

Dear Applicant:

Thank you for your interest in Marveland Crescent, an affordable community located in the Flanders section of Mt. Olive, New Jersey.

Nestled in a park like setting, Marveland Crescent features beautiful one-, two-, and threebedroom apartment homes with spacious layouts, modern amenities, and energy efficient systems.

## Marveland Crescent is a No Smoking and Pet Free Community.

Marveland Crescent is funded through the Low-Income Housing Tax Credit Program (LIHTC) administered by the New Jersey Housing and Mortgage Finance Agency (NJHMFA) and income restrictions apply. This means that your household gross annual income cannot exceed the maximum area median income guidelines below. Gross income consists of the total income a household receives annually through employment, social security, pension, disability, child support, rental income, IRA's, annuities, and includes annual interest earned on all assets and investments.

Area Median Income Morris County	BR Size	1 Person Max. Annual Income	2 Person Max. Annual Income	3 Person Max. Annual Income	4 Person Max. Annual Income	5 Person Max. Annual Income	6 Person Max. Annual Income	Rent*	Minimum Annual Income (Total Household)
60% of Area Median Income	1 BR	\$48,300	\$55,200	n/a	n/a	n/a	n/a	\$1,227	\$29,448
60% of Area Median Income	2 BR	n/a	\$55,200	\$62,100	\$69,000	n/a	n/a	\$1,479	\$35,496
60% of Area Median Income	3 BR	n/a	n/a	\$62,100	\$69,000	\$74,520	\$80,040	\$1,708	\$40,992

## **Rent & Income Chart**

\*Rent is Subject to Change

## ACKNOWLEDGMENT OF APPLICATION FOR NEW COMMUNITY HOUSING PROCEDURE:

Please complete the attached application by following the given instructions and send it in along with the appropriate application fee. Once your application and fee are received, Marveland Crescent will conduct a background screening (credit and criminal, including federal sex offender registry) on all adult members of the applicant household. An application may be denied or rejected based upon information obtained and an applicant household will be notified in writing. If the application has been accepted based upon the background screening, Marveland Crescent will then request the documents (listed in the application from you to verify information in the rental application to ensure that the household will meet the requirements of the LIHTC program. Marveland Crescent will verify all sources of income and will calculate it in accordance with applicable LIHTC program guidelines. You will be given a date and time for an interview to collect the documents. At this interview, you will need to bring the documentation listed in the application, as well as a \$100.00 deposit. If you are deemed unqualified at





any time during the application process, this deposit will be returned to you. However, if you are deemed income qualified and decide to back out of taking an apartment, this deposit will not be refunded to you (this is because the income qualification process takes a lot of time and effort on the part of staff). Once Marveland Crescent collects all the necessary paperwork from you, they will send out 3<sup>rd</sup> party verifications as needed to determine your income. The length of this process varies and depends mostly on how quickly the 3<sup>rd</sup> parties complete requests. It may be determined during this process that the application requires additional information to process, which must be submitted by the applicant within 48 hours of being notified. Failure to respond may be cause for the application to be denied.

Based upon this review, Marveland Crescent will determine if the file is acceptable to be presented to NJHMFA. In the event the file is determined not to be acceptable, the applicant will receive written notification and their deposit will be returned. Upon review and verification of the application NJHMFA may still request additional information that must be presented to Marveland Crescent 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 or denied. An offer for housing will only be offered after Marveland Crescent has received NJHMFA approval. acceptable is not responsible if an applicant gives notice or vacates their home prior to Marveland Crescent receiving NJHMFA approval.

By signing and dating below, I acknowledge that I have read the application process for new communities.

Signature (Head of Household)
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Signature of Co-Tenant

Signature of Co-Tenant

Signature of Co-Tenant

Complete the attached application in its entirety.

Date

Date

Date

Date





## **Application Instructions**

#### 1. PLEASE READ CAREFULLY

- Applications will be processed in order of date and time received.
- There is a \$50 application fee\* for each applicant age 18 and older, which must be submitted with a completed application in the form of a **Money Order or Certified Bank Check**.
- Incomplete applications or applications not accompanied by the appropriate documentation or fees will not be processed and will be returned.

\* Application fee is waived for applicants that are currently participating in the Section 8 and/or Public Housing Program.

#### 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; <u>do not leave any questions blank.</u> Do not cross out or use white out on the application.

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

#### 3. <u>SIGNATURES</u>

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 statements 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 four (4) consecutive unemployment check stubs

#### 5. <u>PLEASE RETURN APPLICATION AND MAKE MONEY ORDER OR CERTIFIED BANK CHECK PAYABLE TO:</u> "MARVELAND CRESCENT" 1000 Marveland Crescent Flanders, N.J. 07836

Should you have any questions, please feel free to contact MARVELAND CRESCENT at: (862) 251-7227.

