Project Freedom, Inc
Pre-Qualifying Application

All fields are required

YOU MUST HAVE A MINIMUM TOTAL HOUSEHOLD INCOME OF:

$21,000 – to qualify for an efficiency apartment
$23,000 – to qualify for a 2-bedroom apartment

Project Freedom at Robbinsville —Application for Housing

☐ Efficiency ☐ 2 Bedroom

****Only one application will be accepted per family**

Applicant's Name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Social Security Number: _____

Date of Birth _____ Sex (M/F): _____ Married ☐ Single ☐

****

Co-Applicant ☐ **Yes** ☐ **No**

Co-Applicant's Name _____

Date of Birth _____ Social Security Number _____

Do you have a Rental Assistance Voucher? ☐ Yes ☐ No
If yes, Case worker name: _____
Phone Number and Agency Name: _____

Are you eligible for DDD services? ☐ Yes ☐ No ☐ Unsure
(Division of Developmental Disabilities)
If yes, Case worker name: _____
Phone Number and Agency Name: _____

Have you, or any members of your household, ever been evicted? ☐ Yes ☐ No
Have you, or any members of your household, ever been convicted of a crime? ☐ Yes ☐ No
Are you, or any members of your household, subject to a lifetime registration requirement under the New Jersey State Sex Offender Registration Program or any other State's Sex Offender Registration Program? ☐ Yes ☐ No
Do you, or anyone in your household, require a barrier free apartment? ☐ Yes ☐ No
Do you, or anyone else in your household, use a wheelchair or other mobility device? ☐ Yes ☐ No ☐ Unsure

_____

REQUIRED: Project Freedom Inc. is housing **designed for people with disabilities** who use wheelchairs or other mobility devices. Project Freedom Inc. provides accessible, affordable housing with supportive services whereby self-directed people with disabilities can live independently in a non-medical environment. **Please explain how you qualify for this type of housing**:

_____

_____

_____

Household Composition and Income:

Name	Relation to Head of House	Date of Birth	Sex	Current Gross Annual Income	Currently a Full-Time Student(12 credit hours/
1.	Head of House			**$**	☐ YES ☐ NO
2.				**$**	☐ YES ☐ NO
3.				**$**	☐ YES ☐ NO
4.				**$**	☐ YES ☐ NO
5.				**$**	☐ YES ☐ NO

Source of Income	Applicant Current Year Income	Applicant Previous Year Income		Co-Applicant Current Year Income	Co-Applicant Previous Year Income
Social Security	**$**	**$**		**$**	**$**
Pension	**$**	**$**		**$**	**$**
Salary	**$**	**$**		**$**	**$**
All Other Income	**$**	**$**		**$**	**$**
Total Annual Income	**$**	**$**		**$**	**$**

Release of Information Statement Provided by Applicant
I/We, _____, attest that the information provided in this pre-application is true, and to the best of my/our knowledge is correct and complete.

I/We verify that I/We will provide prompt notice to Project Freedom Inc. should there be any change in my/our circumstances.

I/We authorize Project Freedom Inc. to contact any source listed for the sole purpose of verifying the information

I/We have provided in this pre-application.

I/We understand that I/We have a responsibility to remain in contact with Project Freedom when requested. I/We understand that failure to do this will result in being taken off the waiting list.

_____ _____
Signed (Applicant) Date

_____ _____
Signed (Co-Applicant) Date

If you prequalify, you well be sent and “eligible” letter
If you do not pre-qualify, you will be notified in writing.

EQUAL HOUSING OPPORTUNITY

Equal Opportunity Employer – Equal Opportunity Housing

Mail this pre-qualifying application back to:

Project Freedom at Robbinsville
Attn: Betty Maxwell, Social Services Coordinator
223 Hutchinson Road
Robbinsville, NJ 08691

MULTIPLE DWELLING REPORTING RULE TENANT/APPLICANT INQUIRY

The **New Jersey Law Against Discrimination,** N.J.S.A. 10:5-1 to -49, makes it unlawful to discriminate in the sale or rental of housing based on a person's race, creed, color, national origin, ancestry, nationality, affectation or sexual orientation, disability, gender, marital status, familial status, whether you have a child, a parent-child relationship with a minor, or you are pregnant), lawful source of income or rental subsidy used for rental payments.

The **New Jersey Division on Civil Rights** is the State agency that is authorized to enforce the Law Against Discrimination. Under the Division's **Multiple Dwelling Reporting Rules,** N.J.A.C. 13:10-1:1 to -2.6, the Division requires landlords to collect and record information about applicants for apartment rentals and tenants in apartment complexes throughout New Jersey. The **Multiple Dwelling Reporting Rule** requires landlords to provide a summary of this information to the Division and to retain the information on this form. **The information is used to prevent and eliminate discrimination in housing.** Your cooperation in filing out this form will assist the Division in enforcing the Law Against Discrimination.

Please note that, although landlords must record certain information about the race and ethnicity of applicants and tenants, it is unlawful to record or ask applicants or tenants about other characteristics such as religion, gender, marital status or affectation or sexual orientation.

If you feel you have been denied housing ore treated differently for one of the reasons listed about, you may contact the Division on Civil Rights at (609) 984-3138 for referral to a local Division office for additional information or assistance.

Visit the Division on Civil Rights Web site at www.NJCivilRights.org

……

Tenants/applicants: Fold & tear along dotted line and retain top portion for your records

MULTIPLE DWELLING REPORTING RULE TENANT/APLICANT INQUIRY

If the tenant/applicant chooses not to complete this form, the landlord or the landlord's representative is required to conduct a visual observation of the tenant or applicant and then complete this form as accurately as possible.

This form is not intended to be a part of the rental application process and must be kept separate and apart from rental records.

☐ Tenant ☐ Applicant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Race/Ethnicity: Please check all that apply to leaseholders (tenants) or applicants.

☐ **Black or African American:** a person having origins in any of the original peoples of Africa

☐ **Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish origin or culture, or a person having a Spanish surname

☐ **Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

☐ **American Indian or Alaska Native:** a person having origins in any of the original peoples of North or South America

☐ **Native Hawaiian or other Pacific Islander**: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

☐ **White or Caucasian:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Date: _____ Completed by: ☐ Tenant ☐ Applicant ☐ Landlord

If you have any questions regarding this inquiry, please contact the Division on Civil Rights, Multiple Dwelling Unit at 609-984-3138 between the hours of 9:00 to 5:00 Monday through Friday, or e-mail the MDRR unit at DCRMDRR@njcivilrights