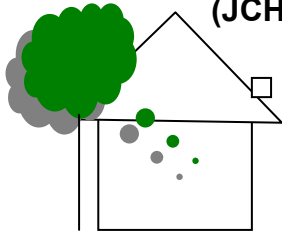


THE LESTER SENIOR COMMUNITY

Developed and Managed by
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: _____

The medical and financial information requested in this Application will be used to determine eligibility for the services of The Lester Senior Community. You may be requested to submit additional medical information and to authorize a credit check. If you are accepted as a resident, the background information will be kept on file and may be used in the event of an emergency.

As an Equal Opportunity provider all programs and services shall be made available in accordance with State and Federal regulations and guidelines. An Application for Residency may be rejected where the applicant unreasonably refuses to give requested information, or where the JCHC, in its sole discretion, determines that the applicant is, or within a reasonable period will be, financially unable to pay the costs and expenses of residency or unable to live with or without reasonable assistance, in The Lester Senior Community.

ALL INFORMATION SUBMITTED WILL BE KEPT CONFIDENTIAL

**PLEASE MAIL THIS APPLICATION WITH YOUR
\$250.00 NON-REFUNDABLE APPLICATION FEE
TO
LESTER SENIOR COMMUNITY
903 ROUTE 10 EAST
WHIPPANY, NJ 07981**

Any questions about this application please call 973-929-2725

Please print or type

I. GENERAL INFORMATION

1. Name: _____
Last First Middle

Spouse: _____
Last First Middle

2. Address: _____
Street City & State Zip Code

3. Telephone Number: () _____

4. Date of Birth: _____ Social Security Number: _____

Spouse: _____ Social Security Number: _____

5. CIRCLE: Male Female U.S. Citizen Yes No

6. Marital Status: Single ___ Married ___ Divorced ___ Widow ___ Widower ___

7. Own Home Yes ___ No ___ Renting (If Renting, Fill in Below)

Landlord's Name _____

Street Address _____

City _____ State _____ Zip _____

Current Monthly Rent _____ Monthly Utilities _____

(gas, electric)

8. How many years have you lived at your present address? _____

9. Where did you live before? _____ For how long? _____

10. Are you currently receiving a rent subsidy? Yes ___ No ___

If yes, do you live in: Private housing _____ Public Housing _____

11. Business or Profession (Former if Retired) _____

Spouse _____

12. If more than one occupant, what is the name and relationship to applicant? Spouse ___

Sister ___ Brother ___ Other _____

Please explain

**A SEPARATE APPLICATION MUST BE SUBMITTED
BY OTHER OCCUPANT, IF NOT YOUR SPOUSE**

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.

I/we are enclosing a non-refundable **application fee of \$250.00**
made payable to Jewish Community Housing Corporation.

NO APPLICATIONS WILL BE PROCESSED WITHOUT THIS FEE

APPLICANT SIGNATURE

DATE

SPOUSE SIGNATURE

DATE

PLEASE BE SURE ALL QUESTIONS ARE ANSWERED.

ANY QUESTIONS ABOUT THIS APPLICATION, CALL 973-929-2725