

ROBIN HILL APARTMENTS
Application



For Office Use Only!

Date/ Time

PLEASE PRINT

This application for housing is for Robin Hill Apartments located in Hunterdon County in the borough of Hampton, New Jersey. **Please complete this application, attach income documentation for every member over the age of 18, and return it to Cervelli Management Corp. at the address listed at the bottom of this page.** Complete applications are placed in order of date and time received. Applications received without income documentation will not be added to the waiting list. An application will be reviewed only after Cervelli Management Corp. receives a complete application. Cervelli Management Corp. is an Equal Housing Opportunity company, with projects compliant with 504 and Fair Housing Regulations. Cervelli Management Corp. will try to accommodate any applicants who may need assistance filling out this application. We do not discriminate against any applicant based on their race, color, sex, age, religion, national origin, familial status or disability.

GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt. # City Zip Code

Telephone Number: _____ No. of Bedroom(s) in Current Unit: _____

Driver's License Number & State: _____ Car License No. _____

Do you: Own _____ Rent _____ Current monthly **Rent** Payment \$ _____

Check each utility paid by you:

| | | |
|-------------|-------|---|
| Heat | _____ | Approximate monthly COST of utilities paid by you (excluding phone & cable/satellite television) \$ _____ |
| Electricity | _____ | |
| Gas | _____ | |
| Other | _____ | |

Bedroom Size Requested: (please check ONE)

One Bedroom _____

Two Bedroom _____

Handicap BR _____

Return Application To:

Cervelli Management Corp.
1 Marine Plaza, Suite 304
North Bergen, NJ 07047
Phone: 201-868-6300

List ALL persons who will reside in the apartment. Please list head of household first.

| NAME | DATE OF BIRTH | SOCIAL SECURITY # | RELATIONSHIP TO APPLICANT |
|------|---------------|-------------------|---------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Is anyone in this household a full time student? Yes _____ No _____

If YES, please list their full name(s): _____

INCOME & EXPENSES *Source of Income & Employment Information. If currently employed, provide the most recent employer information.*

Applicant: _____

| | | | | |
|----------------------------------|-------------------|---|-------|-----|
| Name of Employer | Street Address | City | State | Zip |
| Employer Phone | Occupation | Supervisor | | |
| Length of Service (i.e., 1 year) | \$ _____ | Per _____ | | |
| | Present Gross Pay | Hour / Week / Month | | |
| | | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed | | |

Other Sources of Income:

| | | |
|--------------------|--|--------------------------------|
| Social Security | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Annual Amount \$ _____ |
| Unemployment | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Annual Amount \$ _____ |
| Disability | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Annual Amount \$ _____ |
| Retirement | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Annual Amount \$ _____ |
| Alimony | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Annual Amount \$ _____ |
| Child Support | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Annual Amount \$ _____ |
| General Assistance | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Annual Amount \$ _____ |
| Other* | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Annual Amount \$ _____ |

*Please specify: _____

Co-Applicant

| | | | | |
|----------------------------------|-------------------------------------|-------------------------|-------|-----|
| Name of Employer | Street Address | City | State | Zip |
| Employer Phone | Occupation | Supervisor | | |
| Length of Service (i.e., 1 year) | \$ Present Gross Pay | Per Hour / Week / Month | | |
| | <input type="checkbox"/> Full Time | | | |
| | <input type="checkbox"/> Part Time | | | |
| | <input type="checkbox"/> Unemployed | | | |

Other Sources of Income:

| | | | |
|--------------------|--|--------------------------|--|
| Social Security | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Annual Amount \$ | |
| Unemployment | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Annual Amount \$ | |
| Disability | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Annual Amount \$ | |
| Retirement | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Annual Amount \$ | |
| Alimony | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Annual Amount \$ | |
| Child Support | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Annual Amount \$ | |
| General Assistance | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Annual Amount \$ | |
| Other* | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Annual Amount \$ | |

*Please specify: _____

Child Care Expense Information (Expense may only be deducted for the care of children under the age of 13 years of age and if the care is necessary to enable a family member to work, seek employment, or further his/her education.)

