Rosegate
a Heritage Village Community

Application Instructions

Thank you for your interest in Rosegate! Please read the following instructions carefully. No application will be accepted without a $50.00 non-refundable application fee per adult household member and a fully completed form with all adult household member signatures.

- Applications will be processed in order of date and time received.
- Rosegate is an age-restricted community for active adults, which means the Head of Household must be age 55 or older. Additional household members must be adults age 19 or older.
- There is a $50.00 non-refundable application fee* for each applicant age 19 and older, which must be submitted with the completed application in the form of a Money Order or Certified Bank Check and made payable to Rosegate.
- Incomplete applications or applications not accompanied by the appropriate documentation or fees will not be processed and will be returned.

** Application fee is waived for applicants that are currently participating in the Section 8 Housing Choice Voucher Program. Proof of participation must be submitted with the application.*

All areas of the application must be completed. If an item does not apply to you write "N/A" on that line. Answer all questions. Do not leave any question blank. Do not use white out on the application. If you make a mistake cross out the incorrect answer, write the correct answer and initial the response. All sources of income must be reported for all household members.

The following documents must be submitted with the application:

a. Valid Driver's License or other government issued identification for adult household members age 19 and older;
b. Social Security cards for all adult household members age 19 or older;
c. Most recent Pay Stub for each household members age 19 or older (if applicable).

The following information will be required when you are called into the office for an interview to continue the application process. You do not have to send them in with your application. (Please read the attached Acknowledgment for Housing Procedure for more information):

1. Social Security/SSI award letter;
2. Four (4) current consecutive pay stubs however, eight (8) paystubs will be required if we are unable to 3rd party verify employment;
3. Bank name, address, and phone number along with 6 most recent bank statements for all checking account(s). Most recent bank statement for all saving account (s). Be sure to include all pages;
4. Real Estate documents if you owned or sold a home within the past two years;
5. Child Support Award Letter or current print out for each Child Support Order;
6. Most Recent Tax Return (Include all attachments);
7. All asset information (e.g. Cash held in safe deposit boxes or at home, trusts, equity in real estate or other capital investments, stocks, bonds, treasury bills, 401K, IRA, certificate of deposits (CD's) money market accounts, mutual funds, life Insurance policy);
8. Pension benefits award letter; 401K, IRA, Annuities, or any retirement account(s);
9. Life Insurance policies;
10. Welfare/public assistance documents, AFDC Documentation;
11. Workers compensation award letter;
12. Disability award letter;
13. Unemployment award letter;
14. Alimony Court Documentation;
15. Marriage Certificate or Divorce Decree;

PLEASE RETURN APPLICATION AND MAKE MONEY ORDER OR CERTIFIED BANK CHECK PAYABLE TO:

"Rosegate Associates"
555 East Hazelwood Avenue
Rahway, NJ 07065

Should you have any questions, please feel free to contact our office at: (732) 396-4540.

Application for Affordable Housing

This is an application for housing at:	Community: **Rosegate, a 55+ Active Adult Community**
Please complete this application and return to:	555 East Hazelwood Avenue Rahway, NJ 07065

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application. All questions must be answered, or application will be considered incomplete and returned.

Please print clearly. If a section doesn't apply, write N/A. Do not cross out.

A. GENERAL INFORMATION

Head of Household: _____

Address: _____
Street Apt.# City State ZIP

Daytime Phone: _____ Evening Phone: _____

Email Address: _____ Do you ♦ RENT or ♦ OWN (circle one)

No. of Bedrooms Requested: • 1 BEDROOM • 2 BEDROOM (circle one) Do you require a handicap apartment? ♦ Yes ♦ No (circle one)
(Limited by Household size)

Amount of current monthly rental or mortgage payment: $ _____

If owned, do you receive monthly rental income from property? ♦ Yes ♦ No (circle one)

Circle utilities paid by you: ♦ Heat ♦ Electricity ♦ Gas ♦ Other (specify) _____

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): $ _____

Do you receive rental assistance? (Example: Section 8 or any other type of voucher): ♦ Yes ♦ No (circle one)

Is any member of the applicant household a Lifetime Sex Offender Registrant? ♦ Yes ♦ No (circle one)

Please list any states where you have previously resided: _____

How did you hear about us? (Please be specific.): _____

B. HOUSEHOLD COMPOSITION

List ALL persons who will live in the house. List the head of household first.

	Name	Relationship to head	Marital Status M-married D-divorced S-single E-estranged L-legal separation	Birth Date	Age	SS#	Student Y/N
Head of Household		**HOH**					
Co-Applicant							
3.							
4.							

