

# Freedom Village at Town Center South

Housing That Supports Independence 500 Ravens Road, Robbinsville, NJ 08691 Phone: 609-934-3600 / Fax: 609-934-3601 www.projectfreedom.org

# Re: Pre-Application for Freedom Village Town Center South

Dear Applicant,

Thank you for your interest in Freedom Village at Town Center South at Robbinsville.

- Please complete the attached pre-application and submit it for consideration.
- It is very important that you complete all fields and include everyone who will be living in the unit (regardless of age).
- An incomplete application could result in a returned application and a delay in getting on the waiting list.
- Applications are date and time-stamped when received.

There is a waiting list in each of our facilities, managed separately by each site manager. If you are interested in more than one of our sites, you must apply separately to each. General pre-applications for each site can be printed at <a href="https://www.projectfreedom.org">www.projectfreedom.org</a>.

- Please note the income requirements in place for the 1-, 2- and 3-bedroom units on the pre-app.
- To qualify, you must make the minimum specified for each size unit and not exceed the maximums per the number of people who will live in the unit.
- If you have an on-going rental assistance voucher, the income requirements may be adjusted.
- PO Box addresses are not acceptable and Social Security Numbers are required for each family member 18 and older.

Please note that your pre-application package includes a DISCLOSURE FORM that grants "permission" for the credit and criminal history background check. Every family member 18 or older must sign one of these forms and return it with the pre-application.

Eligible candidates will be sent a full tenant application, be required to provide financial documentation based on a checklist of requirements, and be determined eligible or ineligible at time of interview. Keep us apprised of any change of address or contact information or we will not be able to reach you when your name comes up on the waiting list.

Sincerely,

Sharon Johnson

Sharon Johnson Property Manager 609-934-3600

**Project Freedom, Inc.** is a 501(c)(3) non-profit organization that develops and operates barrier-free housing to enable individuals with disabilities to live independently. While it may not be a requirement for tenancy, all units are wheelchair accessible.

## Freedom Village at Town Center South (Robbinsville)

Beautifully designed

1, 2, and 3 Bedroom Apartments

Applicants <u>must</u>
Meet minimum income requirements
and cannot exceed maximums

Freedom Village at Town Center South 500 Ravens Road, Robbinsville, NJ 08691 609-934-3600 (p) / 609-934-3601 (fx) npailla@projectfreedom.org

## Minimum income for eligibility is:

\$23,000 for one bedroom, \$25,000 for two bedrooms and \$27,000 for three bedrooms per household per year.

Office Hours: Monday –Friday 9-5 PM – Summer Hours: 9:00 – 4:30 PM MAXIMUM INCOME LIMITS

Household Size	1 person	2 people	3 people	4 people	5 people	6 people	7 people
(# of people)							
Maximum Income 50%	\$52,920	\$60,480	\$68,040	\$75.540	\$81,600	\$87,660	\$93,720
(very low)		,	, , .	, -,-	, - ,	, , , , , ,	, , ,

Rents (To be eligible for units you must be within income restrictions for each type)

1 Bedroom **\$933.00** 

2 Bedroom (50% Unit) **\$1,123.00** 

3 Bedroom (50% Unit) \$1,298.00

NOTE: Tenant is responsible for Gas, Electric and Water Bills

**Incomes and Rents subject to change** 

Housing Choice/Section 8 Vouchers Accepted All Units Are Spacious and Wheelchair Accessible



**Equal Opportunity Employer** 

**Equal Opportunity Housing** 



# Project Freedom, Inc Pre-Qualifying Application Freedom Village at Town Center South

YOU MUST HAVE A
MINIMUM TOTAL
HOUSEHOLD INCOME OF:

\$23,000 – to qualify for a 1bedroom apartment \$25,000 – to qualify for a 2bedroom apartment \$27,000 — to qualify for a 3bedroom apartment

All fields are required (	select desired bedroon	n size(s):					
	1 Bedroom	☐ 2 B	edroom 🗌	3 Bedroo	om		
ALL FIELDS ARE RE	QUIRED						
Applicant Name:			Street Address:				
City/State		Zip:	_	County			
Contact Phone #:	Social	Sec #:		Date of B	irth:		
eMail:		Sex (M/F):	Married	Single	Divorced	Separated	
If employed, what county	do you work in?	_					
Co-Applicant	☐ Yes ☐ No						
Co-Applicant Name:			Street Address:				
City/State		Zip:	<u> </u>	County			
Contact Phone #:	Socia	al Sec #:		Date of Birth:			
eMail:		Sex (M/F):	Married [	Single	Divorced	Separated	
If employed, what county	do you work in?	<u>-</u>					
		**	****				
•	Assistance Voucher? worker name: per and Agency Name:		Yes No				
If yes, Case	DD services? velopmental Disabilities worker name: per and Agency Name:	_	Yes No				
<ol> <li>Have you, or ar</li> <li>Are you, or any requirement undother State's Se</li> </ol>	ny members of your house ny members of your house members of your house der the New Jersey Stat ex Offender Registration one else in your househo	sehold, ever ehold, subjec e Sex Offend Program?	been convicted of a t to a lifetime regist der Registration Pro	tration ogram or any	☐ Ye	es	

While Project Freedom Inc. designs every housing unit <u>100% physically accessible for people with disabilities</u> who use wheelchairs or other mobility devices, it is not a requirement for tenancy. This development accommodates both disabled and non-disabled people/families.