NAME OF EACH QUALIFYING CHILD:

1. _____

| | |
|----------------------------|---|
| Child Care Provider: _____ | Phone Number: _____ |
| Address (Street) _____ | Fax Number: _____ |
| City/ State/Zip: _____ | Amount Paid: _____ |
| | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly (please check one) |

1. _____

| | |
|----------------------------|---|
| Child Care Provider: _____ | Phone Number: _____ |
| Address (Street) _____ | Fax Number: _____ |
| City/ State/Zip: _____ | Amount Paid: _____ |
| | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly (please check one) |

Medical Expenses Households where the Head/ Spouse/ Co-Head are aged 62+, handicapped or disabled and are eligible for medical expense deductions. If this applies to your household, list out-of-pocket expenses for which you are not reimbursed

Medicare: \$ _____ Frequency _____
Medical Insurance: \$ _____ Frequency _____
Doctor Bills: \$ _____ Frequency _____
Hospital Bills: \$ _____ Frequency _____
Other Medical Expense: \$ _____ Frequency _____

ASSETS

Checking:

Name of Bank/ Credit Union _____ Account Number _____
Street Address _____ City / State / Zip _____
\$ _____ Interest Bearing? Yes No
Current Balance _____
\$ _____
[] Single Interest Amount _____
[] Joint
[] No Checking Account

Savings:

Name of Bank/ Credit Union _____ Account Number _____
Street Address _____ City / State / Zip _____
\$ _____ Interest Bearing? Yes No
Current Balance _____
\$ _____
[] Single Interest Amount _____
[] Joint
[] No Savings Account

Trust Fund Principal Value: \$ _____ [] No Trust Fund

Real Estate Value: \$ _____ [] No Real Estate

Jointly Owned By: _____

Stocks / Bonds: [] Yes [] No stocks & Bonds

If YES, please provide broker/agency name & address for each: _____

RENTAL HISTORY Residential history will be verified for each applicant. Applicant's name must have been on the lease/mortgage for a reference to be valid. Rental references should reflect applicant's ability and willingness to comply with lease terms as well as community policies and guidelines. Please provide copies of move out inspection reports if applicant was provided them by the landlord/owner.

Current Landlord Name: _____ Phone Number: _____

Address: _____

Rent Per Month: \$ _____ Lease Expires: _____

Notice Given: _____ Move In Date: _____

Do you live in Assisted Housing? ☐ Yes ☐ No

Previous Landlord Name: _____ Phone Number: _____

Address: _____

Rented from _____ to _____ Notice Given (date) _____

Deposit Returned: _____

CREDIT REFERENCES Credit information for each applicant will be obtained through one or more consumer reporting agencies. Credit history should positively reflect the applicant's ability and willingness to make payments as required by their leases. Lack of credit history will not be considered a negative factor.

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Have you ever filed for bankruptcy? ☐ Yes ☐ No

If yes, court date & case # _____

Are you party to any lawsuits? ☐ Yes ☐ No If yes, please explain: _____

Are there any judgments against you? ☐ Yes ☐ No If yes, please explain: _____

BACKGROUND *A Public Record search will be conducted on each adult applicant/occupant.*

Is any household member, a victim of domestic violence, dating violence, or stalking? ☐ Yes ☐ No

Does any household member have any felonies or misdemeanors involving the below? ☐ Yes ☐ No
If yes, please indicate the year it occurred in the space provided.

- Sexual Misconduct? _____
- Illegal possession, manufacture, sale and/or distribution of a controlled substance? _____
- Physical crime against a person or persons and/or their property? _____

Does any applicant or household member appear on any state sex offender's lifetime registry?
☐ Yes ☐ No

If yes, which state? _____

Have any applicant household members been evicted from federally assisted housing in the last 3 years
for any drug-related activity? ☐ Yes ☐ No

Are any household members currently engaged in illegal drug use? ☐ Yes ☐ No

**** PLEASE BE ADVISED ****

The USDA and/or the Contract Administrator will compare the information supplied in this application,
with federal, state and/or local agency information.

Federal law prohibits the landlord from discriminating against any applicant because of race, color, creed,
religion, sex, national origin, political or other affiliation, familial status, handicap, or source of income.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Social Security Number Disclosure

As required by federal law, applicants must produce proof of assigned social security numbers for all applicants and members of the household. All members of the household age 6 and older are required to have a valid social security number. All members of the household must sign and date the enclosed social security number disclosure form, indicating whether or not they have been assigned a social security number. Any applicant or household member not assigned a social security number must provide certification and explanation.

Applicants on the waiting list must send written notice indicating their continued interest to remain on the waiting list, every six (6) months. Failure to do so will result in the applicant being removed as "inactive". Once this occurs, if the applicant wishes to be re-instated on the waiting list, the applicant will then need to reapply; the applicant will then be placed back on the list according to the date of the new application. All inactive and denied applications will be held for three years as required by federal regulation.

Property Name: Robin Hill Apartment Complex

Household Member Name: _____

**Instructions for completing this form: PLEASE COMPLETE ONE FORM FOR EACH
HOUSEHOLD MEMBER**

Complete the information below if you have not been assigned a Social Security number or if you are unable to provide documentation of a Social Security number.

☐ I certify, by signing below that I have not been assigned a Social Security number.

☐ I certify, by signing below that I have been assigned the following Social Security number:

_____ - _____ - _____

☐ At this time, I am unable to provide documentation of my social security assignment status (copy of card or certification of no/pending assignment.) By signing this statement I further understand that I have sixty (60) days to provide documentation otherwise I will be determined ineligible and removed from the waiting list.

