



ROBERT E. COLE APARTMENTS



Sponsored by Chester Area Senior Housing
One Cole Court

Chester, New Jersey 07930

PH: 908-879-9050 Fax: 908-879-8806

(TTY) by way of relay 1-800-852-7899

INQUIRY LIST APPLICATION

TO BE FILLED OUT BY APPLICANT(s) Date _____

Name _____
Street Address _____ Apt. # _____
City _____ State _____ Zip Code _____
Home Phone _____ Second Phone: _____
Social Security # _____ Age _____
Present Monthly Rent _____ Birthdate: _____

No. Of persons in household _____ No. Of bedrooms _____

Do you expect any change in your family size? _____

If yes, explain.

_____ Do you have a car? _____ If yes, how many? _____

B. UTILITIES Check utilities paid by you:

____ Heat \$ _____ / month ____ Electric ... \$ _____ / month
____ Gas \$ _____ / month ____ Water \$ _____ / month

C. You may be entitled to special consideration if you or a member of your family who lives with you is disabled or handicapped. Please inquire if applicable.

CASH is an equal opportunity housing complex, everyone is serviced in the same manner regardless of race, color, national origin, sex, age, disability or religion or legal source of income.

D. OCCUPANCY - List all persons (including self) who will live here.

1. FULL NAME RELATIONSHIP DOB AGE SEX

Occupation _____ Social Security # _____

2. _____

Occupation _____ Social Security # _____

E. INCOME List all full and /or part time employment for all household members. Include self employed earnings and Social Security.

<u>HOUSEHOLD MEMBER</u>	<u>NAME&ADDRESS OF EMPLOYER</u>	<u>GROSS EARNINGS</u> include social security
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_____	_____	_____ month / year
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_____	_____	_____ month / year
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_____	_____	_____ month / year
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F. OTHER SOURCES OF INCOME (Examples: welfare, pensions, disability, compensation, unemployment compensation, interest, babysitting, care taking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, scholarships and/or grants).

<u>HOUSEHOLD MEMBER</u>	<u>SOURCE</u>	<u>AMOUNT</u> PER _____
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_____	_____	_____ PER _____
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_____	_____	_____ PER _____
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G. ASSETS Checking Accounts / Passbook Savings / CD's

Bank _____	Acct.# _____	Amt. _____
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Bank _____	Acct.# _____	Amt. _____
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Bank _____	Acct.# _____	Amt. _____
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Bank _____	Acct.# _____	Amt. _____
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CREDIT UNION SHARES – Name _____

Address _____ Amt. _____
Stocks and Bonds(value) _____ War Bonds(value) _____

REAL ESTATE Do you now own any real estate? ___ If yes, valued at _____
Have you ever owned real estate? _____ If yes, when? _____

H. MEDICAL

1. Are you receiving Medicare benefits? _____
2. Do you pay for any medical insurance such as Blue Cross? _____
3. Is this a payroll deduction _____ If yes, how much? _____
4. If paid by you, indicate amount of premium and how often paid _____
5. Do you have outstanding medical bills you are currently paying? _____
6. Do you take prescription drugs on a regular basis? _____
7. Do you anticipate any health care related expenses in the next 12 months which are not covered by health insurance? _____

I. REFERENCE INFORMATION

Current Landlord: _____ Years _____
Address: _____
Home phone _____ Business _____

Previous Rental Information:
Prior landlord _____ Years _____
Address _____
Prior landlord _____ Years _____
Address _____ Years _____

Credit References

1. Name _____ Address _____ Phone _____
2. Name _____ Address _____ Phone _____
3. Name _____ Address _____ Phone _____

J. CERTIFICATION

I/We certify that this will be my/our permanent residence. I/We understand that I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my/our eligibility for housing will be based on Rural Developments income/occupancy limits and by the management selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand false statements or information are punishable by law and will lend to cancellation of this application or termination of occupancy after tenancy.

Date: _____

Signature

Head

Spouse

K. FAMILY HOUSEHOLD COMPOSITION

This information regarding race, national origin and sex designation solicited on this application is requested in order to assure the Federal Government, acting through Rural Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

Race _____ Ethnic Group _____ Sex _____

Please do not submit more than one application. If more than one application is received from any one family, all applications from that family will be disqualified

Application processing fee of \$50.00 will be required at the time of the interview.

All applications must be mailed in – faxed copies not accepted.