



Mendham Area Senior Housing Corp.

One Heritage Manor Drive

Mendham, New Jersey 07945

Phone: 973-543-2666

Fax: 973-543-8889

(TTY) by way of relay 1-800-852-7899

www.mashnj.org



Initial Application Form

This is an application for residency in Mendham Area Senior Housing (MASH) located in Mendham, NJ. **Our apartments are smoke free.** To be eligible, you must be 62 and over with or without children, or a disabled adult (18 and over) with or without children. If you are disabled, and under the age of 62, please include a copy of your Disability notice.

Please complete this application and return to the Director in the MASH office at the address listed at the top of this page. Complete applications are listed in order of the date and time received.

A. APPLICANT(S) INFORMATION: List all persons who will live in the apartment.

Name (Applicant – Head of Household) Age Birthdate Social Security Number

Name (Co-Applicant) Age Birthdate Social Security Number

Current Address Telephone Number

Is anyone in this household a full-time student? Yes _____ No _____

Do You Own _____ or Rent _____ If rent, amount of current **annual** rental payment \$ _____

Approximate amount of utilities paid by you on an **annual** basis: \$ _____

Name of Current or Most Recent Landlord Telephone Number

Alternate Contact: Please provide an alternate contact in case you are unavailable when we call you. The inability to reach you within a prescribed period may cause your removal from the wait list.

Name Address

Telephone Number

Relationship to You

B. FINANCIAL INFORMATION

What is the last year that you filed Federal Income Tax Return to the IRS? _____

Income:

Applicant Social Security Annual Gross Amount \$ _____

Co-Applicant Social Security Annual Gross Amount \$ _____

Applicant Pension Annual Gross Amount \$ _____

Co- Applicant Pension Annual Gross Amount \$ _____

Applicant Wages Weekly Gross Amount \$ _____

Co- Applicant Wages Weekly Gross Amount \$ _____

Veteran's Benefits Annual Gross Amount \$ _____

Co- Applicant VA Benefits Annual Gross Amount \$ _____

Applicant Unemployment Benefits Weekly Gross Amount \$ _____

Co- Applicant Unemployment Benefits Weekly Gross Amount \$ _____

Applicant Alimony Annual Gross Amount \$ _____

Co- Applicant Alimony Annual Gross Amount \$ _____

Applicant Other Income (gifts, distributions, welfare etc.) Annual Gross Amount \$ _____

Co- Applicant Other Income Annual Gross Amount \$ _____

Total Annual Income from all Sources: \$ _____

Do you anticipate any changes in these income sources in the next 12 months? Yes _____ No _____

If Yes, please explain: _____

Assets: *Please list any additional assets on a separate page.

Financial Institution(s): _____

Checking Account(s) Total Value: _____ Interest Rate: _____

Savings Account(s) Total Value: _____ Interest Rate: _____

CD(s) Total Value: _____ Interest Rate: _____

IRA(s) Total Value: _____ Interest Rate: _____

Stocks/Bonds Total Value: _____ Interest Rate: _____

Whole Life Policies Total Value: _____ Interest Rate: _____

Assets:

Do you own a house or property? Yes _____ No _____

If Yes, what is the assessed value on your tax bill? \$ _____

Balance of mortgage or outstanding loans due: \$ _____

Have you sold or disposed of any property in the last 2 years? Yes _____ No _____

If Yes, type of property: _____

Amount sold for/disposed of: \$ _____

Date of transaction: _____

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up irrevocable trust accounts)? Yes _____ No _____

If Yes, describe asset: _____

Date of Disposition: _____

Amount Disposed: _____

Do you have **any other assets not listed above**? Yes _____ No _____

If Yes, list: _____

Current face value: \$ _____

C. MEDICAL INFORMATION

Ongoing Medical Health Care Costs:

Applicant Medicare Part B Annual Gross Amount \$ _____

Co- Applicant Medicare Part B Annual Gross Amount \$ _____

Applicant Supplemental Health Insurance Premiums Annual Gross Amount \$ _____

Co-Applicant Supplemental Health Insurance Premiums Annual Gross Amount \$ _____

Applicant Non-Reimbursable Prescription Costs Annual Gross Amount \$ _____

Co-Applicant Non-Reimbursable Prescription Costs Annual Gross Amount \$ _____

Applicant Non-Reimbursable Medical Costs Annual Gross Amount \$ _____

(Part B deductible, Dr.& Dental bills, etc.)