Signature of Applicant

Date

Check here if adult signing for child: ☐

Name of child

Signature of parent or guardian

Relationship to child

Consent to Release of Information

One form must be signed by each household member over the age of 18.

I, _____ hereby give my consent to the release of the requested information to the Cervelli Management Corporation, to determine eligibility for housing at the Robin Hill Apartments in Hampton, NJ.

Signature

Date

Instructions for Race and Ethnic Data Reporting

General Instructions

This form is to be completed by individuals wishing to be served (applicants) and those currently served (tenants) in housing assisted by the USDA Rural Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed during the initial application, the initial lease signing or annual re-certification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. Parents or guardian are to complete the form for children under the age of 18. **PLEASE COMPLETE ONE FORM FOR EACH PERSON IN THE HOUSEHOLD.**

A. The two ethnic categories you may choose from are defined below. Please check only one.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. (The term "Spanish origin" can be used in addition to "Hispanic" or "Latino".)
2. **Not Hispanic or Latino.** A person **NOT** of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

B. The five racial categories to choose from are defined below. Check all which apply to you.

1. American Indian or Alaskan Native. A person having origins in any of the native peoples of North, South or Central America, who maintains tribal affiliation or community attachment.
2. Asian. A person having origins in any of the native peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand, Viet Nam, etc.
3. Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. Native Hawaiian or other Pacific Islander. A person having origins in any of the native peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. White. A person having origins in any of the native peoples of Europe, the Middle East, North Africa, or South Africa.

Race and Ethnic Data Reporting Form

ROBING HILL APARTMENTS

Name of Property

Mackenzie Road, Hampton, New Jersey, 08827

Address of Property

Cervelli Management Corporation, 7800 River Road, North Bergen, NJ, 07047

Name of Owner/Managing Agent

Name of Applicant or Head of Household (please print)

Name of household member (indicate who in the household this form is being filled out by/for)

There is no penalty for persons who choose not to complete this form.

| Ethnic Categories | Select One | Sex (Male or Female) |
|---|------------------------------|-----------------------------|
| Hispanic or Latino | | |
| Not Hispanic or Latino | | |
| Racial Categories | Select All that Apply | |
| American Indian or Alaskan Native | | |
| Asian | | |
| Black or African American | | |
| Native Hawaiian or other Pacific Islander | | |
| White | | |
| Other | | |

Signature

Date

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984.

ATTACHMENT 6-I

ELIGIBILITY, INCOME, AND DEDUCTION CHECKLIST

Head of household and/or the co-head should complete.

LIST ALL HOUSEHOLD MEMBERS:

| <u>Name (Last, First, M.I.)</u> | <u>Relationship</u> | <u>Date of Birth</u> | <u>Sex</u> | <u>Social Security #</u> |
|---------------------------------|---------------------|----------------------|------------|--------------------------|
| _____ | _____ | ____/____/____ | ____ | _____ |
| _____ | _____ | ____/____/____ | ____ | _____ |
| _____ | _____ | ____/____/____ | ____ | _____ |
| _____ | _____ | ____/____/____ | ____ | _____ |
| _____ | _____ | ____/____/____ | ____ | _____ |
| _____ | _____ | ____/____/____ | ____ | _____ |
| _____ | _____ | ____/____/____ | ____ | _____ |
| _____ | _____ | ____/____/____ | ____ | _____ |

| ELIGIBILITY: | YES | NO |
|--|------------|-----------|
| 1. I have a household member who is absent from the home due to: | | |
| Employment | | |
| Military service | | |
| Placement in foster care | | |
| Temporarily in nursing home or hospital | | |
| Permanently confined to nursing home | | |
| Away at school | | |
| Other | | |
| 2. I have a live-in attendant | | |
| 3. Expected changes in household: | | |
| Baby due on _____ | | |
| Adopting a child(ren) on _____ | | |
| Obtaining custody of a child(ren) on _____ | | |
| Obtaining joint custody of a child(ren) on _____ | | |
| Receiving a foster child(ren) on _____ | | |

