

# The Chambers Bridge Residence

175 Chambers Bridge Road  
Brick, NJ 08723  
(732) 451-1600



- On-site management
- Spacious, bright units with large windows
- Utilities not included in rent
- Individually-controlled heat and central air conditioning
- Van service
- Active senior community
- Refrigerator/freezer, electric stove
- Parking
- Some private balconies available
- Close to shopping, transportation, and recreation
- Library
- Fitness room
- Pets permitted in accordance with pet ownership rules
- Social activity room
- Convenient laundry facility
- Handicap accessible units available
- Wall to wall carpeting

Join other good neighbors at our Chambers Bridge Residence. Enjoy the welcome accessibility of the beach, nearby shopping, transportation, and recreational opportunities.

Share the pride of living in a handsomely designed building within an active senior community, close to other residents eager to build new friendships.

The Chambers Bridge Residence is intended for households with at least one person aged fifty-five or older.

Affordable senior living in Ocean County convenient to shopping, transportation and recreation.



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, handicap, familial status, or national origin.

CHAMBERS BRIDGE RESIDENCE  
APPLICATION GUIDELINES AND HOUSING POLICIES

**PLEASE READ THIS FORM BEFORE COMPLETING APPLICATION**

- It is unlawful to discriminate against any person making application to rent a home with regards to age, race, color, religion, sex, handicapped status, national origin or familial status. This is an Equal Housing Opportunity building. All housing is subject to applicable affordable housing regulations and availability.
- This building is not a HUD/Section 8 Building. It is an Affordable Housing Low-Income Tax Credit Property. What this means is that the rent for the apartments are lower than what can be found out on the market. The amount of rent you pay is not based on your income, even though we must follow income guidelines to determine your eligibility to live here. However, we do accept Section 8 if the applicant holds a voucher.
- This is an independent living facility. There are no doctors or nurses on staff.
- All applicants must qualify on the basis of annual income and household size.
- There will be a \$30 non-refundable application-processing fee due at the time of intake interview; \$36 for 2 people.
- It is intended that at least one person in each household be 55 years of age or older, or handicapped/disabled/physically challenged.
- The minimum income required in order to be able to reside here is \$18,500 per year for 1 person; \$22,000 for 2 people.
- Total household income cannot exceed \$28,650 for 1 person; \$32,750 for 2 people.
- In order to meet the minimum annual income qualifications, your monthly housing costs should not be more than 40% of your gross monthly income.
- Annual income includes, but is not limited to, salary or wages, alimony, child support, social security benefits, SSI, SSA, SSD, welfare, pensions, business income, unemployment/disability, and actual or imputed earnings from assets such as bank accounts, trust funds, CD's, stocks, bonds or other securities and real estate.
- If you own a home you will be required to provide a real estate appraisal – not a tax bill.
- The affordable housing unit must be the intended primary residence of the application.
- All household members who intend to reside at the residence must be listed on the application.
- Any false statements on the application would make the application become null and void.
- Eligible applicants will be contacted for an interview when their name reaches the top of the waiting list. During this interview, they will be asked to verify income and assets.
- In addition to income verifications, information regarding tenant history, current living situation and credit and criminal history will be considered in reviewing applications.
- Utilities (gas, electric, telephone and cable) are not included in rental rates and are paid directly by the resident to the respective utility providers.
- Pets must be declared on the application. Pets must meet management approval. A pet security deposit is required.
- A security deposit, equal to one month's rent, will be required prior to moving in.



# Chambers Bridge Residence

## RESIDENT APPLICATION

For Tax Credit Housing

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

If you are physically challenged or have difficulty completing this application, please advise us of your needs when you receive the application or call us to schedule assistance.

Our phone number is 732-451-1600. Call between the hours of 9:00 a.m. and 5:00 p.m.. If you have a hearing impairment, our TDD number is 1-800-925-8689, which is available during the same hours.

Appropriate assistance will be provided in a confidential manner and setting.

Directions to Applicant: Answer all questions on this application. Enter "No" or "None" for those questions which do not apply to you. Do not leave any blanks and do not strike through or cross out sections that do not apply – instead answer "No" or "None". Please complete the table below for each member of your household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months.

Attach additional sheets if more space is needed. Proof of identity and social security cards must be provided for all household members. All adults must sign the application.