Will any of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? ♦ Yes ♦ No (circle one)

IF YOU CIRCLED YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return? (circle one)	♦ Yes	♦ No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? (circle one)	♦ Yes	♦ No
Are any full-time student(s) a TANF or a title IV recipient? (circle one)	♦ Yes	♦ No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependent on another's tax return? (circle one)	♦ Yes	♦ No

Do you anticipate any additions to the household in the next twelve months? ♦ Yes ♦ No (circle one)	
If yes, explain:	

C. INCOME		
List ALL sources of income as requested below. **If a section doesn't apply, write N/A.**		
Household Member Name	**Source of Income**	**Gross Monthly Amount**
	Social Security	$
	Social Security	$
	SSI Benefits	$
	SSI Benefits	$
	Pension (list source)	$
	Veteran's Benefits (list claim #)	$
	Unemployment Compensation	$
	Unemployment Compensation	$
	Title IV/TANF	$
	Title IV/TANF	$
	Full-Time Student Income (18 & Over Only)	$
	Full-Time Student Income (18 & Over Only)	$
	Interest Income (source)	$
	Interest Income (source)	$
	Other_____	$
	Other_____	$

Household Member Name	**Source of Income**	**Gross Monthly Amount**
	Employment amount	$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	$
	Employer:	
	Position Held	
	How long employed:	
	Alimony	
	Are you ***entitled*** to receive alimony?	♦ Yes ♦ No (circle one)
	If yes, list the amount you are ***entitled*** to receive.	$
	Do you receive alimony?	♦ Yes ♦ No (circle one)
	If yes, list amount you receive.	$
	Child Support	
	Are you ***entitled*** to receive child support?	♦ Yes ♦ No (circle one)
	If yes, list the amount you are ***entitled*** to receive.	$
	Do you receive child support?	♦ Yes ♦ No (circle one)
	If yes, list the amount you receive.	$
	Other Income:	$
	Other Income:	$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		$
TOTAL GROSS ANNUAL INCOME FROM ***PREVIOUS*** YEAR		$

Do you anticipate any changes in this income in the next 12 months? (circle one)	♦ Yes	♦ No
If yes, explain:		

D. ASSETS If your assets are too numerous to list here, please request an additional form. **If a section doesn't apply, write N/A.**				
Checking Accounts	#	Bank	Balance $	
	#	Bank	Balance $	
Savings Accounts	#	Bank	Balance $	
	#	Bank	Balance $	
Trust Account	#	Bank	Balance $	
Certificates of Deposit	#	Bank	Balance $	
	#	Bank	Balance $	
Credit Union	#	Bank	Balance $	
Savings Bonds	#	Maturity Date	Value $	
Life Insurance Policy	#		Cash Value $	
Mutual Funds	Name:	#Shares:	Interest or Dividend $	Value $
Stocks	Name:	#Shares:	Dividend Paid $	Value $
Bonds	Name:	#Shares:	Interest or Dividend $	Value $
Investment Property			Appraised Value $	

Real Estate Property: ***Do you own any property?*** (circle one)	♦ Yes ♦ No
If yes, Type of property	
Location of property	
Appraised Market Value	$
Mortgage or outstanding loans balance due	$
Amount of annual insurance premium	$
Amount of most recent tax bill	$

Have you sold/disposed of any property in the last 2 years? (circle one)	♦ Yes ♦ No
If yes, Type of property	
Market value when sold/disposed	$
Amount sold/disposed for	$
Date of transaction	
Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? (circle one)	♦ Yes ♦ No
If yes, describe the asset	
Date of disposition	
Amount disposed	$

Do you have any other assets not listed above (excluding personal property)? (circle one)	♦ Yes ♦ No
If yes, please list:	

E. ADDITIONAL INFORMATION		
Have you or any member of your household ever been evicted from any housing? (circle one)	♦ Yes	♦ No
If yes, describe		
Have you ever filed for bankruptcy? (circle one)	♦ Yes	♦ No
If yes, describe		
Will you take an apartment when one is available? (circle one)	♦ Yes	♦ No
Briefly describe your reasons for applying:		

F. REFERENCE INFORMATION

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	

Credit Reference #1:	
Address:	
Account #:	Phone #:
Credit Reference #2:	
Address:	
Account #:	Phone #:
Personal Reference #2:	
Address:	
Relationship:	Phone #:
Personal Reference #3:	
Address:	
Relationship:	Phone #:

G. VEHICLE & PET INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned. Parking will be provided for only one vehicle.

