The Chambers Bridge Residence
175 Chambers Bridge Road
Brick, N. J. 08723
732-451-1600

THE CHAMBERS BRIDGE RESIDENCE
in Brick Township

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

Join other good neighbors at our Chambers Bridge Residence, affordable senior living, at its finest, in Ocean County. 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.

An equal housing opportunity. We do not discriminate because of race, color, religion, gender, handicap, familial status or national origin.
CHAMBERS BRIDGE RESIDENCE
APPLICATION GUIDELINES AND HOUSING POLICIES

PLEASE READ THIS FORM BEFORE COMPLETING APPLICATION

- **Income Requirements**
  
  **Minimum income required:** $21,990 per year for 1 person; $25,100 for 2 people.
  
  **Maximum income:** Total household income cannot exceed $32,900 for 1 person; $37,600 for 2 people.

- 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.

- 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 applicant.

- 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 to 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 and cannot exceed 30 pounds. A pet security deposit is required.

- A security deposit, equal to one month's rent, will be required prior to moving in.

<table>
<thead>
<tr>
<th>Rents are as Follow:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Bedroom</td>
<td>$ 678.00</td>
</tr>
<tr>
<td>2 Bedroom</td>
<td>$ 800.00</td>
</tr>
</tbody>
</table>
Chambers Bridge Residence
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 732-451-1600. Our office hours are Monday - Friday 8:30am to 4:30pm.
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.

<table>
<thead>
<tr>
<th>Household Members</th>
<th>Social Security #</th>
<th>Relationship</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>Student Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head of Household</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>F/T P/T N/A</td>
</tr>
</tbody>
</table>

Ethnicity of Head of Household:  (Select One)  
□ Hispanic or Latino □ Not Hispanic or Latino

Race of Head of Household:  (Select All That Apply)  
□ American Indian or Alaska Native □ Asian
□ Black or African American □ Native Hawaiian or other Pacific Islander □ White □ Other

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: ___________________________ AM PM
Received via:  □ Mail □ In person
Manager Signature: ___________________________ □ Approved Preference: ___________________________ □ Accessible WL □ 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:

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Employment</td>
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<tr>
<td>Social Security/SSI</td>
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<tr>
<td>Military Pay</td>
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<td>Unemployment</td>
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<tr>
<td>Rental Income</td>
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<tr>
<td>Workman's Comp</td>
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<tr>
<td>Other income*</td>
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<tr>
<td>Self Employment</td>
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<tr>
<td>Public Assistance</td>
<td></td>
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<tr>
<td>Recurring Gifts</td>
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<tr>
<td>Railroad Pension</td>
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<tr>
<td>Settlements</td>
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<tr>
<td>Alimony</td>
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<tr>
<td>Child Support</td>
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<tr>
<td>Veteran's Benefits</td>
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<tr>
<td>Other Pensions</td>
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<tr>
<td>Severance Package</td>
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<tr>
<td>Interest from Investments</td>
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</tbody>
</table>

*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: $ ____________ |
| Contact Information: ____________________________ |
| hourly □ weekly □ bi-weekly □ twice monthly □ monthly □ annually □ other: __________________________ |

| Household Member Name: __________________________ | Amount Received: $ ____________ |
| Contact Information: ____________________________ |
| hourly □ weekly □ bi-weekly □ twice monthly □ monthly □ annually □ other: __________________________ |

| Household Member Name: __________________________ | Amount Received: $ ____________ |
| Contact Information: ____________________________ |
| hourly □ weekly □ bi-weekly □ twice monthly □ monthly □ annually □ other: __________________________ |

| Household Member Name: __________________________ | Amount Received: $ ____________ |
| Contact Information: ____________________________ |
| hourly □ weekly □ bi-weekly □ twice monthly □ monthly □ annually □ other: __________________________ |

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: __________________________

Tax Credit Application 10/2013  Page 2 of 4
16. PLEASE CHECK ALL ASSET SOURCES BELOW:

<table>
<thead>
<tr>
<th>Checking</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Savings</td>
<td></td>
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<tr>
<td>Annuity</td>
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<tr>
<td>Certificate of Deposit</td>
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<tr>
<td>Term Life Insurance</td>
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<tr>
<td>Money Market</td>
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<tr>
<td>Stocks/Bonds</td>
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<tr>
<td>Mutual Funds/IRA/401K</td>
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<tr>
<td>Trust Fund</td>
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<tr>
<td>Whole Life Insurance</td>
<td></td>
<td></td>
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<tr>
<td>Real Estate/Land</td>
<td></td>
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<tr>
<td>Cash on Hand</td>
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</tbody>
</table>

