



Sterling Village Senior Residence
1 Sterling Drive
Piscataway, NJ 08854
Phone: 732-699-0033
Fax: 732-463-0647

Dear Applicant,

Thank you for your interest in the Sterling Village Senior Housing. Sterling Village offers studios, one and two bedroom units for senior citizens 62 and older who meet the income requirements for low to moderate income households as defined by COAH.

In order to be deemed eligible for an affordable housing unit, you must meet certain income criteria as determined by the New Jersey Council on Affordable Housing. **Proof of gross annual household income** is required to assure that you are qualified. You must also demonstrate that your income is adequate to be able to afford and maintain the unit. Income limits are determined by region. Our housing units are located in REGION 3.

Affordable units must be occupied by the named renter and be used as your primary residence. Each renter shall certify in writing that he/she is renting the affordable unit for the express purpose of primary living quarters and for no other reason beyond what is allowable.

When you submit an application, an income certification will be conducted to determine your specific category i.e. very low, low or moderate. Once your category is identified, you will be placed on the waiting list until a unit that matches your category becomes available.

Only the application itself should be submitted at this time. Do not attach any other documents to your application. When we are up to your name we will send you a letter to come in for a briefing. The letter will outline the necessary documents that you will need to bring with you.

You will need a good credit history and must satisfactorily pass the landlord's credit and criminal history screenings. There is a \$35.00 non-refundable application fee per adult per application (**certified check or money order no personal checks** made payable to The Township of Piscataway). Applications with no application fee will be returned. Each applicant will be considered in the overall credit worthiness of the application.

Sterling Village promotes healthy living and in 2017 we adopted a No Smoking Policy.

Thank you again for your interest in our affordable housing program. Please remember that all applications and supporting documents are held in the strictest confidence. If you have any questions, please feel free to contact the property manager directly at 732-699-0033.

Sincerely, Township of Piscataway



Smoke Free Housing





Sterling Village Senior Residence

Housing Application

Rents

	Studio	One Bedroom	Two Bedrooms
Very Low	641	687	825
Low	1,069	1,144	1,374
Moderate	1,283	1,374	1,649

Minimum Income

	Studio	One Bedroom	Two Bedrooms
Very Low	19,224	20,620	24,737
Low	32,064	34,332	41,205
Moderate	34,484	41,205	49,474

Maximum Income

	1 Person	2 Person	3 Person	4 Person
Very Low	28,476	32,544	36,612	40,680
Low	47,460	54,240	61,020	67,800
Moderate	75,936	86,784	97,632	108,480



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OFFICE USE ONLY

Date received: _____

Time received: _____

Reviewed by: _____

HOUSING APPLICATION FOR STERLING VILLAGE APARTMENTS

Please include a \$35.00 non-refundable application fee per adult (**certified check or money order**, **no personal checks** will be accepted) made payable to The Township of Piscataway.

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR BOTH THE TENANT AND CO-TENANT (if applicable)

HOUSEHOLD COMPOSITION:

Applicant Name: _____ Sex: Male _____ Female _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

Home Phone #: _____ Work Phone _____

Cell Phone #: _____ Email Address: _____

Current Address: _____

City: _____ State: _____ Zip Code _____ County _____

Mailing Address if Different: _____

Unit Size: _____ Studio _____ 1Bedroom _____ 2Bedroom

Co-Applicant Name: _____ Sex: Male _____ Female _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

Home Phone #: _____ Work Phone _____

Cell Phone #: _____ Email Address: _____

Current Address: _____

City: _____ State: _____ Zip Code _____ County _____

Mailing Address if Different: _____



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Household Information: Complete the following information for each household member that will occupy the unit at time of move-in:

Name	Relationship to Applicant	Sex	Age	Annual Income Gross	Source(s) of income
1.					
2.					
3.					
4.					

1.) Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members?

Yes No

If YES, explain _____

2.) Do you expect the number of household members to change in the future?

Yes No

If YES, explain how many members will be added or reduced, and when that change will take place. _____

3.) Have any of the household members used names or a social security number other than the names and numbers used above? Yes No

If YES, explain _____

4.) Have you ever filed or are you currently filing for bankruptcy? Yes No

If YES, Date of filing: _____ Discharge date: _____

5.) Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent or for any other reason?

Yes No

6.) Is there any other applicable information/comments or special details about your household situation? Yes No



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INCOME INFORMATION:
 (Check either YES or NO to each question.)

Do you or anyone in your household receive or expect to receive income from:

YES **NO**

 1. Employment wages or salaries? Gross income
(Include overtime, tips, bonuses, commissions and payments received in cash.)