INCOME, ASSET, AND DEDUCTIONS

| A. Income: | YES | NO |
|---|------------|-----------|
| 1. Are you or any other members of the household currently receiving income from any of the following sources? | | |
| Wages/salaries | | |
| Wages earned through a government program such as Senior Aides, Older American Community Service Employment Program, AmeriCorps If yes, which program: | | |
| Tips, bonuses, or commissions | | |
| Overtime pay | | |
| Income from operation of a business | | |
| Social Security | | |
| Disability / SSI | | |
| Death Benefits | | |
| Pension / retirement funds | | |
| Annuities or non-revocable trust | | |
| Unemployment | | |
| Military pay | | |
| Workman's Compensation | | |
| Public assistance / TANF | | |
| Alimony | | |
| Child Support | | |
| Income from rent or sale of property | | |
| Periodic payment from lottery winnings | | |
| Regular recurring contributions from persons or agencies outside of household | | |
| Insurance policies | | |
| Severance pay | | |
| Other | | |
| | | |
| 2. Are there any adult members of the household (18 years of age or older) receiving income not listed above? | | |
| If yes, specify the source of the income | | |

| B. Assets: | YES | NO |
|---|------------|-----------|
| 1. Do you or any other members of the household have any of | | |
| The following: | | |
| Checking accounts – average balance last 6 months | | |
| Savings accounts –current balance | | |
| Certificates of deposit | | |
| Money market funds | | |
| IRA/Keogh account | | |
| Stocks | | |
| Bonds | | |
| Treasury bills | | |
| Trust funds (do you have access to the funds?) | | |
| If yes, is the trust irrevocable? | | |
| Real estate | | |
| Whole life or universal life insurance policy (term not included) | | |
| Cash held in safety deposit boxes or home | | |
| Assets held in another state or foreign country | | |
| Other | | |
| | | |
| 2. Have you or any other members of the household received any | | |
| lump sum payments, such as: | | |
| Inheritance | | |
| Lottery winnings | | |
| Insurance settlements | | |
| Other | | |
| | | |
| 3. Have you or any other household members disposed of any asset(s) | | |
| for less than fair market value in the past two (2) years? | | |
| | | |
| 4. Do you or any other household members have any assets that are | | |
| held jointly with another person? | | |

| C. Deductions: | YES | NO |
|--|------------|-----------|
| 1. Are there any fulltime students 18 years of age or older in the household? | | |
| | | |
| 2. Does any household member qualify for elderly deduction (age 62 or older or a person with disabilities)? | | |
| | | |
| 3. Do you have medical expenses that are not paid for by an outside source such as insurance (applicable to elderly/disabled)? | | |
| | | |
| 4. Do you have disability expenses that are not paid for by an outside source? | | |
| If yes, is this service necessary to enable a household member (including the member with a disability) to be employed? | | |
| | | |
| 5. Do you have attendant care expenses? | | |
| If yes, is this service necessary to enable a household member (including the member with a disability) to be employed? | | |
| | | |
| 6. Do you currently pay for childcare services for any children under the age of 13 residing in your household? | | |
| If yes, is this service necessary in order for you to be employed or to attend school? | | |
| If yes, are any of these expenses reimbursed by an outside source? | | |

RHAF Company, LLC (Robin Hill Apartments)

1 Marine Plaza, North Bergen, NJ 07047

Phone: 201-868-6300 • Fax: 201-868-6055 • cervellimanagement@realestatenj.com

Waiting List Policy

I, _____ understand it is my
(print name)
responsibility, every 6 months from the date of my application, to submit **IN WRITING**, my
desire to remain active on the waiting list.

I further acknowledge it is my responsibility to notify Cervelli Management Corp. **IN WRITING** of any changes in my status (e.g., family size, income, etc.) and/or changes to my phone/address.

When an apartment becomes available, I understand I will be contacted by telephone and/or mail, and **MUST** respond by telephone in order to be considered a candidate for the vacancy.

I understand that I will be removed from the waiting list if I do not comply with the policy.

Signature of Applicant

Date





RHAF Company, LLC (Robin Hill Apartments)

1 Marine Plaza, North Bergen, NJ 07047

Phone: 201-868-6300 • Fax: 201-868-6055 • cervellimanagement@realestatenj.com



Waiting List Notification

I, _____ wish to remain on the waiting list
for low-income housing with Cervelli Management Corporation.

I have filled out an application for:

_____ Robin Hill Apartments

Signature of Applicant

Date

Please fill out if applicable:

New address:

New phone number:

New # of bedrooms
Needed:

**** PLEASE KEEP THIS FORM!!**

Every 6 months, copy this notice, fill it out and return it by mail, fax or email to the office.

* For office use only *

Apt size _____

Date received _____

Received by _____

TO ALL APPLICANTS

Copies of the following must be included when submitting your application:

- Birth certificate or “green card” of all people who will be residing in the apartment
- Social security card of all people who will be residing in the apartment
- Photo identification of the adult applicant(s)
- Proof of income (e.g., pay stub, SSI, SSD, disability, TANF, unemployment, etc.) *This must be recent—it cannot be 1 or 2 years old.*

*Please read the application carefully. Sign and date *ONLY* in the areas you are required to sign. Some forms will need to be copied and filled out by all members of the household 18 years old and over. Other forms may need to be copied and filled out for all members of the household, regardless of age.*