

Enclosed you will find an application package for housing. In order to expedite the process, please return copies of the requested items below along with your application. Please fill out all sections of the application. If something doesn't apply to you write N/A in that spot:

- _____ Photo ID
- _____ Birth Certificate
- _____ Social Security Card
- _____ Proof of Income (4 most recent consecutive pay stubs) and mailing address of employer(s)
- _____ Copies of most recent Federal and State income tax
- _____ Benefit letter from Social Security, unemployment, welfare, disability, or pension no older than 30 days
- _____ Proof of income from assets (most recent bank statements for checking, savings, money market, certificates of deposit, stocks or bonds)
- _____ Evidence or reports of income from directly held assets such as real estate or businesses
- _____ Proof of any other regular monetary income such as child support, inheritance, annuity winnings including proof that you have filed for child support even though you may not be receiving payment
- _____ Proof of Full Time Student Status for members over 18

Thank you for your cooperation.

Management
Chestnut Monmouth Apts.

You may return applications in person at 10 Wood St Trenton, NJ 08618 (preferred) or by email at housing@isles.org or by fax at 609-393-3614

Chestnut Monmouth Housing LP
 c/o Isles
 10 Wood St
 Trenton, NJ 08618
 609-341-4700
housing@isles.org

HOUSING APPLICATION

**PLEASE COMPLETE THE FOLLOWING INFORMATION
 FOR BOTH THE TENANT AND CO-TENANT
 (if applicable)**

1. HEAD OF HOUSEHOLD NAME _____

Street Address: _____ Apt.: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Mobile Phone: _____

2. CO-TENANT NAME _____

Street Address: _____ Apt.: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Mobile Phone: _____

How did you hear about our property? _____

When are you looking to Move In? : _____

How many people will live in the unit? _____ How many bedrooms are you interested in? _____

Has the Tenant or Co-Tenant been determined disabled by a federal or state agency? Y () N ()

Does the Tenant, Co-Tenant or family member require a unit adapted for wheelchairs? Y () N ()

Do you receive Section 8 Assistance? Y () N () Do you have a pet? Y () N () Type: _____

Household Composition:

	Name	Age	Relationship	FT Student?
1			HEAD OF HOUSEHOLD	Y () N ()
2				Y () N ()
3				Y () N ()
4				Y () N ()
5				Y () N ()
6				Y () N ()



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7	Y () N ()
8	Y () N ()

Head of Household Date of Birth: _____ Social Security #: _____

Sex: M F Marital Status: Married Divorced Single/Never Married

Photo ID/Driver's Lic. #: _____ Expires: _____

Are you a U.S. Citizen? Yes () No () Alien Registration: _____

Other Phone: _____ Email: _____

Tenant Racial/Ethnic Description OPTIONAL (Check Appropriate description for statistical purposes only)

White () Black () Native Amer. () Asian () Hispanic () Other () _____

Co-Tenant Date of Birth: _____ Social Security #: _____

Street Address: _____ Apt.: _____

State: _____ Zip: _____ County: _____

Sex: M F Marital Status: Married Divorced Single/Never Married

Photo ID/Driver's Lic. #: _____ Expires: _____

Are you a U.S. Citizen? Yes () No () Alien Registration: _____

Home Phone: _____ Mobile Phone: _____

Other Phone: _____ Email: _____

Co-Tenant Racial/Ethnic Description OPTIONAL (Check Appropriate description for statistical purposes only)

White () Black () Native Amer. () Asian () Hispanic () Other () _____

Tenant History

Have you or the co-tenant ever filed for bankruptcy? Yes () No ()



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Have you or the co-tenant ever been evicted? Yes () No ()

Have you or the co-tenant ever intentionally refused to pay rent when due? Yes () No ()

If yes to any of the above, please explain: _____

Have you or the co-tenant been convicted of a crime? Yes () No ()

If yes, please explain: _____

INCOME & ASSETS

IT IS IMPORTANT TO REPORT ALL SOURCES OF INCOME

Which may include, but is not limited to Employment Wages, Social Security, SSI, SSDI, Veteran's Benefits, Survivor's Benefits, pensions, AFDC, General Assistance, aid to the blind, Alimony, Child Support, Unemployment, Worker's Compensation, Financial Aid etc.

	TENANT	CO-TENANT	OTHER MEMBER
Monthly Gross Employment Wages	\$	\$	\$
Monthly Social Security benefits	\$	\$	\$
Monthly SSI benefits	\$	\$	\$
Monthly SSDI benefits	\$	\$	\$
Monthly Pension	\$	\$	\$
Veteran's benefits	\$	\$	\$
Survivor's benefits	\$	\$	\$
Monthly Alimony	\$	\$	\$
Monthly Unemployment Compensation	\$	\$	\$
Monthly Worker's Compensation	\$	\$	\$
Monthly Child Support	\$	\$	\$
Other	\$	\$	\$
TOTAL GROSS INCOME	\$	\$	\$



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DISPOSITION OF ASSETS

Have you and/or co-tenant given away or sold any property or asset in the past 2 years?