Thank you, MARVELAND CRESCENT Staff





# **Application for Affordable Housing**

This is an application for housing at:	Community: Marveland Cre	scent					
Please complete this application and return to:		1000 Marveland Crescent Flanders, N.J. 07836					
Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this completed tenant application. All questions must be answered, or application will be considered incomplete and returned. <u>Please print clearly. If a section doesn't apply, write N/A. Do not cross out or use white out.</u>							
	A. GENERAL INFORMAT	TON					
Applicant Name(s):							
Address:	Apt.# City	State ZIP					
Daytime Phone:		Evening Phone:					
Email Address:		_ Do you ◆ RENT or ◆ OWN (circle one)					
No. of Bedrooms       ● 1 BEDROOM       ● 2 BEDROOM       ● 3 BEDROOM         Requested:       (circle one)       Do you require a handicap apartment? ◆ Yes ◆ No (circle one)         (Limited by Household size)       Amount of current monthly rental or mortgage payment:       \$							
If owned, do you receive monthly rental income fro	om property?	(circle one)					
Circle utilities paid by you:	icity ♦ Gas ♦ Other (s	pecify)					
Approximate monthly cost of utilities paid by you (e	excluding phone and cable TV):	\$					
Do you receive rental assistance? (Example: Section	a 8 or any other type of voucher)						
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.):							
List ALL persons who will live in the house. List the							

	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? 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 an return?	other's tax (circle one)	♦ Yes	♦ No





C. INCOME List ALL sources of income as requested below. If a section doesn't apply, write N/A.						
Household Member Name	Source of Income	Gross Monthly Amount				
	Social Security	\$				
	Social Security	\$				
	SSI Benefits	\$				
	SSI Benefits	\$				
	Pension (list source)	\$				
	Veteran's Benefits (list claim #)	\$				
	Unemployment Compensation	\$				
	Unemployment Compensation	\$				
	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	\$				
	Other	\$				

Household Member Name	Source of Income	Gross Monthly Amount				
	Employment amount	\$				
	Employer:					
	Position Held					
	How long employed:					
	Employment amount	\$				
	Employment amount					
	Employer:					
	Position Held					
	How long employed:					
	Alimony					
	Are you <i>entitled</i> to receive alimony?	◆ Yes ◆ No (circle one)				
	If yes, list the amount you are <i>entitled</i> to receive.	\$				
	Do you receive alimony?	◆ Yes ◆ No (circle one)				
	If yes, list amount you receive.	\$				





Child Support			
Are you <i>entitled</i> to receive child support?	♦ Yes	<ul> <li>No (circle one)</li> </ul>	
If yes, list the amount you are <b>entitled</b> to receive.	\$		
Do you receive child support?	♦ Yes	<ul> <li>No (circle one)</li> </ul>	
If yes, list the amount you receive.	\$		
Other Income:	\$		
Other Income:	\$		
ly amounts listed above x 12)	\$		
R	\$		
Do you anticipate any changes in this income in the next 12 months? (circle one)			
	Are you entitled to receive child support?         If yes, list the amount you are entitled to receive.         Do you receive child support?         If yes, list the amount you receive.         Other Income:         Other Income:         Ily amounts listed above x 12)	Are you entitled to receive child support? <ul> <li>Yes</li> <li>If yes, list the amount you are entitled to receive.</li> <li>Do you receive child support?</li> <li>Yes</li> <li>If yes, list the amount you receive.</li> <li>S</li> <li>Other Income:</li> <li>\$</li> <li>Other Income:</li> <li>\$</li> <li>If yamounts listed above x 12)</li> <li>R</li> <li>\$</li> <li>S</li> <li>Yes</li> <li>Yes<!--</td--></li></ul>	

			D. ASSETS				
	If your as			please request an add	litional form.		
		If a section	on doesn't app	ly, write N/A.			
Checking Accounts	#		Bank		E	Balance	e \$
	#		Bank		E	Balance	e \$
Savings Accounts	#		Bank		E	Balance \$	
	#		Bank	Bank		Balance \$	
Trust Account	#		Bank		E	Balance \$	
	#		Bank		E	Balance \$	
Certificates of Deposit							
	#		Bank		E	Balance	e \$
Credit Union	#		Bank		E	Balance \$	
Savings Bonds	#		Maturity Date		١	Value \$	
Life Insurance Policy	#				C	Cash Va	alue \$
Mutual Funds	Name:	#Shares:	Interest or Dividend \$		d \$ Value		Value \$
Stocks	Name:	#Shares:		Dividend Paid \$			Value \$
Bonds	Name:	#Shares:		Interest or Dividend	\$		Value \$
Investment Property					Appraised V	alue \$	

Real Estate Property: Do you own any property?	(circle one)	♦ Yes ♦ No
<i>If yes,</i> 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,</i> Type of property	
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 Ti	rust Accounts)?
(circle one)	♦ Yes ♦ No
<i>If yes,</i> describe the asset	
Date of disposition	
Amount disposed	\$

Do you have any othe	er assets not listed above (excluding personal property)?	(circle one) ◆ Yes ◆ No
If ves please list.		





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

F. REFERENCE INFORMATION					
Current Landlord Prior Landlord	Name:				
	Address:				
	Home Phone:				
	Bus. Phone:				
	How Long?				
	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 INFORMATION (if applicable)					

G. VEHICLE 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:				





## PLEASE READ ALL TERMS CAREFULLY ON THIS FORM AND SIGN BELOW

**MARVELAND CRESCENT** complies with all state and federal statutes which prohibit discrimination in the rental of dwellings. This application is subject to **MARVELAND CRESCENT** and may without designating cause, be disapproved by them. I understand that this application creates no obligation for **MARVELAND 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 **MARVELAND 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, **MARVELAND 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 **MARVELAND 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 **MARVELAND CRESCENT**, CIS, CIS Management Inc., Yardi Resident Screening and any authorized reporting agency.

I further agree, authorize and consent to **MARVELAND 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 **MARVELAND 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 **MARVELAND 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(S)

(Signature of Tenant)

(Signature of Co-Tenant)

(Signature of Co-Tenant)

(Signature of Co-Tenant)

Date

Date

Date

Date

<sup>1</sup>For the purpose of this Application for Housing, the term MARVELAND CRESCENT refers to MARVELAND 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.





#### 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

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