

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





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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 _____