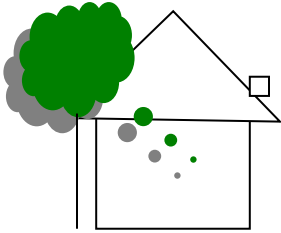


Village Apartments of the Jewish Federation

**JEWISH COMMUNITY HOUSING CORPORATION
(JCHC)**



**APPLICATION FOR RESIDENCY
AND PERSONAL DATA FORM**

FOR OFFICE USE ONLY

Name: _____
Date: _____
Unit Type: _____
Unit # _____
Interview Date: _____
Move-In Date: _____

ALL INFORMATION SUBMITTED WILL BE KEPT CONFIDENTIAL

**PLEASE MAIL THIS APPLICATION WITH YOUR
\$25.00 NON-REFUNDABLE APPLICATION FEE
TO
VILLAGE APARTMENTS
110 VOSE AVENUE
SOUTH ORANGE, NEW JERSEY 07079**

Any questions about this application please call 973-763-0999

II. PERSONAL AND HEALTH INFORMATION
(Use a Separate Sheet to Answer these Questions if Necessary)

13. Do you have medical insurance? _____ Yes _____ No
Medicare: _____ Private: _____
14. Describe any problems you have in performing activities of daily living, such as personal hygiene, cooking, housekeeping, medications?

15. Do you or your spouse have any problems with your current housing such as cost, maintenance, accessibility (physical barriers), etc? Please explain. _____

16. Do you or your spouse take care of your own finances such as writing checks, insurance forms, etc. Yes _____ No _____
17. IN CASES OF EMERGENCY CONTACT: Two names of children or other immediate relatives/friends over 21 years of age (sister, brother, etc.)
Name _____
Address _____ Telephone _____
E-mail _____
Name _____
Address _____ Telephone _____
E-Mail _____
18. Your Doctor's Name _____ Telephone _____
Address _____
19. How do you or your spouse spend most of your time?(part-time work, hobbies, housework, television, cards, special talents) _____

20. List and describe your past and present participation in community organizations or groups.

21. What type of apartment do you prefer?
Independent
Studio _____ One bedroom _____
One bedroom w/ Den _____ One bedroom combo _____
22. Do you need a parking space? Yes _____ If yes, 1 or 2 No _____

III. FINANCIAL STATEMENT

THIS SECTION MUST BE COMPLETED BY THE APPLICANT
AND/OR SPOUSE IN ORDER TO BE PROCESSED

ASSETS:

23. Gross yearly income as reported on income tax: \$ _____

Applicant \$ _____ Spouse \$ _____

| | <u>Monthly</u> | | <u>Yearly</u> | |
|-----------------|----------------|--------|---------------|--------|
| | Applicant | Spouse | Applicant | Spouse |
| Salary | _____ | _____ | _____ | _____ |
| Social Security | _____ | _____ | _____ | _____ |
| Pensions | _____ | _____ | _____ | _____ |
| Other | _____ | _____ | _____ | _____ |
| Totals | _____ | _____ | _____ | _____ |

ASSETS: (Savings accts, checking accts., Cert. of Deposit, IRA's real estate, stocks, bonds, money market accounts)

| 24. <u>Description & Acct. No.</u> (Name of bank, fund, etc.) | <u>Current Value</u> | <u>Income</u> | |
|--|----------------------|------------------|---------------|
| | | <u>Applicant</u> | <u>Spouse</u> |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Totals | _____ | _____ | _____ |

25. **LIABILITIES:**

Home mortgage \$ _____ Notes to others _____
Notes to banks _____ Other liabilities _____

Total Liabilities _____

26. If a third party will be paying all or a portion of your monthly rent, please list below the name and address of that individual (the Guarantor)

Name: _____
Address: _____
Telephone Number: () _____ Relationship to Applicant: _____

Note: A letter and financial statement legally binding from the guarantor will be required.

APPLICATION DECLARATION

I/we understand that this is only an application for an apartment. It is not a lease or a promise by the owner that an apartment will be made available to me.

I/we certify that the information in the application is true and complete to the best of my/our knowledge and I/we authorize inquiries to be made to verify the statements above. Any falsification of information is grounds for rejection.

I/we understand that all of this information will be treated as confidential and will not be disclosed to others without my authorization.

I/we understand that I/we will be required to appear for a personal interview before I/we receive final approval of my application. I/we agree that decisions of the Jewish Community Housing Corporation shall be binding and final in all respects.

PLEASE MAIL THIS APPLICATION WITH YOUR \$25.00 NON-REFUNDABLE APPLICATION FEE TO:

**VILLAGE APARTMENTS
110 VOSE AVENUE
SOUTH ORANGE, NEW JERSEY 07079
BUSINESS OFFICE**

NO APPLICATIONS WILL BE PROCESSED WITHOUT THIS FEE

The Village Apartments is a non smoking facility

APPLICANT SIGNATURE

DATE

SPOUSE SIGNATURE

DATE

PLEASE BE SURE ALL QUESTIONS ARE ANSWERED.

ANY QUESTIONS ABOUT THIS APPLICATION, CALL 973-763-0999