



If you are disabled or have difficulty completing this form, assistance will be provided in a confidential manner and setting.

Masons Creek Flats | One Bedroom 55+ Apartments Residency Application

Part 1: Applicant Information

Full Name		
Current Street Address		
City	State	ZIP Code
Phone Number	Email Address	

Current Landlord's Full Name or "Owner" if Owned			
Street Address			
City	State	ZIP Code	
Phone Number	Move-In Date	Move-Out Date	Reason for Leaving

Previous Landlord's Full Name or "Owner" if Owned			
Street Address			
City	State	ZIP Code	
Phone Number	Move-In Date	Move-Out Date	Reason for Leaving

Part 2: Household Composition

Number of Persons in Household: _____

List all household members that are applying to live in this apartment with you.

Full Legal Name	Relationship to Applicant	Sex	Date of Birth	Social Security #
	Applicant			



Part 3: Household Information

Include all income anticipated for the next 12 months, for all household members.

For each of the following questions, please check Yes or No:	Yes	No
1. Do you expect any additions to the household within the next twelve months?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there anyone living with you now who won't be living with you at this residence?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have less than full custody of your child(ren)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a family member who is permanently confined to a nursing home?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a child away at school who will live at your residence during school recesses?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have a household member who is temporarily absent from the home? If "Yes", due to: (check one) <input type="checkbox"/> Employment <input type="checkbox"/> Military <input type="checkbox"/> Foster Care <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have a live-in attendant for whom you have a doctor's note showing a medical need?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you or any member of your household currently in the US Military or are a US Military Veteran?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you or any member of your household a victim of a recent Presidential Declared Disaster?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has any household member ever used any name or social security number other than the one they are currently using?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you or anyone else in your household filed for bankruptcy? (If "Yes", please explain below.)	<input type="checkbox"/>	<input type="checkbox"/>
12. Has a member of your household ever been evicted from a rental unit of any type? (If "Yes", please explain below.)	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you currently live in, or have lived in, Public or HUD-Assisted Housing, or been in HUD's Housing Choice Voucher Program? If "Yes", please provide the landlord's name, complete address and phone number below.	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you or any member of your household owe money to HUD or a previous landlord?	<input type="checkbox"/>	<input type="checkbox"/>
15. Are you or any household member not a citizen of the United States of America?	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you or any household member require a special accommodation in your unit, or need a disability accessible unit?	<input type="checkbox"/>	<input type="checkbox"/>

For any question above answered "Yes", please explain:	
Question #	Explanation

Part 4: Income Information

Include all income anticipated for the next 12 months, for all household members.

Check Yes or No if <u>you or anyone in your household</u> receive <u>or</u> expect to receive income from the following:	Yes	No
1. Employment wages or salaries? (Include overtime, tips, bonuses, commissions and cash payments below.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Self-employment, independent contracting, or gig work? (Include overtime, tips, bonuses, commissions and cash payments below.)	<input type="checkbox"/>	<input type="checkbox"/>
3. Regular pay as a member of the Armed Forces?	<input type="checkbox"/>	<input type="checkbox"/>
4. Unemployment Benefits or Workman's Compensation?	<input type="checkbox"/>	<input type="checkbox"/>
5. General Assistance (GA), General Relief, Aid to Families with Dependent Children (AFDC), or TANF (do not include Food Stamps)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Social Security, SSI, or any other payments from the Social Security Administration? (Include benefits paid under someone else's name below.)	<input type="checkbox"/>	<input type="checkbox"/>
7. Regular payments from a Veteran's benefit, pension, retirement benefit, or annuities?	<input type="checkbox"/>	<input type="checkbox"/>
8. Regular payments from a severance package?	<input type="checkbox"/>	<input type="checkbox"/>
9. Regular payments from any type of settlement? (E.g.an insurance settlement.)	<input type="checkbox"/>	<input type="checkbox"/>
10. Regular gifts or payments from anyone outside of the household? (This includes anyone supplementing your income or paying any of your bills.)	<input type="checkbox"/>	<input type="checkbox"/>
11. Educational grants, scholarships, or other student benefits?	<input type="checkbox"/>	<input type="checkbox"/>
12. Regular payments from lottery winnings or inheritances?	<input type="checkbox"/>	<input type="checkbox"/>
13. Regular payments from a rental property or other type of real estate transactions?	<input type="checkbox"/>	<input type="checkbox"/>
14. Payments in Bitcoin or other cryptocurrencies?	<input type="checkbox"/>	<input type="checkbox"/>
15. Payments made directly to a mobile payment app? (E.g. Cash App, PayPal, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
16. Any other income sources not listed above?	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you currently have existing assets which you are planning to use to supplement the rental payments?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you or any other household members expect any changes to your income in the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>

