

Ridge Oak



LIFE AS A COMMUNITY

May 11, 2010

DEAR INTERESTED APPLICANT:

- Attached is the application for waiting list placement and rental assistance for Ridge Oak facilities located on Manchester Drive & Lindbergh Lane, Basking Ridge, NJ.
- PLEASE READ, COMPLETE AND RETURN THE ORIGINAL SIGNED APPLICATION (VIA US Mail) TO:

RIDGE OAK
150 MANCHESTER DRIVE
BASKING RIDGE, NEW JERSEY 07920.

- E-mailed, FAX'd and/or hand delivered applications WILL NOT be accepted!
- Once your application is reviewed, you will receive a letter from us advising you of your eligibility status. Generally, this takes up to 3 weeks to accomplish. PLEASE be patient.
- All applications MUST be received in our offices via US Mail no later than Friday, October 29, 2010. Applications received after that date will not be accepted.
- Ridge Oak and Ridge Oak II are SMOKE FREE facilities. No tenant or visitor can smoke in any apartment or within 25 feet of any building!

THANK YOU FOR YOUR INTEREST IN OUR COMMUNITY!

- RIDGE OAK MANAGEMENT

2. **Other Contact Information** – If you would like to designate another person to receive copies of correspondence related to this application, please complete the following information:

Name _____ Relationship _____

Mailing Address, City, State & Zip _____

Home Phone Number () _____ Cell Phone Number () _____

E-mail Address _____

Power of Attorney – If you have a power of attorney, please attach a copy.

3. **Apartment Size** - Please select the apartment location and size that is of interest to you.

LOCATION: 150 Manchester Drive, Basking Ridge, N.J. - Garden-style apartment spread site; outside entrance to apartments; walk outside to mail and laundry room.

*** ALL APARTMENTS ARE SMOKE-FREE!**

- Studio/Efficiency (approx. 466 sq. ft.) **Only one person can occupy a studio apartment. No transfers are allowed if an applicant is offered and accepts a studio apartment.**
- One-bedroom - 1st Floor (approx. 640 sq. ft.) **(1 to 2 persons)**
- One-bedroom - 2nd floor (walk-up 16-18 steps) (approx. 669 sq. ft.) **(1 to 2 persons)**
- Two-bedroom - (approx. 925 sq. ft.) **Two or more persons must occupy a 2-bedroom apartment.**

LOCATION: 35 Lindbergh Lane, Basking Ridge, N.J. - Two-story, elevator-equipped, locked building; apartment entrance off hallway; mail and laundry in building.

*** ALL APARTMENTS ARE SMOKE-FREE!**

- One-bedroom - (approx. 531 sq. ft.)

4. How did you hear about Ridge Oak? Check all that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> Courier News | <input type="checkbox"/> Ridge Oak Website | <input type="checkbox"/> Friend/Family |
| <input type="checkbox"/> La Voz Newspaper | <input type="checkbox"/> Other Website | <input type="checkbox"/> Current/Former Resident |
| <input type="checkbox"/> The Daily Record | <input type="checkbox"/> Cable TV | <input type="checkbox"/> Church (specify) _____ |
| <input type="checkbox"/> Bernardsville News/Recorder Publishing | | <input type="checkbox"/> Community Agency _____ |

5. Do you have a blood relative(s) living in Basking Ridge or Liberty Corner? **YES** **NO**

6. Do you need the features of a wheelchair-accessible apartment? **YES** **NO**

INCOME

This section **MUST** be completed by the applicant and co-applicant (if applicable) in order to process this application. List all gross monthly income. If you do not have the income, write "N/A" on the line provided.

	<u>Applicant</u>	<u>Co-Applicant</u>
Social Security Income	\$ _____	\$ _____
Supplemental Security Income (SSI)	\$ _____	\$ _____
Pension	\$ _____	\$ _____
P.A.A.D Lifeline Electric Assistance	\$ _____	\$ _____
Employment Income	\$ _____	\$ _____
Unemployment Income	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Business Net Income	\$ _____	\$ _____
Trust Fund	\$ _____	\$ _____
Disability Payments	\$ _____	\$ _____
I-864 Sponsor Contributions to Household (Legal non-citizens only)	\$ _____	\$ _____
Does any family member/friend give money to you or pay your bills? If yes, please list <u>monthly</u> amount	\$ _____	\$ _____

Have you taken any "periodic" (for example: monthly, quarterly, yearly) distributions from any of the following investment accounts? Please mark an "X" in either the "Yes" or "No" box and list the amount that was taken out. Specify whether it was monthly, quarterly, yearly or other.

	Yes	No	Amount	Monthly/Quarterly/Yearly/Other
Brokerage Account	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Monthly/Quarterly/Yearly/Other
IRA	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Monthly/Quarterly/Yearly/Other
Annuity	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Monthly/Quarterly/Yearly/Other
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Monthly/Quarterly/Yearly/Other

7. Employment History

- Do you work full time, part-time or seasonally? YES NO
- Are you self-employed? YES NO
- Do you work for someone who pays you cash? YES NO

If you answered "YES," to any of the above questions, please complete the following information:

Name of Employer _____ Phone #: () _____

Street Address, City, State & Zip _____

How long have you worked there? _____ Supervisor's Name _____

ASSETS

This section **MUST** be completed by the applicant and co-applicant (if applicable). Provide the monetary value of your assets and the anticipated income. If you do not have the asset, write "N/A" on the line provided.