Name ALL people to occupy apartment			Social Security Number	Date of Birth	Student Status	Relationship	Sex
LAST NAME	FIRST	MI					
					F/T P/T N/A	Head of House	
					F/T P/T N/A	Head of House	
					F/T P/T N/A	Head of House	
					F/T P/T N/A	Head of House	
					F/T P/T N/A	Head of House	
					F/T P/T N/A	Head of House	
					F/T P/T N/A	Head of House	
					F/T P/T N/A	Head of House	



1. Current Marital Status:  Married  Unmarried  
 a. Spouse's Maiden Name: \_\_\_\_\_
2. Do you have full custody of any children living in the household?  Yes  No  
 a. Are any household members foster children?  Yes  No  
 b. Do you expect a change in household size in the future?  Yes  No  
 If so explain: \_\_\_\_\_  
 \_\_\_\_\_  
 c. Are there any temporary absent household members?  Yes  No  
 If so, provide name, relationship to head of household, age, explanation for absence, and date of return.  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Do all of the household members expect to attend school full time in the next 12 months?  Yes  No
4. Were all of the household members previously full-time students 5 months out of the calendar year?  Yes  No
5. Are any adult household members claiming zero income?  Yes  No
6. Does any household member have a disability that would necessitate the features of a fully accessible unit?  Yes  No  
 \*Please note that this need will be verified with your doctor/physician.
7. Please check all income sources below.

	Yes	No		Yes	No
Employment	<input type="checkbox"/>	<input type="checkbox"/>	Self-Employment	<input type="checkbox"/>	<input type="checkbox"/>
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	Alimony	<input type="checkbox"/>	<input type="checkbox"/>
Social Security/SSI	<input type="checkbox"/>	<input type="checkbox"/>	Public Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Veteran's Benefits	<input type="checkbox"/>	<input type="checkbox"/>	Other Pensions	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>	Workman's Comp	<input type="checkbox"/>	<input type="checkbox"/>
Military Pay	<input type="checkbox"/>	<input type="checkbox"/>	Recurring Gifts	<input type="checkbox"/>	<input type="checkbox"/>
Rental Income	<input type="checkbox"/>	<input type="checkbox"/>	Settlements	<input type="checkbox"/>	<input type="checkbox"/>
Dividends	<input type="checkbox"/>	<input type="checkbox"/>	Interest from Investments	<input type="checkbox"/>	<input type="checkbox"/>
Severance Package	<input type="checkbox"/>	<input type="checkbox"/>	Other Income	<input type="checkbox"/>	<input type="checkbox"/>
Railroad Pension	<input type="checkbox"/>	<input type="checkbox"/>			



\*If benefits are drawn under a different Social Security Number, please provide: \_\_\_\_\_



For each "Yes" marked for Income, please complete the following:

Household Member Name	Amount Received	Contact Information
	\$_____ <input type="checkbox"/> hourly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice monthly <input type="checkbox"/> monthly <input type="checkbox"/> annually <input type="checkbox"/> other	
	\$_____ <input type="checkbox"/> hourly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice monthly <input type="checkbox"/> monthly <input type="checkbox"/> annually <input type="checkbox"/> other	
	\$_____ <input type="checkbox"/> hourly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice monthly <input type="checkbox"/> monthly <input type="checkbox"/> annually <input type="checkbox"/> other	
	\$_____ <input type="checkbox"/> hourly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice monthly <input type="checkbox"/> monthly <input type="checkbox"/> annually <input type="checkbox"/> other	

8. Will another individual or agency guarantee payment for rent and/or other fees?  Yes  No  
 If yes, please list the name, address, and phone number:

\_\_\_\_\_

\_\_\_\_\_

9. Will your household be receiving Section 8 Rental Assistance at the time of move-in?  Yes  No  
 If yes, name of agency/contact person: \_\_\_\_\_

10. Please check all asset sources below.

	Yes	No		Yes	No
Checking	<input type="checkbox"/>	<input type="checkbox"/>	Savings	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Deposit	<input type="checkbox"/>	<input type="checkbox"/>	Money Market	<input type="checkbox"/>	<input type="checkbox"/>
Stocks/Bonds	<input type="checkbox"/>	<input type="checkbox"/>	Mutual Funds/IRA/401K	<input type="checkbox"/>	<input type="checkbox"/>
Annuity	<input type="checkbox"/>	<input type="checkbox"/>	Trust Fund	<input type="checkbox"/>	<input type="checkbox"/>
Whole Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	Term Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Real Estate/Land	<input type="checkbox"/>	<input type="checkbox"/>	Personal Property <i>held as an investment</i>	<input type="checkbox"/>	<input type="checkbox"/>
Cash on Hand	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any other assets?	<input type="checkbox"/>	<input type="checkbox"/>



