

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

INCOME REQUIREMENTS		
	<u>Minimum Income Required</u>	<u>Maximum Allowable Income</u>
1 Person Household	\$21,990	\$32,150
2 Person Household	\$25,100	\$36,750

- 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 \$21,990 per year for 1 person; \$25,100 for 2 people.
- Total household income cannot exceed \$32,150 for 1 person; \$36,750 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.

<u>RENT</u>
1 Bedroom: \$635.00
2 Bedroom: \$750.00



Application For Housing

Applicant Name: _____ Date: _____

Current Address: _____ Home Phone: _____

City, State, Zip: _____ Work/Cell Phone: _____

If you are a person with disabilities or have difficulty completing this application, please advise us of your needs when you receive the application or contact us to schedule assistance.

Our phone number is _____. Our office hours are _____

If you have a hearing impairment, our TDD number is 1-866-925-8689 and is available during the same hours.

Directions to the Applicant:

Answer all the 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 any section.

All household members 18 and older must sign this application. Proof of identity and social security cards must be provided for all household members.

Household Members	Social Security #	Relationship	Sex	Date of Birth	Student Status
		Head of Household			F/T P/T N/A
Ethnicity of Head of Household: (Select One) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino					
Race of Head of Household: (Select All That Apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian					
<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other					
					F/T P/T N/A
					F/T P/T N/A
					F/T P/T N/A
					F/T P/T N/A
					F/T P/T N/A
					F/T P/T N/A
					F/T P/T N/A

1. Current Marital Status: Single (Unmarried) Widowed Married
 Separated (date) _____ Divorced (date) _____

2. Have you or any member of your household been known by any other last name? Yes* No
*If yes, which member(s): _____ Prior/Maiden Name: _____

3. What is your total number of household members? _____

4. Do you have full custody of any children living in the household? Yes No

TO BE COMPLETED BY MANAGEMENT STAFF ONLY	Unit Type Requested: _____
Date Received : _____ TIME: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Received via: <input type="checkbox"/> Mail <input type="checkbox"/> In person
Manager Signature: _____	<input type="checkbox"/> Approved Preference: _____ <input type="checkbox"/> Accessible WL <input type="checkbox"/> Non Accessible WL



5. Do you have foster children who reside in your household? Yes* No

*If yes, please list names and ages: _____

6. Do you expect a change in household size in the future? Yes* No

*If yes, explain: _____

7. Are there any temporarily absent household members? Yes* No

*If yes, provide name, relationship to head of household, age, explanation for absence, and date of return.

Name: _____ Relationship: _____ Age: _____ Return Date: _____

Explanation: _____

8. Are **ANY** members within the household enrolled as a student at an institution of higher education? Yes* No

***If yes, please complete a Student Certification form (located at the end of this application) for each student enrolled.**

9. Do **all** of the household members expect to attend school full time in the next 12 months? Yes No

10. Were **all** of the household members previously full-time students 5 months out of the calendar year? Yes No

11. Are **any** adult household members claiming zero income? Yes No

12. Do you or a 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.**

13. **PLEASE CHECK ALL INCOME SOURCES BELOW:**

	Yes	No		Yes	No		Yes	No
Employment	<input type="checkbox"/>	<input type="checkbox"/>	Self Employment	<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"/>	Child Support	<input type="checkbox"/>	<input type="checkbox"/>
Military Pay	<input type="checkbox"/>	<input type="checkbox"/>	Recurring Gifts	<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Benefits	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>	Railroad Pension	<input type="checkbox"/>	<input type="checkbox"/>	Other Pensions	<input type="checkbox"/>	<input type="checkbox"/>
Rental Income	<input type="checkbox"/>	<input type="checkbox"/>	Settlements	<input type="checkbox"/>	<input type="checkbox"/>	Severance Package	<input type="checkbox"/>	<input type="checkbox"/>
Workman's Comp	<input type="checkbox"/>	<input type="checkbox"/>				Interest from Investments	<input type="checkbox"/>	<input type="checkbox"/>
Other Income*	<input type="checkbox"/>	<input type="checkbox"/>	*Describe: _____					

If benefits are drawn under a different Social Security Number, please provide: _____

14. **For each "Yes" marked for Income (above), please complete the following:**

Household Member Name: _____ **Amount Received: \$** _____

hourly weekly bi-weekly twice monthly monthly annually other: _____

Contact Information: _____

Household Member Name: _____ **Amount Received: \$** _____

hourly weekly bi-weekly twice monthly monthly annually other: _____

Contact Information: _____

Household Member Name: _____ **Amount Received: \$** _____

hourly weekly bi-weekly twice monthly monthly annually other: _____

Contact Information: _____

Household Member Name: _____ **Amount Received: \$** _____

hourly weekly bi-weekly twice monthly monthly annually other: _____

Contact Information: _____

15. Will another individual or agency (including Section 8) guarantee payment for rent and/or other fees? Yes* No

*If yes, please list the name, address, and phone number:

Name: _____ Address: _____ Phone: _____



16. PLEASE CHECK ALL ASSET SOURCES BELOW:

	Yes	No		Yes	No		Yes	No
Checking	<input type="checkbox"/>	<input type="checkbox"/>	Savings	<input type="checkbox"/>	<input type="checkbox"/>	Annuity	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Deposit	<input type="checkbox"/>	<input type="checkbox"/>	Term Life Insurance	<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"/>	Trust Fund	<input type="checkbox"/>	<input type="checkbox"/>
Whole Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	Real Estate/Land	<input type="checkbox"/>	<input type="checkbox"/>	Cash on Hand	<input type="checkbox"/>	<input type="checkbox"/>
Personal Property held as an investment			<input type="checkbox"/> Yes* <input type="checkbox"/> No	*If yes, explain: _____				
Do you have any other assets?			<input type="checkbox"/> Yes* <input type="checkbox"/> No	*If yes, explain: _____				

17. For each "Yes" marked for Assets (above), please complete the following:

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

18. Have you ever received rental assistance or lived in subsidized housing? Yes* No
 *If yes, explain: _____
19. Has your rental assistance or subsidy ever been terminated for fraud, non-payment of rent, failure to re-certify, or any other reason? Yes* No
 *If yes, explain: _____
20. Have you, or any member of your household, been evicted from any property, including but not limited to, a federally assisted property, for **drug-related criminal activity** within the last 3 years? Yes* No
 *If yes, explain: _____
21. Are you, or any member of your household, **currently engaged in the use of illegal drugs or abuse of alcohol** that may interfere with the health, safety, or right to peaceful enjoyment of the property of other residents? Yes* No
 *If yes, explain: _____
22. Have you, or anyone in your household, **EVER** been convicted of a felony?
 Yes* No *If yes, explain: _____
23. Have you, or anyone in your household, ever been convicted of a crime pertaining to sexual abuse or assault?
 Yes* No *If yes, explain: _____
24. Are you, or anyone in your household, subject to a lifetime sex offender registration program?
 Yes* No *If yes, explain: _____
25. Have you, or anyone in your household, been convicted of a felony involving a violation of the Controlled Substance Act within the past (10) years?
 Yes* No *If yes, explain: _____
26. Do you, or any member of your household, have a pattern of alcohol abuse that has interfered with the health, safety, or right to peaceful enjoyment of the premises by other residents?
 Yes* No *If yes, explain: _____



27. Please list **all** of the states in which you or any other adult household members have lived.

28. **LANDLORD REFERENCE:**

Present Landlord: _____ From/To: _____ Phone: _____

Address: _____ City, State, Zip: _____

Previous Landlord: _____ From/To: _____ Phone: _____

Address: _____ City, State, Zip: _____

29. Do you own a pet? Yes* No *If yes, what type of pet: _____

30. What is the size of unit(s) for which you are applying? (Number of bedrooms) _____

31. How did you hear about our community?

- | | |
|--|---|
| <input type="checkbox"/> Current resident or family member | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Religious Organization |
| <input type="checkbox"/> Information provided by a government agency | <input type="checkbox"/> Advertisement (where?) _____ |
| <input type="checkbox"/> Other _____ | |

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 HUD 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 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 and the unit may be offered to the next person on the waiting list. 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.

Signature of Head of Household: _____ Date: _____

Signature of Spouse / Co-Head: _____ Date: _____

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408(a) (6), (7) and (8).

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 HUD program/project requirements.



Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 03/31/2011)

Name of Property **Project No.** **Address of Property**

Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member**

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

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. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. 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 guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

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.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
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 original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



Student Status Affidavit

Date: _____

Applicant/Resident Name: _____ Address: _____

Social Security Number (If required): _____ City, State, Zip: _____

Because this property receives benefits from the U.S. Government, we are required by law to verify information regarding the income and assets of new applicants and current residents.

The U.S. Government requires the following when completing this verification form:

- Please do not leave any questions blank or unanswered. Enter "N/A" on the line if a question is not applicable.
- Use of correction fluid, or "White-out", is prohibited.
- If the information must be corrected, please strike through the incorrect information and initial the change.
- The date and signature of the individual completing the form is required.

Please Complete the Following in its Entirety. Answer by circling Yes (Y) or No (N):

- | | | |
|--|---|---|
| 1. Is there/will there be a household member who is a full time student living in this unit?
If yes, name all full time students in the household:

_____ | Y | N |
| 2. Are you currently receiving assistance under the Job Training Partnership Act in the form of a job training program? Please attach supporting documentation. | Y | N |
| 3. Are you married filing a joint federal income tax return with your spouse?
Please attach federal tax return for the most recent tax year. | Y | N |
| 4. Are you currently receiving assistance under Title IV of the Social Security Act?
For example: AFDC, TANF, etc. Please attach supporting documentation. | Y | N |
| 5. Are you a single parent with minor child(ren) and neither you nor your child(ren) are dependents of another individual?
Please attach federal tax return for the most recent tax year. | Y | N |

Under penalty of perjury, I certify that the above information is true and correct. I understand that intentionally supplying false information is considered a violation of my lease terms and could lead to eviction.

Applicant/Resident Signature: _____ Date: _____

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

National Church Residences does not discriminate in any manner based upon race, color, religion, sex, national origin, disability, marital or familial status, legal source of income, age, sexual preference, or any other class protected by state or federal law. Tenancy may be restricted to individuals and families that meet program and/or project requirements.