Co- Applicant Non-Reimbursable Medical Costs Annual Gross Amount \$ _____

Because of health issues, will you require a first floor or handicapped-accessible apartment?

Yes _____ No _____ (If Yes, submit a doctor's note with application.)

If you require a resident assistant, please provide a doctor's note and furnish the assistant's name below.

Resident assistant's name: _____

If you require a prescription for Medical Marijuana; we do not make exceptions for any second hand smoke in apartments. Alternate forms such as oils, tinctures, and edibles are encouraged.

Place signature to acknowledge policy: _____

Do you have any Disability Assistance Expenses such as an aide, or apparatus that allows someone in the

household to work? List types of expenses by weekly amounts and paid to whom:

D. PROGRAM INFORMATION

Are you displaced? Yes ___ No ___ If yes, Displacement Agency: _____

Is your current unit condemned/substandard? Yes ___ No ___
If Yes, describe: _____

Are you paying more than 50% of your gross income for rent and utilities? Yes ___ No ___

Are you currently living in subsidized housing? Yes ___ No ___

Have you ever resided in a project financed and/or subsidized by the government? Yes ___ No ___

If Yes, Name and Address: _____

Have you ever been evicted from public housing or any other Federal Housing program? Yes ___ No ___

If Yes, Address: _____ Date: _____

Describe reason for eviction: _____

Have you ever been evicted from other housing? Yes ___ No ___

If Yes, Address: _____ Date: _____

Describe reason for eviction: _____

Have you ever been convicted of disorderly persons' violations? Yes ___ No ___

Have you ever been convicted of 1st, 2nd, 3rd or 4th degree crime? Yes ___ No ___

Have you ever been convicted of a felony? Yes ___ No ___

Are you currently using illegal drugs? Yes ___ No ___

Have you ever been convicted of sale, distribution, or possession of illegal drugs? Yes ___ No ___

Are you prepared to take an apartment when one is available? Yes ___ No ___

How did you hear about this housing? _____

Briefly describe your reasons for applying: _____

E. REFERENCE INFORMATION

Current landlord:

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Home phone: _____

Business phone: _____

Previous landlord:

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Home phone: _____

Business phone: _____

Other Previous landlord:

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Home phone: _____

Business phone: _____

F. CREDIT REFERENCES

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

G. PERSONAL NON-RELATED REFERENCES

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

H. OTHER REQUIRED INFORMATION

Vehicles: List any car, truck or other vehicles owned. A parking space is provided for one vehicle.

Type of vehicle: _____

Year/make: _____

Color: _____

License Plate Number: _____

Driver's License State: _____ Number: _____

Pets:

Do you own any pets? Yes _____ No _____
If Yes, type: _____
Breed and Weight: _____

I. CERTIFICATION

I/We hereby certify that I/we do/will not maintain a separate subsidized rental unit in another location. I/We understand I/we must pay a security deposit for this apartment. I/We understand that my eligibility for housing will be based on Rural Economic and Community Development (formerly known as the Farmer's Home Administration) limits and by Mendham Area Senior Housing selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/we understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

Applicant

Co-Applicant

Date

Date

J. AUTHORIZATION

I/We do hereby authorize Mendham Area Senior Housing and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in programs administrated/managed by Mendham Area Senior Housing. I/We further authorize Mendham Area Senior Housing to verify all information listed on this application.

Applicant

Co-Applicant

Date

Date

K. FAMILY HOUSEHOLD COMPOSITION:

Race _____ Ethnic Group _____ Sex _____

"The information solicited on the application is requested by the apartment owner in order to assure the Federal Government, acting through the Rural Housing & Community Development Service, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your 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 observation or surname."