

RETURN TO:
HQM PROPERTIES INC., /L&T AFFORDABLE HOUSING URBAN RENEWAL
455 DIAMOND SPRING ROAD
DENVILLE, NJ 07834
973-559-6655-Office
Email to: ewalker@hqmprop.com or Fax: 973-664-1083

APPLICATION FOR WAITLIST

Please select the property(s) to apply and applicable:

- 24 Central Ave, Madison, NJ (Firehouse Apartments (Age-Restricted 62+))
 - 44 Cook Ave, Madison, NJ (Robert T. Burrough Apartments (Age-Restricted 62+))
 - c30 Central Ave, Madison, NJ (Low- and Moderate-Income Families)
 - Davenport Apartments, Morris Plains, NJ (Low- and Moderate-Income Families)
 - The Farm at Harding, Morristown, NJ (Low- and Moderate-Income Families)
-

Last Name: <input style="width: 95%; height: 25px;" type="text"/>	First Name: <input style="width: 95%; height: 25px;" type="text"/>	Email: <input style="width: 95%; height: 25px;" type="text"/>
Address: <input style="width: 95%; height: 35px;" type="text"/>	City and State: <input style="width: 95%; height: 35px;" type="text"/>	Zip: <input style="width: 60%; height: 25px;" type="text"/>
#Bedrooms: <input style="width: 100px; height: 25px;" type="text"/>	Rent Paid: <input style="width: 100px; height: 25px;" type="text"/>	Landlords: Name & Phone: <input style="width: 95%; height: 35px;" type="text"/>
Alternate Contact Name: <input style="width: 95%; height: 35px;" type="text"/>	Alternate Contact#: <input style="width: 95%; height: 35px;" type="text"/>	Alternate Contact Email: <input style="width: 95%; height: 35px;" type="text"/>

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LIST ALL PERSON WHO WILL LIVE IN THE RENTAL UNIT:

Name of Household Members	Relationship	Birthdate	Age		S.S.#

CHECK THE ANSWERS TO ALL OF THE FOLLOWING QUESTIONS:

Yes No Are **all** members of your household U.S. citizens or permanent residents of the U.S.?
 If no, explain: _____

Yes No Do you currently have a HUD Section 8 Housing Choice Voucher?

Yes No Has anyone named on this application been convicted of a felony, arrested for dealing or manufacturing illegal drugs OR subject to lifetime registration as a sex offender? *(If yes, attach separate sheet with detailed explanation)*

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Yes No Are there any absent household members who under normal conditions would live with you? If yes, explain: _____

Yes No Do you expect any additions to the household within the next twelve months?
If yes, explain: _____

**INCOME: CHECK THE ANSWER TO ALL OF THE FOLLOWING QUESTIONS.
DOES ANYONE LISTED ON THIS APPLICATION RECEIVE OR EXPECT TO
RECEIVE INCOME FROM:**

Yes No Employment? (*Includes: hourly wages, salary, cash earnings, consulting, etc.*)

Yes No Self-employment? (*For example: housecleaning, babysitting, landscaping, painting*)

Yes No Social Security, SSI, SSD?

Yes No Regular payments from a pension, retirement benefit, annuities, or Veteran's benefit?

Yes No Unemployment or worker's compensation?

Yes No Child support or alimony? **Amount:** \$ _____ **per week**

Yes No Regular pay as a member of the Armed Forces?

Yes No Temporary Assistance to Needy Families (welfare) or General Assistance?

Yes No Regular payments from any type of settlement? (*For example, insurance settlement.*)

Yes No Regular gifts or payments from anyone outside of the household? (*This includes anyone supplementing your income or paying any of your bills.*)

Yes No Regular payments from lottery winnings or inheritances?

Yes No Regular payments from rental property or other types of real estate transactions?

Yes No Other income sources or types not listed? Specify: _____

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LIST ALL INCOME: (REFER TO THE LIST ABOVE. *Fill out completely for third party verification.*)

NAME OF FAMILY MEMBER RECEIVING INCOME	NAME & ADDRESS OF INCOME SOURCE	GROSS AMOUNT RECEIVER PER YEAR

ASSET INFORMATION

CHECK THE ANSWER TO ALL OF THE FOLLOWING QUESTIONS. DOES ANYONE LISTED ON THE APPLICATION HAVE ANY OF THE FOLLOWING:

- Yes No Checking or savings account?
- Yes No CDs, money market accounts or treasury bills?
- Yes No Stocks, bonds or securities?
- Yes No Life insurance policies or trust funds?
- Yes No Pensions, IRAs, Keogh, 401(k) or other retirement/investment accounts?
- Yes No Real estate, rental property, land contracts/contract for deeds or other real estate holdings? If yes, attach list of all addresses, market value and rental income

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LIST ALL ASSETS: (REFER TO LIST ABOVE & fill out completely, attach separate sheet if needed.)

Account/Asset Type (For example, checking, savings, brokerage, mutual fund, etc.)

TYPE OF ACCOUNT	INSTITUTION NAME & ADDRESS	BALANCE	INTEREST RATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CERTIFICATION BY APPLICANT: BY SIGNING THIS APPLICATION,

- I / WE DECLARE THAT ALL OF MY / OUR RESPONSES ARE TRUE AND COMPLETE.
- I / WE AUTHORIZE THE **HQM PROPERTIES, INC.** TO VERIFY THIS INFORMATION, INCLUDING CRIMINAL BACKGROUND AND RETAIL CREDIT CHECKS.
- I / WE UNDERSTAND THAT DAVENPORT VILLAGE IS A FULLY SMOKE-FREE FACILITY.
- I / WE UNDERSTAND THAT THERE WILL BE NO PETS ALLOWED.
- I / WE UNDERSTAND THAT THE **HQM PROPERTIES, INC.** MUST BE NOTIFIED OF ANY CHANGE IN ADDRESS.

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- **I / WE UNDERSTAND THAT ANY FALSE STATEMENT ON THIS APPLICATION MAY LEAD TO REJECTION OF MY / OUR APPLICATION.**

Signature of Head of Household

Date

Signature of Co-head/Spouse

Date

- In the selection of all tenants the HQM Properties, Inc., does not discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin.
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- Attention Hearing/Speech Impaired Individuals: Operator Assistance for TTY/TTD users: 1-800-855-1155