Personal Property held as an investment? ☐ Yes* ☐ No *If yes, explain: _______________________

Do you have any other assets? ☐ Yes* ☐ No *If yes, explain: _______________________

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

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Asset Type</th>
<th>Account Number</th>
<th>Cash Value</th>
<th>Source Name/ Address/Phone</th>
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</tbody>
</table>

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 any sex offender registration program, up to and including lifetime registration? *Note: Failure to respond to this question may jeopardize the approval of your application.*
   ☐ 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 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?
   □ Current resident or family member □ Friend
   □ Employee □ Religious Organization
   □ Information provided by a government agency □ Advertisement (where?)
   □ 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, marital or familial status, source of income, sexual orientation, gender identity, 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

Chambers Bridge Residence LITC #502 Brick, NJ 08273

Name of Property Project No. Address of Property

National Church Residences Tax Credit

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

Name of Head of Household Name of Household Member

Date (mm/dd/yyyy):

<table>
<thead>
<tr>
<th>Ethnic Categories*</th>
<th>Select One</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino</td>
<td></td>
</tr>
<tr>
<td>Not-Hispanic or Latino</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Racial Categories*</th>
<th>Select All that Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td></td>
</tr>
<tr>
<td>Black or African American</td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td></td>
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<tr>
<td>White</td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
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</tbody>
</table>

* 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 incompliance 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 provide 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.

form HUD-27061-H (9/2003)
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: __________________________ 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? Y N
   If yes, name all full time students in the household:

   __________________________

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.
Notice to Applicants and Residents Regarding the Violence Against Women Act (VAWA)

The U.S. Congress passed the Violence Against Women (VAWA) and Department of Justice Reauthorization Act of 2005, and President Bush signed the law in January 2006. The act was created to protect the lives of women and prevent homelessness. On March 7, 2013, President Obama signed into law the Violence Against Women Reauthorization Act of 2013 (VAWA). VAWA 2013 expanded judicial and law enforcement tools to combat violence against victims of domestic violence, dating violence, sexual assault, and stalking. This Notice serves to inform applicants and residents of their rights, protections, and responsibilities under VAWA.

VAWA protections apply to men, women, and children who seek VAWA protection as victims of domestic violence, dating violence, sexual assault, or stalking.

Management will not deny admission for an applicant or evict a resident solely on the basis of the person’s status as a victim of domestic violence, dating violence, sexual assault, or stalking. Criminal activity directly related to victims of domestic violence, dating violence, sexual assault, or stalking will not be cause for denial or eviction.

An applicant who certifies they were the victim of domestic violence would be allowed to be admitted even with poor credit and poor landlord evaluations if they can show the cause of these negative factors were caused by domestic violence.

Residents who are victims of domestic violence, dating violence, sexual assault, or stalking can have access to the criminal justice system without facing eviction. Where a resident is abusive to other members of the household, only the abuser may be evicted. Residents facing violence can be allowed early lease termination for a matter of safety. Reasonable confidentiality measures shall be implemented to ensure that the landlord does not disclose the location of a victim to a person who commits an act of domestic violence, dating violence, sexual assault, or stalking.

Victims may be asked to certify their status as victims and that the incident in question was a bona fide incident of domestic violence by presenting appropriate documentation to management.

Any information submitted to management regarding domestic violence, dating violence, sexual assault, or stalking will be kept confidential unless the landlord needs to use the information in an eviction proceeding to evict the abuser, a law requires the landlord to release the information, or the applicant or resident consents in writing.

If you have additional questions, please feel free to contact the management office. We are dedicated to your safety and continued enjoyment of your home in our community.
DIRECTIONS

From Trenton Area
- Take I-95 South to Garden State Parkway South.
- Take Exit 91 (Brick Township/Lakewood).
- Bear right after toll. Continue straight (Lanes Mill Road/Chambers Bridge Road).
- At 7th traffic light, take jug handle into Housing Authority Complex.
- Follow driveway bearing left to The Chambers Bridge Residence.

From South
- Take Garden State Parkway North to Exit 90 (Brick Township).
- After exit ramp, continue straight (Chambers Bridge Road) to 3rd traffic light.
- Take jug handle to cross highway into Housing Authority Complex.
- Follow driveway straight and bear left for The Chambers Bridge Residence.

From North
- Take Garden State Parkway South to Exit 91 (Brick Township/Lakewood).
- Bear right after toll. Continue straight (Lanes Mill Road/Chambers Bridge Road).
- At 7th traffic light, take jug handle into Housing Authority Complex.
- Follow driveway bearing left to The Chambers Bridge Residence.