



## Freedom Village at Town Center South

*Housing That Supports Independence*  
500 Ravens Road, Robbinsville, NJ 08691  
Phone 609-699-6023 / Fax 609-614-2069  
[www.projectfreedom.org](http://www.projectfreedom.org)

### Re: Pre-Application for **Freedom Village Town Center South**

Dear Applicant,

Thank you for your interest in Freedom Village at Town Center South at Robbinsville.

- Please complete the attached pre-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 1-, 2- and 3-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.

Please note that your pre-application package includes a DISCLOSURE FORM that grants “permission” for the credit and criminal history background check. **Every family member 18 or older must sign one of these forms and return it with the pre-application.**

Eligible candidates will be sent a full tenant application, be required to provide financial documentation based on a checklist of requirements, and be determined eligible or ineligible at time of interview. 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,

*Dara D. Johnston*

Dara D. Johnston  
Leasing Manager  
609-699-6023

**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.

**COMING SOON**

**Freedom Village at Town Center South (Robbinsville)**

**Pre-applications must be submitted by October 23, 2020 to be included in the 10/27/2020 lottery.**

**Beautifully designed**  
1, 2, and 3 Bedroom Apartments

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

**Freedom Village at Town Center South**  
**% Freedom Village at Westampton**  
**700 Freedom Blvd, Westampton, NJ 08060**  
**609-699-6023 (p) / 609-614-2069 (fx)**  
**djohnston@projectfreedom.org**

**Minimum income for eligibility is:**

**\$21,000** for one bedroom,  
**\$23,000** for two bedrooms and  
**\$25,000** for three bedrooms per household per year.

**Office Hours: Monday –Friday 9-5 PM – Summer Hours: 9:00 – 4:30 PM**

**MAXIMUM INCOME LIMITS**

Household Size (# of people)	1 person	2 people	3 people	4 people	5 people	6 people	7 people
<b>Maximum</b> Income 50% (very low)	<b>\$38,050</b>	<b>\$43,500</b>	<b>\$48,950</b>	<b>\$54,350</b>	<b>\$58,700</b>	<b>\$63,050</b>	<b>\$67,400</b>

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

1 Bedroom **\$863.00**  
2 Bedroom (50% Unit) **\$1,039.00**  
3 Bedroom (50% Unit) **\$1,200.00**

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

**Incomes and Rents subject to change**  
Housing Choice/Section 8 Vouchers Accepted  
All Units Are Spacious and Wheelchair Accessible

**Equal Opportunity Employer**



**Equal Opportunity Housing**



**Project Freedom, Inc  
Pre-Qualifying Application  
Freedom Village at Town Center  
South**

**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

**ALL FIELDS ARE REQUIRED**

Applicant Name: \_\_\_\_\_ Street Address: \_\_\_\_\_  
 City/State \_\_\_\_\_ Zip: \_\_\_\_\_ County \_\_\_\_\_  
 Contact Phone #: \_\_\_\_\_ Social Sec #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 eMail: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_ Married  Single  Divorced  Separated   
 If employed, what county do you work in? \_\_\_\_\_

**Co-Applicant**                       Yes     No

Co-Applicant Name: \_\_\_\_\_ Street Address: \_\_\_\_\_  
 City/State \_\_\_\_\_ Zip: \_\_\_\_\_ County \_\_\_\_\_  
 Contact Phone #: \_\_\_\_\_ Social Sec #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 eMail: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_ Married  Single  Divorced  Separated   
 If employed, what county do you work in? \_\_\_\_\_

\*\*\*\*\*

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	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
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>	<b>\$</b>	<b>\$</b>	<b>\$</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:  
**Freedom Village at Town Center South**

**% Freedom Village at Westampton  
Attn: Dara Johnston, Leasing Manager  
700 Freedom Blvd, Westampton, NJ 08060**

**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)

# DISCLOSURE FORM TO OBTAIN CONSUMER REPORTS FOR TENANT PURPOSES

*Please Read Carefully Before Signing the Authorization*

## DISCLOSURE

In considering you for tenancy and, if you are selected, in considering you for continued housing, Project Freedom, Inc. (“the Company”) may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency.

For explanation purposes:

- A “consumer report” is a written, oral, or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making a tenant-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- An “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”).

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for tenant purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

### AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize Project Freedom, Inc. to obtain and rely upon consumer reports or investigative consumer reports concerning me.

By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in their decision about me. I also consent to have any legally required notices sent electronically.

I  do  do not authorize you to contact my current employer for Employment and Reference Verifications. (Checking “I do” will authorize inquires to the Human Resources Department and to any listed supervisors.)

_____ Printed Name	_____ Applicant Signature	_____ Date
_____ Parent or Legal Guardian Printed Name (for searches conducted on minors under the age of 18)	_____ Parent or Legal Guardian Signature	_____ Date