

Our affordable 1 and 2-bedroom apartments feature modern layouts, stainless steel appliances and designer-inspired finishes. There are absolutely no utility costs at Westville Commons! We combine energy efficiency and renewable energy to set a new standard for sustainable living.



- 1. Submit your completed application to
 - 1250 Collingswood Road Camden, NJ 08104
- Expect to *receive* a letter via email or a phone call with the next steps in the process.

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WestvilleCommons.com | 856.962.6600 1000 Broadway, Westville, NJ 08093

Minimum income is based on Gross Rents/Prices and Income limits are subject to federal regulation and may change without notice.



Westville Commons Affordable Rental Application

Thank you for your interest in, RPM's Newest apartment community at Westville NJ.

Westville Commons

1 & 2-Bedroom 55 Plus Adult Apartments Expected Occupancy November/December 2018

	Max	Maximum Income Limit Per Number of Household Members					
# of Bedrooms	Monthly Rent	Minimum Income	1	2	3	4	
1	\$825.00	\$24,750	\$36,720	\$42,000			
2	\$975.00	\$29,250		\$42,000	\$47,220	\$52,440	

Minimum income is based on Gross Rents/Prices and Income limits are subject to federal regulation and may change without notice.





To make sure that you do not lose out on the opportunity for an apartment, it will be necessary for you to:

<u>Complete and sign</u> the enclosed application in <u>Black Ink</u>, if something does not apply to you, please write N/A. White Out and/or cross outs are not allowed. Submit application to the address provided below together with <u>copies of all required documentation listed on the following page</u>.

Westville Commons

130 E. Black Horse Pike #400 Audubon, NJ 08106 P.O. Box 70

- 2. Submit a non-refundable money order in the amount of \$30.00 for the application fee payable to: RPM Management II, LLC.
- 3. Fully cooperate with the processing of your application and submit any additional documents requested by RPM Management LLC within <u>7 days</u> of any request.
- 4. Sign all lease documents and pay a deposit within <u>48 business hours</u> from the date notified of approval by RPM Management, LLC.
 - <u>Final</u> approval will be based on review of your final application and supporting documentation, minimum and maximum income restrictions, credit criteria, criminal history check and your financial ability to rent the apartment.
 - Availability of the unit type and price will be determined on the basis of the priority order, household size and income eligibility. Availability is contingent upon applications which may be ahead of yours. Even if approved for affordable housing, we cannot guarantee that the home which is offered will be affordable to you.
 - All household members who intend to reside in the home must be listed on the Application and Application Questionnaire. There can be no more than two persons per bedroom. Exceptions to the occupancy limit may be requested in writing and may be granted under exceptional circumstances, as described in the Resident Selection Policy.
 - If changes in household composition occur during the application process or there is a change of address, applicants are required to notify us in writing immediately. Applicants must be truthful, complete and accurate. Any false, inaccurate or incomplete statement makes the application null and void.
 - Applications will be processed on a first come, first served basis. Application must be completed in its entirety and returned with all necessary documents, (see attached). Any incomplete applications will not be processed until the application is completed and all documents have been received from the applicant.





Application Requirements

Application must be filled out completely in **black ink.** If something does not apply to you, please write **N/A.** White Out and/or cross outs are **NOT** allowed.

APPLICATIONS WILL BE PROCESSED IN THE ORDER RECEIVED AND WILL NOT BE CONSIDERED COMPLETE UNTIL ALL DOCUMENTS ARE SUBMITTED. FAILURE TO SUBMIT DOCUMENTS OR FEE WILL DELAY YOUR APPLICATION PROCESS

All applications <u>must</u> be submitted with <u>copies</u> of the following documents:

- Desitive Photo ID-Identification is required to run credit/background check
- □ Birth Certificates & Social Security Cards for all persons who will reside in the apartment.
- Last <u>4</u> to <u>6</u> consecutive pay stubs (<u>four</u> if you are paid biweekly or bimonthly, and <u>six</u> if you are paid weekly) for all household members 18 years of age or older. Must be employed at least 90 days. If applicable, you will also need a printout from the current month from the agency or fund that provides the source of income. For example, Public Assistance, SS, SSI, Pension, VA Benefits, Military Pay, Unemployment, etc. ****Must display ability to afford rent for 12 months****
- If you receive child support, please provide copy of court order or case number. (You can print online at njchildsupport.org) If you receive assistance from the other parent, please obtain a letter from the parent stating the amount and how often it's paid. IT MUST BE NOTARIZED. If you don't have a child support case open, please obtain a verification letter that states you don't have a child support order from your local child support services department.
- 2017 Federal Tax Return (1040 Form) & Education Credits (8863 Form, if applicable), for each household member 18 yrs of age or older. If you have not filed taxes, you will need a proof of non-filing from the IRS. We do not accept self-prepared tax returns. If you file self-employment (business) income you will need to provide the last 3 years Federal tax returns. You may download a copy right online at irs.gov/transcript. You may also request a copy of your tax return transcripts or a letter of non-filing by calling the IRS automated system at 1-800-829-1040, OR you can visit the local IRS office at 57 Haddonfield Road, Cherry Hill, NJ 08002 (in Industrial Park) to obtain it in person.
- 2017 W2(s) or 1099 form(s) for each household member 18 years of age or older. You may obtain a copy of your W2 Transcripts or a letter stating no W2s were filed by following the Tax Return instructions above.
- □ Current bank statements from all accounts for each household member, *if applicable*. This includes: savings, checking, credit union, shared accounts, 401K, annuity, pension, retirement, life insurance policy, pre-paid cards etc.
- □ Last 3 rent receipts from your current landlord or a letter from whom you are residing with regarding the dates of residency, address and amount of rent paid. It must be signed and dated by individual you are residing with.
- □ Authorization and Consent to Release Information form must be signed by each household member over the age of 18 (one form per person). Please make extra copies if necessary.