For each "Yes" marked for Income, please complete the following:

Household Member Name	Asset Type & Account Number	Cash Value	Source Name/Address	Phone #

11. Present Landlord: \_\_\_\_\_ From/To: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ From/To: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

12. Have you ever been convicted of a felony or any other criminal activity including a violation of the Controlled Substance Act within the past ten (10) years?  Yes  No

If yes, please explain:

\_\_\_\_\_  
 \_\_\_\_\_

13. Are you or any member of your household registered as a sex offender?  Yes  No

14. Please list all of the states in which you or any other adult household member have lived.

\_\_\_\_\_  
 \_\_\_\_\_

15. Do you have a pet?  Yes  No

If yes, please describe pet: \_\_\_\_\_



16. Please provide information regarding your vehicles:

Make/Model	Color	Year	License Plate #	State

17. Please provide us with a relative or friend that could serve as an emergency contact:

Name of Contact	Address	Phone	Relationship

18. What is the size of the unit for which you are applying? (Number of bedrooms) \_\_\_\_\_

19. Applicant's Certification

I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for assistance. I/we authorize the owner/management to verify all information provided on this application and to contact previous or current landlords or other sources for credit, criminal background check, and verification information which may be released to appropriate Federal, State or Local agencies. I/we understand that our information will be kept confidential, but may be reviewed by a compliance auditor. 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, and could result in this application being rejected. I/we am/are aware that the applicant may be given less than thirty (30) days notice to move into an available apartment. If for any reason I/we am/are unable to move in within the allowed time. I/we understand that our offer may be forfeited. I/we also understand that it is a requirement of our placement on the Waiting List that I/we contact the community manager in writing every six (6) months should we decide to remain on the List. I/we understand that failure to complete this application in its entirety will result in the rejection of this application.

20. How did you hear about us? \_\_\_\_\_

21. The Various financing agencies that provided funding to build this property require us to report the race an ethnicity for all applicants. We request your cooperation in completing the following questions. The response to this question is optional and your answers will have no bearing on your eligibility for housing.

- Race of Head of Household. Please check all that may apply.  
 White/Caucasian \_\_\_\_\_ African-American \_\_\_\_\_ American Indian \_\_\_\_\_  
 Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_ Pacific Islander \_\_\_\_\_  
 Other \_\_\_\_\_
- Ethnicity of Head of Household. Please check one.  
 Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_



Signature of Head of Household: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Spouse/Co-Head: \_\_\_\_\_

Date: \_\_\_\_\_

National Church Residences does not discriminate in any fashion based upon a person's race, color, sex, national origin, handicap status, religion, familial status, source of income, sexual preference, or disability. National Church Residences does not discriminate based upon age for any reason, excluding LIHTC program/project requirements.



## PROGRAM ACCESSIBILITY STATEMENT

### Notice to all Applicants: Options for Applicants with Physical Challenges

This property is managed by National Church Residences. We have a legal requirement to provide ‘reasonable accommodations’ to applicants and residents if they or any family members have a physical challenge.

A Reasonable Accommodation is some modification or change that we can make to the rules or procedures or to the structure of the property that will assist an otherwise eligible applicant or resident with a disability to take advantage of the program. Examples of reasonable accommodations and structural modifications include but are not limited to:

- Installing strobe-type flashing light smoke detectors in an apartment for a family with a hearing impaired member
- Making large type documents or a reader available to a vision impaired applicant during the application process
- Making a sign language interpreter available to a hearing impaired applicant during the interview
- Permitting an outside agency to assist an applicant with a disability to meet the property’s applicant screening criteria
- Making alterations to a unit so it could be used by a family with a wheelchair

An applicant or resident family that has a member with a disability must still be able to meet the essential terms of the lease—they must be able to pay rent, to care for their apartment, to report required information to the manager, avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you, or a member of your family, have a physical challenge and you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with management, that is your right.

RETURN TO:

Chambers Bridge Residence  
175 Chambers Bridge Road  
Brick, NJ 08723  
(732) 451-1600  
(732) 451-1792 Fax

#### To Be Completed By National Church Residences Only

Date Application Received:  Through Mail on \_\_\_\_\_ (Date and Time)  
 Hand Delivered on \_\_\_\_\_ (Date and Time)

Manager Signature: \_\_\_\_\_

\_\_\_\_ Accessible Unit

\_\_\_\_ Non-Accessible Unit

\_\_\_\_ Unit Type

