



**Project Freedom, Inc**  
**Pre-Qualifying Application**  
**Project Freedom at West Windsor**

**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

**All fields are required (select desired bedroom size(s)):**

1 Bedroom     2 Bedroom     3 Bedroom

Applicant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex (M/F): \_\_\_\_\_ Married     Single     Divorced     Separated:

\*\*\*\*

**Co-Applicant**     Yes     No

Co-Applicant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex (M/F): \_\_\_\_\_ Married     Single     Divorced     Separated:

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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

(Division of Developmental Disabilities)  
**If yes, Case worker name:** \_\_\_\_\_  
**Phone Number and Agency Name:** \_\_\_\_\_

1. Have you, or any members of your household, ever been evicted?     Yes     No
2. Have you, or any members of your household, ever been convicted of a crime?     Yes     No
3. 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
4. Do you, or anyone else in your household, use a wheelchair or other mobility device?     Yes     No

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.

**Household Composition and Income: (Must include all members expected to live in the unit)**

Name	Relationship to Head of House	Social Security #	Date of Birth	Sex (M/F)	Projected Gross Yearly Income	Full-Time Student? (12 credit hrs/ 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
6.					\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.					\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Please list all the sources where household income comes from:**

SOURCES OF INCOME	Applicant's Current Gross Yearly Income	Co-Applicant's Gross Yearly Income	Other Household Member's Gross Yearly Income
Salary	\$	\$	\$
Social Security	\$	\$	\$
Pension	\$	\$	\$
Child Support/Alimony	\$	\$	\$
All Other Income	\$	\$	\$
<b>Total Annual Income</b>	\$	\$	\$

\*\*\* Add a separate page if additional family members have 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 understand that the applicant(s) have a responsibility to remain in contact with Project Freedom when requested. I/We understand that failure to do so will result in the application becoming inactive. (everyone 18 or older who will live in the unit must sign)

<b>Signed:</b> _____	<b>Date:</b> _____
<b>Signed:</b> _____	<b>Date:</b> _____
<b>Signed:</b> _____	<b>Date:</b> _____
<b>Signed:</b> _____	<b>Date:</b> _____

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:**

**Project Freedom at West Windsor**  
**1 Freedom Boulevard**  
**Lawrence, NJ 08648**

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](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/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](mailto:DCRMDRR@njcivilrights)