



Greetings!

We want to extend our warmest thanks to you for your interest in the Dr. Lena Frances Edwards Apartment. Attached you will find our rental application and other required documents necessary to apply for a new apartment at Dr. Lena Frances Edwards Apartments. As you complete the application, please be sure to follow the quick guidelines below:

- Please mail the application to the PO Box listed on the front page of the application or email it to OceanAve@wincco.com. Applications will not be accepted by any other method (e.g. hand delivered or fax)
- Please complete the entire application. No line may be left blank. If an item does not apply, please write "N/A" in the space provided.
- The head of household must list ALL members in the house on the application. Any adult (18 and over) must complete their OWN additional application. All applications for a household should be mailed in together, not one-by one. Any application received separately will be assumed to be an application for a separate apartment.
- ALL applications must be signed and dated at the bottom in the space provided.
- Please report ALL income of every member of the household. Note that eligibility is, in part, based on income. All income will be third-party verified.
- Please indicate the size apartment you are inquiring about (bedroom size).
- Be sure to only return the application by one of the accepted methods listed above as soon as possible, as demand for apartments is expected to be high.
- Eligibility restriction may apply.

Again, thank you very much for your interest. We look forward to hearing back from you.

Very Truly Yours,

The WinnManagement Leasing Team

DR. LENA FRANCES EDWARDS APARTMENTS

455 Ocean Avenue
Jersey City, NJ 07305
(T) (862-256-3060)
Oceanave@wincco.com

Please Return Completed Application to

**Ocean Avenue Apartments
PO BOX 25002
Jersey City, NJ 07305**

PERSONAL

Each applicant 18 and over must file separate application. Entire household should only be listed on one application.

1.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Applicant	SS#
2.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Relationship	SS#
3.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Relationship	SS#
4.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Relationship	SS#
5.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Relationship	SS#
6.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Relationship	SS#

Present Address _____

Street _____ City _____ State _____ Zip Code _____

Former Address _____

Street _____ City _____ State _____ Zip Code _____

 Own: Date of Current Occupancy From _____ To: _____ \$ _____
 Month Year Month Year Monthly Mortgage Payment

 Rent: Date of Current Occupancy From _____ To: _____ \$ _____
 Month Year Month Year Monthly Rental Payment

 Rent: Date of Previous Occupancy From _____ To: _____ \$ _____
 Month Year Month Year Monthly Rental Payment

Telephone Number _____ Email Address _____

Number of Autos _____ Reg. No. of Auto #1 _____ Reg. No. of Auto #2 _____

 Do you have any pets? No Yes # of pets _____ Description _____

In Case of Emergency Notify (name) _____

Address _____ Phone _____

Are there any special accommodations that the household will require in order to enjoy equal opportunity to use and enjoy the apartment ? (e.g. - unit for mobility impaired, unit for visually impaired, unit for hearing impaired, grab bars)

 Check One: Yes No If yes, you will be asked to complete a Request for Reasonable Accommodation.

INCOME & ASSETS

Affordable program applicants skip to Supplemental Applicant Questionnaire

Currently employed by _____ Occupation _____

Address _____

Length of Employment _____ Supervisor _____ Phone _____

Annual Gross Salary _____

Other Source of Income (i.e., social security, retirement fund, disability, workers compensation, pension, alimony/child support, investments, etc.)

Type _____ Amount _____ Type _____ Amount _____

Type _____ Amount _____ Type _____ Amount _____

Former Employer _____ Occupation _____

Address _____ Dates of Employment _____

Supervisor _____ Phone _____

Bank Account - Type _____

Bank Account - Type _____

Other - Type _____

Other - Type _____

APPLICANT'S TERMS
APPLICANT: PLEASE READ CAREFULLY

This application is for Apartment No. _____ or similar type of occupancy on (date) _____

The applicant warrants and represents that all statements herein are true and promises to execute, upon presentation, a lease in the usual form and on the terms and conditions stated therein.

The applicant hereby grants permission to carry out necessary credit checks to verify the information contained in the application. Furthermore, applicant understands that an investigative consumer report will be obtained which may include information about personal character and criminal records. Applicant agrees that the information set forth on the application is true and complete, and any misrepresentation on this application will constitute a default under the Lease or Rental Agreement between the parties.

The deposit taken with this application is to be applied to the Security Deposit. If the applicant fails to execute a lease, then the deposit shall be retained by the owner as liquidated damages. However, the owner will refund the deposit if the application is rejected.

A breach of the above warranty regarding the veracity of any statements made herein releases the owner from all obligations and liabilities arising from either this agreement or a subsequent lease. This application and deposit are taken subject to previous applications and shall be acted upon within 10 days.

The rental agent is only authorized to show the apartment for rent and has no authority to make any representations concerning the premises.

Deposit with application _____ Dated _____

Agents Signature _____ Applicant's Signature _____





Rental Application Attachment Low Income Housing Tax Credit Program

WinnResidential requires us to get drug and criminal background information about all adult household members applying for affordable housing. The head of household must answer the questions below for all household members and each household member age 18 or older must sign below to consent to a background check.

- 1. Have you or any member of your household ever been evicted from rental housing?
Yes ____ No ____
If yes, list where and when below:

- 2. Are you or any member of your household currently engaging in the use of illegal drugs?
Yes ____ No ____
- 3. Have you or any member of your household ever been convicted of a felony?
Yes ____ No ____
If yes, please explain:

- 4. Are you or any member of your household currently abusing alcohol?
Yes ____ No ____
- 5. Are you or any member of your household subject to a lifetime registration requirement under a State Sex Offender registration program in any state?
Yes ____ No ____
- 6. List all addresses where you and other adult household members have previously resided. You must provide a complete list of states in which any household member has resided:

The applicant hereby certifies that the above information is true and correct. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize (insert name of property) to verify the above information and I consent to the release of the necessary information to determine my eligibility.

