____	_____
Other (explain)	_____	_____

ASSETS: List all assets, dividends and/or interest rates that you are currently earning annually. This includes savings accounts, checking accounts, CD's, stocks, IRA accounts (even if you are not drawing down), bonds, Treasury bills, money markets, etc.

	<u>Assets</u>	<u>Account #</u>	<u>Value</u>	<u>Current Interest/Dividend</u>	<u>Yearly Income</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

6. In the event that we are unable to reach you, please list the names and addresses of any family members and/or friends we should contact.

Name: _____ Phone: () _____

Address: _____

Relationship to Applicant: _____

Name: _____ Phone: () _____

Address: _____

Relationship to Applicant: _____

I understand that this is only an application for an apartment. It is not a lease or a promise by the owner that an apartment will be made available to me.

I certify that the foregoing information is true and complete to the best of my knowledge, and I authorize inquiries to be made to verify the statements above. Any falsification of information is grounds for rejection.

I/We authorize Jewish Senior Housing and Healthcare Service 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 Jewish Senior Housing and Healthcare Service 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 limitation, various law enforcement agencies. Any deliberate misstatement of facts will disqualify me for admission and, if admitted, will be grounds for eviction.

Applicant's Signature

Co-Applicant's Signature

Date

Date

PLEASE BE SURE ALL QUESTIONS ARE ANSWERED.

TENANT SELECTION

Responsibility for the tenant selection policy rests with Jewish Senior Housing and Healthcare Service. This will be done in accordance with JSHHS and State regulations and guidelines.

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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> 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	
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.	

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.