

**AFFORDABLE RENTAL HOUSING APPLICATION**

The "M" at Morristown  
35 Turtle Road, Morristown NJ

Applicant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City/State/Zip \_\_\_\_\_ TOTAL Gross Household Income: \$ \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Number of People in Family: \_\_\_\_\_ Number of Bedroom(s): \_\_\_\_\_

**ADDITIONAL HOUSEHOLD MEMBERS INFO:**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Relationship to Head of Household: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Relationship to Head of Household: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

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Relationship to Head of Household: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Relationship to Head of Household: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Do you currently rent a residence in Essex, Morris, Union or Warren County? \_\_\_\_\_

If Renting, please specify landlord's name / address / phone number:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Any household member(s) with Special Needs? Yes \_\_\_ No \_\_\_ Do you have any pets? \_\_\_\_\_

**Applicant Questionnaire: Please answer the following questions:**

Are all members of the household US Citizens or permanent residents of the United States?..... Yes \_\_\_ No \_\_\_

Has anyone in the family, as appearing on this application, been convicted of a felony?..... Yes \_\_\_ No \_\_\_

Has anyone on this application been evicted from a rental unit in the past?..... Yes \_\_\_ No \_\_\_

Is anyone named on this application subject to a lifetime registration as a sex offender?..... Yes \_\_\_ No \_\_\_

Do you received Section 8 Rental Assistance?..... Yes \_\_\_ No \_\_\_

**EMPLOYMENT INFORMATION**

**Applicant's Employer:** \_\_\_\_\_ # of Years Employed: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Annual Gross Salary? \_\_\_\_\_

**Spouse/Partner's Employer:** \_\_\_\_\_ # of Years Employed: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Annual Gross Salary? \_\_\_\_\_

**OTHER HOUSEHOLD INCOME - NECESSARY for ALL working household members - Part-time or Full-time.  
IF NECESSARY, USE ADDITIONAL SHEET FOR OTHER HOUSEHOLD MEMBERS**

**Household Member's Name:** \_\_\_\_\_  
Additional Employer: \_\_\_\_\_ # of Years Employed: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Annual Gross Salary? \_\_\_\_\_

**CERTIFICATION**

I (we) hereby certify that the information provided herein is true and accurate to the best of my knowledge. I (we) further agree that the representation contained in this application and the required documentation relied upon by the Silverman Group and REHABCO, Inc., in connection with its determination of my eligibility shall become part of the non-returnable application to include all documentation, that if found to be false or misleading will result in a termination of any signed contract of real estate. I permit the Silverman Group or its designee to verify all information contained in this application and will provide any information needed to determine eligibility.

I (we) certify that if approved for affordable housing at The M at Morristown, it will serve as my only residence. I also certify that all income and other relevant data of all household members who will be occupying the unit have been fully disclosed herein. I (we) understand that in the event I (we) am selected by lottery that all household members will be subject to a criminal and civil litigation background check by the Silverman Group and Rehabco, Inc. Based on this information and the applicable suitability and screening procedures, I (we) may be deemed ineligible to rent said unit. I (we) hereby permit the staff of Rehabco Inc. to request, compile, review and obtain verification and/or documentation of any and all financial information which the program deems necessary to ascertain my eligibility for affordable rental housing. This may include but is not limited to federal income tax returns, social security and disability benefits, unemployment benefits, welfare, savings, and certificates of deposits, pension, assets, profit and loss statements, dividends and any interest bearing accounts.

\_\_\_\_\_  
Applicant Signature Date Co-Applicant Signature Date

**Please mail the signed completed forms with attachments to:**  
Rehabco, Inc.  
44 E. Water St., 2nd FL  
Toms River, NJ 08753

**THE "M" AT MORRISTOWN  
AFFORDABLE RENTAL HOUSING APPLICATION**

**ALL OF THE FOLLOWING APPLICABLE DOCUMENTS MUST BE SUBMITTED WITH YOUR APPLICATION FOR ALL HOUSEHOLD MEMBERS.**

**Any item not applicable must be marked "N/A", sign and return with application.**

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Copies of last year's Federal **AND** State Income Tax Returns for **ALL** household members. **INCLUDE ALL W-2s, 1099s, schedules and attachments . BE SURE TO SIGN THE COPIES OF TAX RETURNS.**

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Copies of three (3) recent pay stubs showing gross year-to-date amounts. If not available, please obtain a letter from your place of employment stating your gross year-to-date and total gross annual income.

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Copies of the annual Social Security and Supplemental Security Statements. If this is not available, please obtain a letter from the Social Security office stating your annual income.

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Copies of Disability statements. This must state the beginning and ending dates, as well as the amount received.

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Copies of Welfare statements. This must state the beginning and ending dates, as well as the amount received. If not available, please obtain a letter from the Welfare Office.

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Copies of Unemployment statements. This must state the beginning and ending dates, as well as the amount received. If not available, please obtain a letter from the Unemployment Office.

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Copies of Alimony and Child Support checks. Also required is a copy of the Separation/Divorce agreement stating the amount received/to be received.

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Three (3) current consecutive months bank statements , all pages for all accounts, (checking, savings, money market etc.) and Interest and Dividend statements.

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Copies of Pension and Annuity statements.

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Copies of **ALL** income received from child care, cleaning homes, etc. (**Non-taxable AND Taxable**)

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All other public assistance, non-taxable **AND** taxable received by **ALL** household members.

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All other payments/assistance received from scholarships, stipends, parsonage, etc.

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**I hereby attest all items marked by N/A answered above are not applicable to me or my family as attested to by my/our signature(s) below.**

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Applicant Signature

Date

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Co-Applicant Signature

Date

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Print Name:

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Print Name:

Please mail the signed completed forms with attachments to:

Rehabco, Inc.

44 E. Water St., 2nd FL

Toms River, NJ 08753

Email: rehabco.lora@aol.com Phone: 732-477-7750