

COOK'S POND SENIOR HOUSING

455 Diamond Spring Road

Denville, NJ 07834

973-664-1080-Office/973-664-1083-Fax

Email: info@hqmpop.com

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Check the answers to all of the following questions:

- Yes No Do you expect any additions to the household within the next 12 months? If Yes, explain:
- Yes No Are there any absent household members who under normal conditions would live with you? Explain:
- Yes No Does your household have or anticipate any pets?
- Yes No Are all members of your household U.S. Citizens or permanent residents of the U.S.?
- Yes No Has anyone name on this application been convicted of a drug-related criminal activity related to the manufacture or production of methamphetamine on the premises of federally assisted housing?
- Yes No Is anyone named on this application subject to lifetime registration under a state sex offender registry?
- Yes No Has anyone named on this application been convicted of property damage?
- Yes No Has anyone on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?
- Yes No Does anyone named on this application require "reasonable accommodations?"
- 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, salaries, cash earnings, consulting, overtime, tips, bonuses, payments received in cash, etc.)

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- Yes No Self-employment? (Includes for example: housecleaning, babysitting, landscaping, painting, overtime, tips, bonuses, etc.)
- Yes No Business Income/Loss? (Including a family business)
- Yes No Social Security, SSI, SSD?
- Yes No Regular payments from a pension, retirement benefit, annuities, or Veteran's benefit?
- Yes No Unemployment, Worker's Compensation or Disability?
- Yes No Interest from Assets?
- Yes No Dividends?
- Yes No Child support, childcare, care-taking.
Amount: \$ per week.
- Yes No Alimony? Amount: \$ per month.
- Yes No Regular pay as a member of the Armed Forces?
- Yes No Public Assistance, General Relief or Temporary Assistance to Needy Families?
- Yes No Regular payments from a severance package?
- 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 inheritance?
- Yes No Regular payments from rental property or other types of real estate transactions?
- Yes No Payments from long term care insurance? More than 180 per day
___ Yes ___ No.

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Yes No Any other income sources or types not list?

Yes No Do you or any other household members expect any changes to your income in the next 12 months?

Explain:

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 Received Per Year

ASSET INFORMATION: CHECK THE ANSWER TO ALL OF THE FOLLOWING QUESTIONS. DOES ANYONE LISTED IN THE HOUSEHOLD AND/OR 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 funds, etc.)	INSTITUTION NAME , ADDRESS & ACCOUNT#	BALANCE & INTEREST RATE

MEDICAL EXPENSES

Medical Insurance:

Name of Company:

Address:

Cost To You:

Long Term Care Insurance:

Name of Company:

Address:

Cost To You:

Outstanding Medical Bills/Ongoing Costs:

Name of Doctor:

Address:

Cost To You:

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Email: info@hqmpop.com

Cost of Prescription medication/year:

Name of Doctor:

Address:

Cost To You:

References:

Current Landlord:

Address: Phone#

How Long?

Previous Landlord:

Address: Phone#

How Long?

VEHICLE(S): License Plate#, State Issued, Make/Model/Year of each vehicle you drive:

Vehicle#1:

Vehicle# 2:

RACE/ETHNICITY: For HUD record-keeping, we request that you indicate your race/ethnicity:

RACE: White Black Asian/Pac Islander Native American

ETHNICITY: Hispanic Non-Hispanic

CERTIFICATION BY APPLICANT: *BY SIGNING THIS APPLICATION,*

- I / WE DECLARE THAT ALL OF MY / OUR RESPONSES ARE TRUE AND COMPLETE.
- I / WE AUTHORIZE THE **COOK'S POND SENIOR HOUSING LP.** TO VERIFY THIS INFORMATION, INCLUDING CRIMINAL BACKGROUND, RETAIL CREDIT CHECKS, AND RENTAL HISTORY IN ACCORDANCE WITH THE NJ FAIR CHANCE IN HOUSING ACT, AND ANY REPORTS DEEMED NECESSARY,
- I / WE UNDERSTAND THAT DAVENPORT VILLAGE IS A FULLY SMOKE-FREE FACILITY.
- I / WE UNDERSTAND THAT THERE WILL BE NO PETS ALLOWED.

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- I / WE UNDERSTAND THAT THE **COOK'S POND SENIOR HOUSING LP.** MUST BE NOTIFIED OF ANY CHANGE IN ADDRESS.

New Jersey's Fair Chance in Housing Act, N.J.S.A 46:8-52 to 64 (FCHA), limits a housing provider's ability to consider a person's criminal history in deciding whether to extend an offer or whether to rent a home after extending an offer. Full disclosure regarding this law is being made to you in a supplemental notice. Your signature below confirms your receipt of both documents,

By signing below, I/we authorize that the above information is correct and complete and authorize Landlord to obtain information it deems desirable in the processing of my application, including credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, and any other relevant information. If I rent the unit, I understand the information on this form may be maintained in a tenant database for up to 5 (five) years after I vacate the premises.

Date:

Date:

In the selection of all tenants the Cook's Pond Senior Housing LP., does not discriminate against any person because of race, color, religion, sex, handicap, familial status, or national origin.

Attention Hearing/Speech Impaired Individuals: Operator Assistance for TTY/TTD users: 1-800-855-1155

PLEASE RETURN APPLICATION TO:

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