Type of Vehicle:		License Plate #:
Year/Make:		Color:
Type of Vehicle:		License Plate #:
Year/Make:		Color:
Do you have any pets?	(circle one) • Yes • No	*If Yes, Describe:*

PLEASE READ ALL TERMS CAREFULLY ON THIS FORM AND SIGN BELOW

ROSEGATE complies with all state and federal statutes which prohibit discrimination in the rental of dwellings. This application is subject to **ROSEGATE** and may without designating cause, be disapproved by them. I understand that this application creates no obligation for **ROSEGATE** or applicant. This application may be made part of my lease. I understand that the truth of the information contained herein is essential. If **ROSEGATE** deems any answer or statement herein to be false, or misleading, any lease granted by virtue of this application maybe canceled at their option.

AGREEMENT, AUTHORIZATION AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION

I understand that in conjunction with my application for tenancy, **ROSEGATE** may use the services of an outside agency to research and verify the information I have provided on my application for housing including my personal background, work history and qualifications. I therefore authorize **ROSEGATE**, CIS, CIS Management Inc., or Yardi Resident Screening (or any authorized entity hired for this purpose) to verify any information provided by me in this tenancy application and any supplemental attachments, including but not limited to: criminal conviction record, current and former employers, credit reports, and personal references and I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **ROSEGATE**, CIS, CIS Management Inc., Yardi Resident Screening and any authorized reporting agency.

I further agree, authorize and consent to **ROSEGATE**, CIS and/or CIS Management Inc. to obtain a consumer report as well as a criminal and sexual offender report from Yardi Screening Reports (or any other entity hired for this purpose) and/or investigative consumer report, which may contain information about my credit worthiness, credit standing, credit capacity, and criminal background.

In accordance with the Fair Credit Reporting Act, I will be notified by **ROSEGATE**, CIS and/or CIS Management Inc. if my tenancy is denied because of information obtained from a consumer reporting agency. I further understand that I may request a copy of the report from the consumer reporting agency having conducted the background investigations.

By signing this application, I hereby expressly release **ROSEGATE** and any agent, procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies.

SIGNATURE(S)

_____ Signature of Head of Household	_____ Date
_____ Signature of Co-Tenant	_____ Date
_____ Signature of Co-Tenant	_____ Date
_____ Signature of Co-Tenant	_____ Date

[1]For the purpose of this Application for Housing, the term ROSEGATE refers to ROSEGATE ASSOCIATES and its successors, assigns, divisions, affiliated or related entities, owners, partners, officers, directors, management and parent companies, including CIS and CIS Management Inc.

ACKNOWLEDGMENT OF APPLICATION FOR HOUSING PROCEDURE

A completed, signed, and dated application along with the appropriate fee and required documents for each household member is required to be considered for housing at Rosegate.

The Application will be time and date stamped upon receipt. Depending on availability the application will be logged in the waitlist book and processed or placed on the waiting list to be processed when an appropriate size unit becomes available. Once an application has been submitted, it cannot be altered or modified to add or remove members. Management will conduct a background screening (credit and criminal, including federal sex offender registry) on all adult members of the applicant household. An application may be denied or rejected based upon information obtained and an applicant household will be notified in writing.

If the application has been accepted based upon the background screening, management will then request documents from you to verify information in the rental application to ensure that the household will meet the requirements of the LIHTC program. Management will verify all sources of income and will calculate it in accordance with applicable LIHTC program guidelines.

You will be given a date and time for an interview to collect the documents. Once management collects all the necessary paperwork from you, they will send out 3rd party verifications as needed to determine your income. The length of this process varies and depends mostly on how quickly the 3rd parties' complete requests. It may be determined during this process that the application requires additional information to process, which must be submitted by the applicant within 48 hours of being notified. Failure to respond may be cause for the application to be denied.

Based upon this review, management will determine if the file is approved. If approved, an offer for housing will be offered. Applicants that are denied will receive notification in writing with instructions on how to file an appeal. Management is not responsible if an applicant gives notice or vacates their home prior to receiving management approval.

Due at lease signing is 1 month's rent and 1 ½ month's security deposit.

SIGNATURE(S)

_____ _____

Signature of Head of Household Date

_____ _____

Signature of Co-Tenant Date

_____ _____

Signature of Co-Tenant Date

_____ _____

Signature of Co-Tenant Date

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, affectional 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 filling 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 affectional or sexual orientation.

If you feel you have been denied housing or treated differently for one of the reasons listed above, you may contact the Division on Civil Rights at (609) 984-3138 for referral to a local Division office for additional information or assistance.

CIVIL RIGHTS

Visit the Division on Civil Rights Web site at: www.NJCivilRights.org

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 Number:_____

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.org

CIVIL RIGHTS