For any question above answered "Yes", please explain:			
Question #	Household Member's Name	Source of Income	Amount \$

Part 5: Asset Information

Include all assets held by all household members including minors. Include all assets held and the income derived from the asset.

Check Yes or No if you or anyone in your household have:	Yes	No
1. Checking or Savings account?	<input type="checkbox"/>	<input type="checkbox"/>
2. CDs, Money Market accounts, or Treasury Bills?	<input type="checkbox"/>	<input type="checkbox"/>
3. Stocks, Bonds, or Securities?	<input type="checkbox"/>	<input type="checkbox"/>
4. Trust Funds?	<input type="checkbox"/>	<input type="checkbox"/>
5. Pensions, IRAs, Keogh, or Other Retirement Accounts?	<input type="checkbox"/>	<input type="checkbox"/>
6. Cash on Hand Over \$500?	<input type="checkbox"/>	<input type="checkbox"/>
7. Real Estate, Rental Property, Land Contracts/ Contract for Deeds, or Other Real Estate Holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes, or commercial property.)	<input type="checkbox"/>	<input type="checkbox"/>
8. Personal Property Held as an Investment? (Include paintings, coin or stamp collections, artwork, collector/show cars, and antiques. Do not include your personal belongings such as your car, furniture, or clothing.)	<input type="checkbox"/>	<input type="checkbox"/>
9. Direct Express/ Debit Cards?	<input type="checkbox"/>	<input type="checkbox"/>
10. Funeral Account? If "Yes" (check one): <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	<input type="checkbox"/>	<input type="checkbox"/>
11. Life Insurance? If "Yes" (check one): <input type="checkbox"/> Whole <input type="checkbox"/> Term	<input type="checkbox"/>	<input type="checkbox"/>
12. A Safe Deposit Box?	<input type="checkbox"/>	<input type="checkbox"/>
13. Other? (Please explain below.)	<input type="checkbox"/>	<input type="checkbox"/>
14. Given away any asset(s) for LESS than fair market value within the past 2 years?	<input type="checkbox"/>	<input type="checkbox"/>
15. Sold any real estate in the last 2 years?	<input type="checkbox"/>	<input type="checkbox"/>
16. I/ We do not have any assets at this time.	<input type="checkbox"/>	<input type="checkbox"/>

For any question above answered "Yes", please explain: (If more space is needed, use back of page.)			
Question #	Household Member's Name	Source of Income	Amount \$

Part 6: Certification and Consent to Release of Information

All household members 18 and older must sign this application.

I/we certify that, if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager to verify all information provided in this application and to contact previous or current landlords or other resources of credit and verification information which may be released to the appropriate federal, state, or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under federal law. I/we understand that providing false information or making false statements may be grounds for denial of my/our application.

_____	Signature	_____	Print Name	_____	Date
_____	Signature	_____	Print Name	_____	Date
_____	Signature	_____	Print Name	_____	Date
_____	Signature	_____	Print Name	_____	Date

You have now completed the residency application for Masons Creek Flats

Thank you for applying to live at Masons Creek Flats at 94 Rosemary Way, Mount Laurel, NJ 08054. The information provided on this application will be treated as confidential. Any information found to be incomplete and/or falsified will cause the application to be denied and not processed.

Warning: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of or request for obtaining federal funds.

Once we receive a completed application we will contact you to schedule an interview to review your income and assets.

Office Use Only	
Date Application Received	_____
Time Application Received	_____
Signature	_____

We do business in accordance with the Federal Fair Housing Law (The Fair Housing amendments act of 1988). It is illegal to discriminate against any person because of race, color, religion, sex, disability, familial status, or national origin.