Yes () No () If Yes, please explain: _____

IT IS IMPORTANT TO REPORT ALL ASSETS

including but not limited to checking and savings accounts, IRA accounts, Money Market, Certificates of Deposit, KEOGHS, Whole Life Insurance Policies. Please be sure to provide name and address of Banks and Financial Institutions

1. Bank/Financial Institution: _____ Account Number ending in: _____

Address: _____ Phone or Fax: _____

Account Holder: _____ Type of Account: _____

2. Bank/Financial Institution: _____ Account Number ending in: _____

Address: _____ Phone or Fax: _____

Account Holder: _____ Type of Account: _____

PLEASE USE A SEPARATE SHEET OF PAPER TO LIST ADDITIONAL ACCOUNTS IF NEEDED

LIST ANY STOCKS AND BONDS OWNED BY TENANT AND/OR CO-TENANT

1. Name of Stock: _____ Number of Shares _____

Address: _____ Phone or Fax: _____

Value: \$ _____ Annual Income: \$ _____

2. Name of Stock: _____ Number of Shares _____

Address: _____ Phone or Fax: _____

Value: \$ _____ Annual Income: \$ _____

PLEASE USE A SEPARATE SHEET OF PAPER TO LIST ADDITIONAL STOCKS IF NEEDED



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TENANT CURRENT EMPLOYMENT INFORMATION

1. Employer: _____ Supervisor: _____
Address: _____ Phone: _____ Fax: _____
Job Title: _____ FT () PT () How Long at job? _____

2. Employer: _____ Supervisor: _____
Address: _____ Phone: _____ Fax: _____
Job Title: _____ FT () PT () How Long at job? _____

CO-TENANT CURRENT EMPLOYMENT INFORMATION

1. Employer: _____ Supervisor: _____
Address: _____ Phone: _____ Fax: _____
Job Title: _____ FT () PT () How Long at job? _____

2. Employer: _____ Supervisor: _____
Address: _____ Phone: _____ Fax: _____
Job Title: _____ FT () PT () How Long at job? _____

TENANT Current Housing: RENT () OWN () OTHER() _____

IF YOU RENT:

Monthly Rent: \$_____ Monthly Utilities: \$_____ How Long have you lived there? _____

1. Name of Landlord or Apartment Complex: _____

Address of Landlord: _____ Phone: _____

2. Previous Address: _____

Name of Previous Landlord or Apartment Complex: _____

Address of Landlord: _____ Phone: _____



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IF YOU OWN YOUR HOME:

Do you have a mortgage? Yes () No () What is your mortgage balance? \$_____

Current Market Value \$_____ Monthly Mortgage Payment \$_____

Annual Real Estate Taxes \$_____ Annual Insurance Premium \$_____

Do you plan to sell the property? Yes () No () **Do you plan to rent the property?** Yes () No ()

CO- TENANT Current Housing: RENT () OWN () OTHER()_____

IF INFORMATION IS THE SAME AS ABOVE PLEASE CHECK HERE ()

Monthly Rent: \$_____ Monthly Utilities: \$_____ How Long have you lived there? _____

1. Name of Landlord or Apartment Complex: _____

Address of Landlord: _____ Phone: _____

2. Previous Address: _____

Name of Previous Landlord or Apartment Complex: _____

Address of Landlord: _____ Phone: _____



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4. FINANCIAL DISCLOSURE AGREEMENT FORM

I, (We), certify that the information in this application is true and complete to the best of my/our knowledge and belief.

I understand that this is a preliminary application and the information provided does not guarantee housing. Additional information and verifications may be necessary to complete the application process.

By signing this document, I/we hereby authorize Chestnut Monmouth Apartments and Isles, Inc. to request, compile, review and obtain copied documentation of any financial records that the Program deems necessary to ascertain eligibility for affordable housing. These may include but are not limited to Federal Income Tax Returns, Social Security and Disability Benefits, Unemployment Benefits, Welfare, Savings, Certificates of Deposit, Dividends and any interest bearing accounts, profit and loss statements, etc.

I/we also understand that all financial information will remain confidential and will be used only for the above described purpose.

WARNING: Section 1001 of Title I B of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction it is a criminal offense to make willfully false statements or misrepresentations on this preliminary application and may be grounds for denying residency.

Applicant Signature

Date

Co-Applicant Signature

Date

**PLEASE RETURN APPLICATION TO:
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