IMPORTANT: Only once you've completed the application and made copies of the above items with money order, you may then mail in your application. Once your application has been reviewed, you will be contacted by phone or by mail.

PLEASE NOTE: APPLICATION & COPY OF DOCUMENTS WILL NOT BE RETURNED. WE DO NOT ALLOW ANY CHANGES TO THE APPLICATION ONCE IT IS SUBMITTED, UNLESS IT IS REGARDING A CHANGE IN INCOME OR ASSETS.

Tax Credit Housing Program

APPLICATION QUESTIONNAIRE

HOUSEHOLD INFORMATION

List all household members that are applying to live in this apartment:

Name First, Middle Initial, Last	Relationship to Head of Household	M/F	Social Security Number	Birth Date mo/day/yr

YES NO (Must Check One)

	1.	Do you expect any additions to your household within the next twelve months?
		Name & Relationship:
		Explanation:
	2.	Is there anyone living with you now who won't be living with you at this property?
		Name & Relationship:
		Explanation:
	3.	Do you have full custody of the child(ren) in your household? (If no, obtain proof of the amount of time the child(ren) will be living with you.)
		Name & Relationship:
		Explanation:
	4.	Are there any absent household members who under normal conditions would live with you? (For example, a spouse away in the military.)
		Name & Relationship:
		Explanation:
		Signature Date

Applicant Name:		
LAST	FIRST	MIDDLE INITIAL
Social Security #:	Date of Birth:	
Cell / Phone #:	Email:	
Are you a full time student? Yes No		
Have you ever:		
Declared bankruptcy? Yes No If yes, discharge date:		
Been evicted? Yes No If yes, please explain:		
Been convicted of a felony? Yes No Explain:		
CO-Applicant's Name:		
CO-Applicant's Name:	FIRST	MIDDLE INITIAL
CO-Applicant's Name:LAST		
	Date of Birth:	
Social Security #:	Date of Birth:	
Social Security #: Cell / Phone #:	Date of Birth:	
Social Security #: Cell / Phone #: Are you a full time student? Yes No	Date of Birth:	
Social Security #: Cell / Phone #: Are you a full time student? Yes No Have you ever:	Date of Birth: Email:	

OTHER OCCUPANTS

Full Name	Date of Birth	Social Security #	Relationship to Applicant	Full Time Student (Yes / No)

Current A	Address		Apt#	City	State	Zip
Dates:			Monthly Payment: \$		Rent / Own (C	ircle One)
	From	То				
	_andlord/Mo or Moving: _	rtgage Company:			Phone #:	

(If at current address for less than 1 year, fill below):

Previous Address	Apt#	City	State	Zip
Do you own any pets? (Circle One) Yes No				
If yes, type of pet:	Breed:		How Many:	
ONLY COMPLETE THIS SECTION IF YOU HAVE SECTION	N 8:			
Housing Authority you receive assistance from:				
Name and Phone number of your caseworker:				
Have you been released to move to a new apartment	? (Circle one) Y	es No	If yes, attach supporting docume	ntation
Number of bedrooms your voucher is for (circle one)	1 Bed 2 Bed	3 Bed	Attach a copy of your vo	oucher

INCOME INFORMATION - List all full time, part time and self employment of <u>all</u> household members and the anticipated income from each source of employment during the next 12 month period.