	APPLICANT Current Balance	CO-APPLICANT Current Balance	Annual Income
Real Estate – Market Value	\$ _____	\$ _____	\$ _____
Balance of Mortgage	\$ _____	\$ _____	\$ _____
Checking Account	\$ _____	\$ _____	\$ _____
Savings Account	\$ _____	\$ _____	\$ _____
Money Market Account	\$ _____	\$ _____	\$ _____
Certificate of Deposit (CD)	\$ _____	\$ _____	\$ _____
Mutual Funds	\$ _____	\$ _____	\$ _____
Stocks	\$ _____	\$ _____	\$ _____
Bonds (tax exempt, savings)	\$ _____	\$ _____	\$ _____
Brokerage Account	\$ _____	\$ _____	\$ _____
Annuity and/or IRA	\$ _____	\$ _____	\$ _____
401 K and/or Profit Sharing	\$ _____	\$ _____	\$ _____
Whole Life Insurance Policy	\$ _____	\$ _____	\$ _____
Revocable Trust Fund	\$ _____	\$ _____	\$ _____
Revocable Pre-paid Funeral	\$ _____	\$ _____	\$ _____
Cash Held at home or in a safe deposit box	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____

Federal Tax Return for Prior Year **YES** **NO** **IF YES, please attach a copy.**

Has any household member disposed of any assets for less than fair market value during the past two years? **YES** **NO**

If YES, please provide the following information:

Description of Asset _____

Date disposed of _____ Value of Asset \$ _____

8. Do you rent? YES NO

If YES, provide the following information:

CURRENT Landlord's Name _____

Street Address _____

City, State & Zip _____

Telephone Number () _____

How Long Have You Lived There? _____ Monthly Rent _____

Reason for Leaving _____

Approximately how much notice do you need to give to your current landlord?

30 days 60 days None Other _____

IF YOU HAVE RESIDED AT YOUR CURRENT ADDRESS FOR 5 YEARS OR MORE, THERE IS NO NEED TO COMPLETE THE FOLLOWING PREVIOUS LANDLORD/ADDRESS SECTION.

YOUR PREVIOUS STREET ADDRESS _____

City, State & Zip _____

PREVIOUS Landlord's Name _____

Street Address _____

City, State & Zip _____

Telephone Number () _____

How Long Have You Lived There? _____ Monthly Rent _____

Reason for Leaving _____

9. Are you now living in federally assisted housing? YES NO

If YES, Name of Complex _____

Name of Manager _____ Telephone Number _____

Has your rental assistance ever been terminated for fraud, non-payment of rent, failure to re-certify, or any other reason? YES NO

If YES, explain: _____

10. Do you live with a family member? YES NO

If YES, what is the relationship? _____

11. Please check either **YES** or **NO** for the following questions:

A. Do you own a car? **YES** **NO**

B. Do you have a pet? **YES** **NO**

Type of Animal _____

C. Have you or any member of your household currently or in the past used illegal drugs? **YES** **NO**

D. Have you or any member of your household ever been convicted of drug-related criminal activity? **YES** **NO**

E. Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity? **YES** **NO**

F. Have you or any household member ever been convicted or pled to a felony and/or misdemeanor? **YES** **NO**

If YES, list dates, crimes, locations, jail/prison time served, probation or parole status:

G. Are you or any member of your household a current illegal user of or addicted to a controlled substance? **YES** **NO**

H. Have you or any member of your household ever been on parole or are now on parole? **YES** **NO**

I. Are you or any member of your household subject to registration under a state sex offender registration program? **YES** **NO**

J. Have you or anyone in the household been a victim of domestic violence, dating violence or stalking? **YES** **NO**

12. Check the appropriate box (voluntary):

- White
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Other

13. Check the appropriate box (voluntary):

- Hispanic
- Non-Hispanic

FIRST ADVANTAGE SAFERENT TENANT RELEASE FORM

7300 West More Road, Suite 3
Rockville, MD 20850

Phone: 800-221-9379

Fax: 800-345-9379

The applicant and co-applicant must complete this form.

PLEASE PRINT CLEARLY

_____ Applicant Name – First, Middle, Last		_____ Social Security Number	_____ Date of Birth
_____ Co-Applicant Name – First, Middle, Last		_____ Social Security Number	_____ Date of Birth
_____ Current Mailing Address		_____ Home Telephone Number	
_____ City	_____ State	_____ Zip Code	
_____ Previous Mailing Address			
_____ City	_____ State	_____ Zip Code	
_____ Work Telephone Number		_____ Ext.	
<p>I hereby grant Ridge Oak, Landlord and its designee, First Advantage SafeRent, a credit reporting agency, the right to process this Credit Application for the purpose of obtaining a rental lease and/or the renewal of an existing lease based on the dates and terms of the lease. In compliance with the FAIR CREDIT REPORTING ACT, this notice is to inform you that the processing of this application includes, but is not limited to, making inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer reports from consumer reporting agencies, obtaining credit information from other credit institutions, records of court proceedings and criminal background checks from appropriate law enforcement agencies. You have the right to make a written request within a reasonable period of time to receive additional information about the nature of this investigation. The undersigned agrees that this application and reports shall remain the sole property of Ridge Oak regardless if rental lease is granted or renewed.</p>			
_____ Applicant Signature		_____ Date	
_____ Co-Applicant Signature		_____ Date	

Company Name: Ridge Oak, Inc., Ridge Oak II, Inc.