Applicant _____

Date _____

Co-Applicant _____

Date _____

Other Adult _____

Date _____

Other Adult _____

Date _____





Supplemental Applicant Questionnaire

Household Information:

Each household member 17 years of age and over who will occupy the apartment at the time of move-in must complete a separate questionnaire.

Name	Relationship to Head of Household	M/F	Last 4 digits of SS#	Full or Part Time Student? FT-PT-N/A	Birth Date mm/dd/yyyy

Head of Household only answer Yes or No to each of the following questions for the household:

YES NO

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Do you expect any additions to the household within the next twelve months? If yes, please list name and relationship _____
Explanation: _____ |
| _____ | _____ | 2. Are all members of the household full time students? |
| _____ | _____ | 3. Does anyone in the household attend an institute of higher education?
If yes, do they receive financial assistance for tuition?
If yes, name of household member receiving financial assistance for tuition _____ |
| _____ | _____ | 4. Do you or any member of your household have a Section 8 voucher?
If yes, name of Housing Authority _____ |
| _____ | _____ | 5. Do you know of any reason a local utility company would not set up an account in the name of the head, co-head or spouse? If yes, please explain _____ |
| _____ | _____ | 6. Are you or any member of your immediate family, including those by blood, marriage or adoption, the spouse, parent (including a stepparent), child (including stepchild), brother, sister (including a stepbrother or stepsister), grandparent, grandchild, or in-laws, an officer, employee, agent, elected or appointed official, or consultant of the the owner, developer, or sponsor of this property? If yes, list individual and relationship: _____ |

Income Information:

All household members 17 years and over must complete the following questions. List gross amounts anticipated to be received in the 12 month period following move in. Include the dollar (\$) amount in the space provided.

Answer each YES –NO question. For each YES include the gross amount and frequency.

YES	NO	INCOME SOURCE	AMOUNT/Frequency
		Employment (If hourly rate provided, please list hours per week.)	\$
		Social Security	\$
		SSI	\$
		SSP	\$
		Pension	\$
		Periodic Payments from Retirement, Investment and/or Annuity Accounts	\$
		Veterans Benefits or Disability	\$
		Unemployment	\$

	Worker's Compensation	\$
	AFDC / TANF / Welfare Grant	\$
	Are you entitled to receive alimony?	
	Do you receive alimony? (enter amount)	\$
	Do you have at least 50% custody of your children?	
	Are you entitled to receive child support?	
	Do you receive child support? (enter amount)	\$
	Military Pay	\$
	Net income from a business	\$
	Contributions from anyone outside the household	\$
	Does anyone else in the household have income?	
	Any income from assets?	\$
	Any income from sources not mentioned above?	\$
	Do you anticipate any changes to your income within the next 12 months? If yes, explain: _____	

Asset Information: List assets for all household members including minors.

YES	NO	ASSET SOURCE	AMOUNT
		Checking Accounts	\$
		Savings Accounts	\$
		Certificates of Deposit	\$
		Direct Deposit Debit Cards (SSA/Welfare/Child Support/Unemployment)	\$
		Stocks or Bonds	\$
		401K, 403B, IRA's or other Retirement Accounts	\$
		Mutual Funds	\$
		Revocable Trust Accounts	\$
		Life Insurance (whole / universal / annuity)	\$
		Personal Property Held as an Investment	\$
		Real Estate (if Yes to Real Estate answer next question)*	
		* For sale	\$
		* Rented	\$
		Other current assets	\$
		Any other assets that you owned in the past 2 years	
		List asset and current market value of the asset:	
		1.	\$
		2.	\$

Complete Only for Sites with Project Based Subsidy

1. Are you a Military Veteran? Yes ____ No ____
2. Have you been displaced as a result of a Presidentially Declared Disaster (PDD)?
Yes ____ No ____
3. Do you pay for child care which allows you or another family member to work or to go to school?
Yes ____ No ____
If yes, give name/address of child care provider, weekly cost and name of family member enabled to work or to go to school: _____

Elderly/Disabled Families Only

4. Do you have disability assistance expenses which allow an adult household member to work?
Yes ___ No ___
If yes, list type, amount, and name of family member enabled to work _____
5. Do you have Medicare? Yes ___ No ___
6. Do you participate in the Medicare Prescription Drug Plan? Yes ___ No ___
If yes, list provider and premium amount _____
7. Do you have any other kind of medical insurance? Yes ___ No ___
8. Do you have any outstanding medical bills that you are making payments on? Yes ___ No ___
9. Do you expect to have any medical expenses during the next 12 months not covered by insurance?
Yes ___ No ___ If yes, list type and amount _____

Certification by Applicant:

I understand that management is relying on this information to prove my household's eligibility for the Affordable Housing Program. I certify that all questions on this interview checklist have been asked of me at my personal interview with management. I have understood and answered all questions. I have reviewed my answers on this checklist with management. I consent to have management verify the information contained in this questionnaire for the purpose of determining eligibility for occupancy. I understand that my occupancy is contingent upon meeting management's resident selection criteria and the Affordable Housing Program requirements. I certify that all answers are true to the best of my knowledge and that my misrepresentation of information will lead to cancellation/rejection of my application. I understand I must report any changes to management as soon as they occur.

Applicant

Date

Management

Date