



Project Freedom at Hamilton

Housing That Supports Independence

715 Kuser Road, Hamilton, NJ 08619

Phone 609-588-9919 / Fax 609-588-8831

Re: Application for Project Freedom at Hamilton

Dear Applicant,

Thank you for your interest in Project Freedom at Hamilton.

- 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.

- Please note the income requirements in place for the 1- and 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.

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,

Allie McWilliams

Allie McWilliams

Property Manager/Social Service Coordinator

609-588-9919

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 Hamilton

Beautifully designed
1 and 2 bedroom Apartments
Apartments

Applicants must
meet minimum income requirements
and cannot exceed maximums

Project Freedom Inc. Office
715 Kuser Road, Hamilton, NJ 08619
609-588-9919 (p) / 609-588-8831 (fax)
tsilver@projectfreedom.org

Minimum income for eligibility is:

\$27,900 for one bedroom and
\$31,890 for two bedrooms

Office Hours: Monday –Friday 9-5 PM

Household Size (# of people)	1 person	2 people	3 people	4 people	5 people
Maximum Income 60% (very low)	\$55,800	\$63,780	\$71,760	\$79,680	\$86,100

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

1 Bedroom (60% Unit) **\$1,494**
2 Bedroom (60% Unit) **\$1,794**

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 Hamilton**

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

**\$27,900 – to qualify for a 1-bedroom
apartment
\$31,890 – to qualify for a 2-bedroom
apartment**

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

1 Bedroom 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	\$	\$	\$
Total Annual Income	\$	\$	\$

*** 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 years of age 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 Hamilton
Attn: Tanja Silver, Property 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 ore treated differently for one of the reasons listed about, you may contact the Division on Civil Rights act (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

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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 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 inquiries 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