Declaration – Applicant and Co-Applicant

Applicant Name _____ **Co-Applicant Name** _____

Date of Birth _____ Date of Birth _____

Social Security No. _____ Social Security No. _____

INSTRUCTIONS: Complete Declaration No. 1, 2 or 3 below:

DECLARATION NO. 1

1. _____ I/We am/are a citizen or national of the United States.

Applicant Signature

Co-Applicant Signature

Date

Date

OR

DECLARATION NO. 2

2. _____ I/We am/are a non-citizen with eligible immigration status.

Has an I-864 Affidavit of Support from Homeland Security been signed on your behalf? Yes No

Name of Affidavit Sponsor _____

Alien Registration No. _____

Applicant Signature

Co-Applicant Signature

Date

Date

OR

DECLARATION NO. 3

3. _____ I/We am/are not contending eligible immigration status, and I/we understand that I/we am/are not eligible for financial assistance. *(If you checked this block, no further information is required, and the person named above is not eligible for assistance.)*

Applicant Signature

Date

Applicant's Certification (Please read this carefully before you sign)

1. I/We understand that the apartments located at 150 Manchester Drive, Basking Ridge, New Jersey, are subsidized through the **Section 8 program** of the U.S. Department of Housing and Urban Development (HUD). I/We understand that the head of household must be 62 years of age or older and that the maximum annual income for one person is \$46,000 and for two persons if \$52,600. *The applicant must be both age and income eligible at the time the application is submitted.*
2. I/We understand that the apartments located at 35 Lindbergh Lane, Basking Ridge, New Jersey are subsidized through the **Section 202 PRAC** (Project Rental Assistance Contract). I/We understand that the head of household must be 62 years of age or older and that the maximum annual income for one person is \$35,700 and the maximum annual income for two persons is \$40,800. *The applicant must be both age and income eligible at the time the application is submitted.*
3. I/We understand that Ridge Oak, Inc., and Ridge Oak II, Inc., are smoke-free communities; no cigarette, pipe or cigar smoking will be permitted in any apartment or common area.
4. The waiting list will be developed on a first-come, first-served basis. Applications will be received and date-stamped prior to placement in the waiting list book. Waiting list assignment is not a guarantee of eligibility.
5. I/We understand that if I/we are selected to receive HUD assistance, the unit I/we occupy will be my/our only residence.
6. The application and the attachments to the application, including a copy of the Federal Tax Return and copy of the 1099's provided, are the property of Ridge Oak and will not be returned to the applicant.
7. I/We understand that all application information is being collected solely to determine my/our eligibility.
8. I/We authorize the owner/manager to verify all information provided on this application, to check my/our credit history, perform a criminal background check, contact previous and/or current landlords, review records of court proceedings and to collect information which may be released to appropriate Federal, State, or local agencies.
9. I/We understand that if I/we are eligible, the rent is 30% of adjusted income.
10. I/We understand that the applicant will be removed from the waiting list if the applicant is offered an apartment and refuses the apartment.
11. I/We agree to notify management in writing immediately regarding any changes in household address, telephone number, and household composition. I/We understand that if management cannot reach me by telephone or by U.S. Mail, my/our name will be taken off of the waiting list.
12. I/We understand that applications will be rejected for the following reasons, including but not limited to:
 - Hand delivered, faxed, emailed or incomplete application
 - Applicant does not meet age or income guidelines
 - Applicants with poor credit history, ie, any credit history that is an indication of irresponsible behavior or that may indicated future problems for the development
 - Poor tenant/landlord history
 - Applicants subject to a lifetime registration requirement under a state sex offender registration program
 - Applicants who have been convicted of using illegal drugs
 - Applicants who were evicted from subsidized housing for drug-related criminal activity within the last three years
 - Applicants arrested for assault and/or battery
 - Applicants with a felony and/or misdemeanor conviction and/or plea
 - Admission is prohibited for a period of ten years from the date of release from prison for criminal activity.
13. 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 falsification of information is grounds for rejection and is punishable under Federal law.

IF YOU FILED A FEDERAL TAX RETURN WITHIN THE LAST 2 YEARS, YOU MUST SUBMIT A COPY OF YOUR MOST RECENT 1040 FEDERAL INCOME TAX RETURN WITH COPIES OF ALL ATTACHED SCHEDULES and 1099's WITH THIS APPLICATION!

Applicant's Signature _____

Date _____

Co-Applicant's Signature _____

Date _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
Email Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

_____	_____
Signature of Applicant	Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 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. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions. Form HUD- 92006 (05/09)