



## Project Freedom at Robbinsville

*Housing That Supports Independence*  
223 Hutchinson Road, Robbinsville, NJ 08691  
Phone 609-448-2998 / Fax 609-448-7293

### Re: Application for Project Freedom at Robbinsville

Dear Applicant,

Thank you for your interest in Project Freedom at Robbinsville.

- Please complete the attached application and submit it for consideration.
- It is very important that you **complete all fields and include everyone who will be living in the unit (regardless of age).**
- An incomplete application could result in a returned application and a delay in getting on the waiting list.
- Applications are date and time-stamped when received.

**There is a waiting list** in each of our facilities, managed separately by each site manager. If you are interested in more than one of our sites, you must apply separately to each. General pre-applications for each site can be printed at [www.projectfreedom.org](http://www.projectfreedom.org).

- Please note the income requirements in place for the efficiency or 2-bedroom units on the pre-app.
- To qualify, you must make the minimum specified for each size unit and not exceed the maximums per the number of people who will live in the unit.
- If you have an on-going rental assistance voucher, the income requirements may be adjusted.
- PO Box addresses are not acceptable and Social Security Numbers are required for each family member 18 and older.

If you are eligible, intermittently, we will communicate with you regarding your continued interest in the community. Keep us apprised of any change of address or contact information or we will not be able to reach you when your name comes up on the waiting list.

Sincerely,

*Jacklene Elswiny*

Jacklene Elswiny  
Property Manager/Social Service Coordinator  
609-448-2998

**Project Freedom, Inc.** is a 501(c)(3) non-profit organization that develops and operates barrier-free housing to enable individuals with disabilities to live independently. While it may not be a requirement for tenancy, all units are wheelchair accessible.

## Project Freedom at Robbinsville

Beautifully designed

1 Bedroom Efficiency  
2 Bedroom Apartments

**Applicants must  
Meet minimum income requirements  
and cannot exceed maximums**

**Project Freedom Inc. Office**  
223 Hutchinson Road, Robbinsville, NJ 08691  
609-448-2998 (p) / 609-448-7293 (fx)  
jelsowiny@projectfreedom.org

### **Minimum income for eligibility is:**

**\$21,000** for one bedroom efficiency

**\$23,000** for two bedrooms

### **Office Hours: Monday –Friday 9-5 PM**

Household Size (# of people)	1 person	2 people	3 people	4 people	5 people
<b>Maximum Income</b>	<b>\$42,720</b>	<b>\$48,780</b>	<b>\$54,900</b>	<b>\$60,960</b>	<b>\$65,880</b>

### **Rents (To be eligible for units you must be within income restrictions)**

1 Bedroom Efficiency (60% Unit) **\$929**

2 Bedroom (60% Unit) **\$1,066**

**NOTE: Tenant is responsible for Gas, Electric and Water Bills**

**Incomes and Rents subject to change**

Housing Choice/Section 8 Vouchers Accepted

Equal Opportunity Employer



Equal Opportunity Housing



**Project Freedom, Inc**  
**Pre-Qualifying Application**  
**Project Freedom at Robbinsville**

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

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

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

1 Bedroom Efficiency     2 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:

\*\*\*\*\*

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

By design, Project Freedom Inc.'s units are **100% physically accessible for people with disabilities** who use wheelchairs or other mobility devices. This specific development accommodates individuals and families with disabilities only.

Would you, or anyone in your household, benefit from this type of housing?     Yes     No

**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	Marital Status	Sex (M/F)	Projected Gross Yearly Income	Full-Time Student? (12 credit/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 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 authorize Project Freedom Inc. to contact any source listed for the sole purpose of verifying the information provided in this pre-application. **I/We understand that Project Freedom, Inc. will run a background check on all adults 18 years of age and older, prior to interview.**

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)

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

**Project Freedom at Robbinsville  
 Attn: Jacklene Elsowiny, Property Manager  
 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](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)