Household Member: _____ **Employer:** _____

Employer Address: _____ **Phone#:** _____

Amount earned: _____ **Per:** _____

YES **NO**

 2. Unemployment benefits or workman's compensation?

Source	Household Member	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____

YES **NO**

 3. Public/General Assistance?

Source	Household Member	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____

YES **NO**

 4. Social Security, SSI or any other payments from the Social Security Administration? Gross vs. net

Source	Household Member	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____



YES NO

5. Veteran's benefits, pensions, retirement benefits or annuities? Gross

Source	Household Member	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____

YES NO

6. Payments from rental property, land contracts or other forms of real estate?

Source	Household Member	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____

YES NO

7. Lottery winnings?

Source	Household Member	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____

YES NO

8. Regular gifts or payments from anyone outside of the household?

Source	Household Member	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____

YES NO

9. Any other income sources or types not listed?

Source	Household Member	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____



Asset Information:

(Include all assets held, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided. Include ALL assets held by ALL household members including minors.)

Do you or anyone in your household hold any of the following:

YES NO

 1. Checking or savings accounts?

Bank	Household Member	Current Balance	Account number
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

YES NO

 2. CDs, money market accounts?

Bank	Household Member	Current Balance	Account number
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

YES NO

 3. Stocks, bonds or securities?

Bank	Household Member	Current Balance	Account number
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

YES NO

 4. Pensions, IRAs, KEOGH or other retirement accounts?
(Accounts held as an investment with no reoccurring deduction/payout)

Bank	Household Member	Current Balance	Account number
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____



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YES **NO**

5. Cash on hand over \$500? (*Monies not currently held in bank accounts*)

Household Member: _____

Amount: _____

YES **NO**

6. Have you or any household member disposed of or given away any assets for LESS than fair market value within the past 2 years?

Household Member: _____

Amount: _____

Explanation: _____

Rental Assistance:

YES **NO**

1. Will your household be receiving Section 8 rental assistance?

Name of Agency: _____

Contact Person: _____

Rental History:

CURRENT RESIDENCE:

IF YOU RENT:

Monthly Rent: \$ _____ Monthly Utilities: \$ _____ How Long have you lived there? _____

1. Name of Landlord or Apartment Complex: _____

Address of Landlord: _____ Phone: _____

IF YOU OWN YOUR HOME:

Do you have a mortgage? Yes () No () If yes, what is your mortgage balance? \$ _____

Current Market Value \$ _____ Monthly Mortgage Payment \$ _____

Annual Real Estate Taxes \$ _____ Annual Insurance Premium \$ _____

Do you plan to sell the property? Yes () No () Do you plan to rent the property? Yes () No ()



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Previous Housing

List the past 3 years of housing references (if additional space is required, use the back of this page).

<u>Landlord's name/address</u>	<u>Address of apt/house</u>	<u>Own/rent</u>	<u>Dates</u>
1. _____ _____	_____	Own <input type="checkbox"/>	_____
Phone (____) _____		Rent <input type="checkbox"/>	_____
2. _____ _____	_____	Own <input type="checkbox"/>	_____
Phone (____) _____		Rent <input type="checkbox"/>	_____
3. _____ _____	_____	Own <input type="checkbox"/>	_____
Phone (____) _____		Rent <input type="checkbox"/>	_____

All questions that were answered YES will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers where applicable and any other information required to expedite this process.

I, (We), certify that the information in this application is true and complete to the best of my/our knowledge and belief.

I understand that this is a preliminary application and the information provided does not guarantee housing. Additional information and verifications may be necessary to complete the application process.

By signing this document, I/we hereby authorize The Township of Piscataway and/or it's agents (*Lutheran Social Ministries of NJ*) to request, compile, review and obtain copied documentation of any financial records that the Program deems necessary to ascertain eligibility for affordable housing. These may include but are not limited to Federal Income Tax Returns, Social Security and Disability Benefits, Unemployment Benefits, Welfare, Savings, Certificates of Deposit, Dividends and any interest bearing accounts, profit and loss statements, etc.

I understand that in compliance with the FAIR CREDIT REPORTING ACT the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information I provided, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions.



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I/we also understand that all financial information will remain confidential and will be used only for the above described purpose.

WARNING: Section 1001 of Title I B of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction it is a criminal offense to make willfully false statements or misrepresentation on this preliminary application and may be grounds for denying residency.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

RETURN APPLICATION TO:
Sterling Village Senior Residence
1 Sterling Drive
Piscataway, NJ 088540
Attn: Property Manager