Household Member	Name and Address of Employer	Position Held	Supervisor's Name and Phone #	Monthly Gross Income	Date of Hire

ASSETS

ecking Account	Yes	No	Bank:	Account #:
Savings Account	Yes	No	Bank:	Account #:
Share Account	Yes	No	Bank:	Account #:
Draft Account	Yes	No	Bank:	Account #:
Pension	Yes	No	Institution:	Account #:
401K	Yes	No	Institution:	Account #:
Life Insurance	Yes	No	Company:	Type of Policy: Term Whole Policy #:
Other	Yes	No	Explain:	

Have you disposed of any assets in the past 2 years? (Circle One) Yes | No

TOTAL ANTICIPATED GROSS INCOME THROUGH THE NEXT 12 MONTHS

APPLICANT/HEAD C (including additional jobs, tips,	DF HOUSEHOLD YEARLY SAL		\$
C	O-APPLICANT'S YEARLY SAL	ARY:	\$
(including additional jobs, tips, 	fees, bonuses and commissi	ions):	
	ADDITIONAL INC		1
			\$
		Social Security	\$
		SSI/Disability	\$
		Public Assistance	\$
		Alimony	\$
		Veteran or Rail Road	\$
		Unemployment Benefits	\$
		Pension/Annuity	\$
		Medicare/Medicaid	\$
		Recurring Gift	\$
		Other	\$
TOT	AL ADDITIONAL YEARLY INC	<u>:OME</u> =	\$
TOTAL ANTICIPATED YE	ARLY INCOME FOR HOUSE	=	\$
VEHICLE			
Year: Make:	Model:	Color:	
Registered to:	License Plate#:	State:	
Description and tag numbers of any boat,	motorcycle or camper van y	ou may own:	
EMERGENCY CONTACT			
Name:	Phone Number:	Relationshi	p:
Address:			
Street	Apt #	City State	Zip
All Applicants hereby authorize RPM Managem application, including release of information by waive all right of action for any consequence re applicant(s)'s signature below will be kept conf IS TRUE AND COMPLETE. Material misrepresen The application fee is non-refundable and all do	nent, L.L.C. to verify my/our cre y any employer (present and for esulting from such information. fidential. ALL APPLICANTS REP ntations on this application will	dit history and to verify any and all informer), any bank or savings and loan, and All such information hereon, and rele RESENT THAT THE INFORMATION SET I constitute a default under the lease a	ormation set forth on this nd any lender, and hereby ased as authorized by the FORTH ON THIS APPLICATION
Applicant's Signature	Date Co	o-Applicant's/18 + Household Men	nber Signature Date
RPM Management Representative's Signal	ture Date		

THE LEASE AGREEMENT WILL NOT BECOME EFFECTIVE UNTIL THIS APPLICATION IS APPROVED BY MANAGEMENT.

Title VIII of the CIVIL RIGHTS ACT of 1966 makes discrimination based on race, color, religion, sex, financial status, or national origin illegal in connection with the rental of housing. The Federal agency which administers compliance with this law concerning this Company: Dept. of Housing & Urban Development



INFORMATION FOR GOVERNMENT MONITORING PURPOSES:

The information solicited below is requested by the building owner in order to assure the Federal Government, acting through the State Finance Agency that we comply with Federal Laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, familiar status, age and handicap.

You are not required to furnish this information but are encouraged to do so.

This information will not be used in evaluating our application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race / national origin and sex of the individual applicants on the basis of visual observance or surname.

RESIDENT	CO-RESIDENT		
I do not wish to furnish this information (initials)	I do not wish to furnish this information (initials)		
RACE/NATIONAL ORIGIN	RACE/NATIONAL ORIGIN		
() American Indian () Alaskan Native	() American Indian () Alaskan Native		
() Asian, Pacific Island () Black	() Asian, Pacific Island () Black		
() White () Hispanic	() White () Hispanic		
() Other (specify)	() Other (specify)		
SEX: () Female () Male	SEX: () Female () Male		

How did you hear about us?

(() Resident referral - who? Name) Piazza and Associates	Address
() Star Ledger	
() Other newspaper – which one:	
() Craigslist	
() Zillow	
() Trulia	
() Facebook	
() Banner/Drive By	
() <u>Postcard</u>	
() www.apartmentguide.com	
() www.apartments.com	
() www.rentatrpm.com	
() Town Hall	
() Housing Authority	
() Other:	



AUTHORIZATION AND CONSENT TO RELEASE INFORMATION

Applicant/Resident Name:

Address: ______

I, _______, hereby authorize RPM Management LLC to verify my credit history and to send verifications of **any and all** information provided for the purpose of initial and/or recertification of income. These verifications are required to certify income for the Low Income Housing Tax Credit Program monitored by *The New Jersey Home Mortgage and Finance Agency*. This includes but is not limited to the release of information by any employer (present and former), any bank or savings and loans by any lender, and rental history information. I hereby waive all right to action for any consequence resulting from such information. All such information hereon, and released as authorized by my signature below will be kept confidential.

I agree that photocopies of this authorization may be used for purposes stated above.

I understand that I may revoke this authorization at any time by written, dated communication.

I understand that my authorization will remain effective for <u>**15 months**</u> from the date of my signature and that the information will be handled confidentially in compliance with all applicable federal laws.

I have read and understand the nature of this release.