



# Project Freedom, Inc Pre-Qualifying Application

All fields are required

YOU MUST HAVE A  
**MINIMUM TOTAL**  
HOUSEHOLD INCOME OF:

- \$21,000** – to qualify for a 1-bedroom apartment
- \$23,000** – to qualify for a 2-bedroom apartment
- \$25,000** – to qualify for a 3-bedroom apartment

## Freedom Village at Toms River — Application for Housing

1 Bedroom     2 Bedroom     3 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  Yes  No

the New Jersey State Sex Offender Registration Program or any other State's Sex Offender Registration Program?

Do you, or anyone in your household, require a wheelchair-accessible apartment?  Yes  No

Do you, or anyone else in your household, use a wheelchair or other mobility device?  Yes  No

If yes, whom? \_\_\_\_\_

While Project Freedom Inc. designs every housing unit **100% physically accessible for people with disabilities** who use wheelchairs or other mobility devices, it is not a requirement for tenancy. This development accommodates both disabled and non-disabled people/families. If applicable, please explain your need for wheelchair-accessible housing.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Household Composition and Income:**

Name	Relation to Head of House	Date of Birth	Sex (M/F)	Current Gross Annual Income	Currently a Full-Time Student =12 credit hours/ semester
1.	Head of Hhold			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Please List All Sources of Household Income**

SOURCE OF INCOME	APPLICANT Current Year Income	CO-APPLICANT Current Year Income	APPLICANT Previous 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** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

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



Equal Opportunity Employer – Equal Opportunity Housing

**Mail this pre-qualifying application back to:**

**Freedom Village at Toms River  
Attn: Lori Solymosi, Office Manager  
715 Kuser Road  
Hamilton, NJ 08619**

## 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 or 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](http://www.NJCivilRights.org)

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Tenants/applicants: Fold & tear along dotted line and retain top portion for your records  
**MULTIPLE DWELLING REPORTING RULE TENANT/APPLICANT 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 [DCRMDDRR@njcivilrights](mailto:DCRMDDRR@njcivilrights)