

**Church Street Corporation
25 Hancock St
Keansburg, NJ 07734
732-787-6161**

Fallon Manor

Thank you for expressing an interest in residency at Fallon Manor, the requirements are as follows:

- All household members must be 62 years or older
- Maximum income limits for 1 person is \$57,480.00 and \$65,700.00 for 2 people. (Social Security, Pensions, and any income received from assets are included in income calculations)
- Rent for a 1 bedroom is \$605.00, 2 bedrooms is \$689.00. plus security
- Heat is included in rent, residents are responsible for their electric bill, phone and cable.
- All applicants are subjected to a criminal background check

Any questions please call the main office 732-787-6161

Equal Housing
Opportunity

APPLICATION FOR Tax Credit Housing



This is an application for housing at: Fallon Manor
43 Church Street
Keansburg, NJ 07734

Please complete this application and
Either mail it or bring it to: Church Street Corporation
25 Hancock Street
Keansburg, NJ 07734

To be eligible all applicants must be 62 or older to apply.

Applicant Name: _____ Phone: _____
 Co-Applicant: _____ Relationship: _____
 Address: _____
 Street Apt# City State Zip Code

Applicant

Are you a citizen Yes ___ No ___

Date of Birth _____
 Month Day Year

Place of Birth _____

Soc. Sec. No. _____

Source of Income

Monthly Amount

Social Security \$ _____
 SSI \$ _____
 Pension \$ _____
 UN / Dis \$ _____
 Work. Comp \$ _____
 Employment \$ _____
 Alimony \$ _____
 Other \$ _____
 Veteran's Ben. \$ _____

Co-Applicant

Are you a citizen Yes ___ No ___

Date of Birth _____
 Month Day Year

Place of Birth _____

Soc. Sec. No. _____

Source of Income

Monthly Amount

Social Security \$ _____
 SSI \$ _____
 Pension \$ _____
 UN / Dis \$ _____
 Work. Comp \$ _____
 Employment \$ _____
 Alimony \$ _____
 Other \$ _____
 Veteran's Ben. \$ _____

Assets

Balances

Checking Account \$ _____
 Savings Account \$ _____
 Trust Account \$ _____
 Cert of Dep. \$ _____
 Credit Union \$ _____
 Mutual Funds \$ _____
 Stocks \$ _____
 Savings Bonds \$ _____

Do you own property? Yes ___ No ___
 If yes, Type _____
 Location _____
 Appraisal value \$ _____

Assets

Balances

Checking Account \$ _____
 Savings Account \$ _____
 Trust Account \$ _____
 Cert of Dep. \$ _____
 Credit Union \$ _____
 Mutual Funds \$ _____
 Stocks \$ _____
 Savings Bonds \$ _____

Do you own property? Yes ___ No ___
 If yes, Type _____
 Location _____

Additional Information:

Are you or co-applicant currently using an illegal substance? Yes _____ No _____
If yes, describe _____

Have you or co-applicant ever been evicted from any housing? Yes _____ No _____
If yes, describe _____

Have you or co-applicant ever filed for bankruptcy? Yes _____ No _____
If yes, describe _____

Briefly describe your reason for applying _____

Reference Information:

Current Landlord: Name _____
Address _____

Prior Landlord: Home phone _____ Business phone _____ How long _____
Name _____
Address _____

Home phone _____ Business phone _____ How long _____

Three personal non-related references:

Name _____ Relationship _____
Address _____ Phone _____

Name _____ Relationship _____
Address _____ Phone _____

Name _____ Relationship _____
Address _____ Phone _____

Vehicle Information:

Vehicles: List any cars, trucks or other vehicles owned. (Parking will be provided for one vehicle.
Arrangements with management will be necessary for more than one vehicle.)

Type of Vehicle _____ Year/Make _____
Color _____ License Plate # _____

AUTHORIZATION

I/We do hereby authorize the Church Street Corporation and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organization to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in programs administered/managed by the Church Street Corporation.

Signature(s)

Applicant

Co-Applicant

Date

Date

HUD Notice H 2009-11

State Lifetime Sex Offender Registration

Pursuant to HUD Notice #H2009-11(24 CFR Part 5, Subpart 1) an applicant and or resident at move in or recertification must declare if they or any member of their family is required to state if they are subject to life time sex offender registration program in any state.

YES _____

NO _____

****Failure to respond to this question may jeopardize the approval of this application****

Please list all states you or your relatives have resided in so we may verify this information.

I/We hereby certify that I/We do/will not maintain subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my/our eligibility for housing will be based on applicable income limits and by management's 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.

Signature(s)

Applicant

Co-Applicant

Date

Date

Please attach a copy of your Social Security Card(s)

If you or any household member did NOT disclose or do not have a Social Security number, please answer the question below...

Were you age 62 or older as of January 31, 2010, and whose initial determination, prior HUD Housing, eligibility began before January 31, 2010?

YES _____

NO _____

**** Please make sure your application is complete! Anything unanswered will void your application. ****