Household Composition and Income: (Must include all members expected to live in the unit)

Name	Relationship to Head of House	Social Security #	Date of Birth	Marital Status	Sex (M/F)	Projected Gross Yearly Income	Full-Time Student? (12 credit/semester)
1.	Head of Hhold					\$	☐Yes ☐No
2.						\$	☐Yes ☐No
3.						\$	☐Yes ☐No
4.						\$	☐Yes ☐No
5.						\$	☐Yes ☐No
6.						\$	☐Yes ☐No
7.						\$	☐Yes ☐No

Please list all the sources where household Income comes from:

SOURCES OF INCOME	Applicant's Current Gross Yearly Income	<u>Co-Applicant's</u> Gross Yearly Income	Other Household Member's Gross Yearly Income
Salary	\$	\$	\$
Social Security	\$	\$	\$
Pension	\$	\$	\$
Child Support/Alimony	\$	\$	\$
All Other Income	\$	\$	\$
<b>Total Annual Income</b>	\$	\$	\$

\*\*\* Add a separate page if additional family members have income.

<b>Release of Information Stat</b>	ment Provided by Applicant	
I/We,	attest that the information provided in this pre-application is true, and to the	best
of my/our knowledge is correct	nd complete. I/We verify that I/we will provide prompt notice to Project Front Fro	eedom
Inc. should there be any change	n my/our circumstances.	
* *	nt(s) have a responsibility to remain in contact with Project Freedom when failure to do so will result in the application becoming inactive. (everyone 1st sign)	8 or
Signed:	Date:	

If you pre-qualify, you will be sent an "eligible" letter. If you do not pre-qualify, you will be notified in writing.



Equal Opportunity Employer - Equal Opportunity Housing

Mail this pre-qualifying application back to:

Freedom Village at Town Center South Attn: Neeraja Pailla, Leasing Manager 500 Ravens Road, Robbinsville, NJ 08691

#### 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, affectation 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 filing 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 affectation or sexual orientation.

If you feel you have been denied housing ore treated differently for one of the reasons listed about, 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

	nts/applicants: Fold & tear along d IPLE DWELLING REPORTI			
If the tenant/applicant chooses visual observation of the tenant				ve is required to conduct :
This form is not intended to be a	part of the rental application pro	cess and must be k	sept separate and apart from	n rental records.
☐ Tenant ☐Applicant N	ame:			
Address:				
City:	State:	Zip Code:	Phone:	
	nerican: a person having origins in a person of Cuban, Mexican, Puert	any of the original		unish origin or culture, or a
	ing origins in any of the original peria, Japan, Korea, Malaysia, Pakista			an subcontinent, including
	Alaska Native: a person having of other Pacific Islander: a person have been person have be	•		
☐ White or Caucasian	a person having origins in any of	the original people	s of Europe, the Middle East,	or North Africa
Date:	Completed by:	☐ Tenant	☐ Applicant	Landlord
	If you have any questions rega	arding this inquiry,	please contact the	

between the hours of 9:00 to 5:00 Monday through Friday, or e-mail the MDRR unit at <a href="mailto:DCRMDRR@njcivilrights">DCRMDRR@njcivilrights</a>

Division on Civil Rights, Multiple Dwelling Unit at 609-984-3138

# DISCLOSURE FORM TO OBTAIN CONSUMER REPORTS FOR TENANT PURPOSES

Please Read Carefully Before Signing the Authorization

#### DISCLOSURE

In considering you for tenancy and, if you are selected, in considering you for continued housing, Project Freedom, Inc. ("the Company") may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency.

#### For explanation purposes:

- A "consumer report" is a written, oral, or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making a tenant-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- An "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for tenant purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

#### **AUTHORIZATION**

under the age of 18)

I have read and understand the foregoing Disclosure, and authorize Project Freedom, Inc. to obtain and rely upon consumer reports or investigative consumer reports concerning me.

By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in their decision about me. I also consent to have any legally required notices sent electronically.

I 

do 

do not authorize you to contact my current employer for Employment and Reference Verifications.

ecking "I do" will authorize inquires	to the Human Resources Department and to any	listed superv
Printed Name	Applicant Signature	Date
Parent or Legal Guardian Printed Name (for searches conducted on minors	Parent or Legal Guardian Signature	Date