



Summer Hill

a Christian Health Care Center  
community

# About Summer Hill

Summer Hill is a complex of 163 apartments for active, independent seniors over age 55. Our residents are able to live on their own and do not need daily assistance, but still enjoy the life-style, security, and conveniences of community living.

The apartments are one- and two-bedroom units, all featuring a full kitchen, full bath with handrails, cable-ready living room with a picture window, dining area, and walk-in closets. Emergency pull cords are located in both the bedroom and bathroom. Heating and air conditioning are individually controlled. Gas, heat, and hot water are included in rent.

A variety of services and conveniences are available at Summer Hill.

- Indoor and outdoor maintenance service
- Transportation to shopping centers Monday to Friday
- Physical examination/consultation rooms
- Library
- Community Room
- Activity rooms
- Beauty salon
- Coin-operated laundry facilities

Beautifully situated on 10 acres of gently sloping woods, Summer Hill offers residents modern living in a serene natural setting, within easy proximity to municipal services and downtown amenities.

***Fill out an application today and discover the enjoyment of living at Summer Hill!***



Dear Prospective Applicant,

Thank you for your interest in Summer Hill, a Christian Health Care Center community in Wayne. Enclosed is a general description of Summer Hill and preliminary application for our apartment types.

Please keep in mind the following as you review the information:

- All applicants must be 55 or older in order to apply, regardless of any disability.
- Complete the application in its entirety. Incomplete applications will be returned.
- Affordable and market value apartments are available. Both come in one and two bedroom styles.
- Rental prices include heat and hot water.

- Affordable gross annual income limits:

Single Occupancy	\$45,120
Double Occupancy	\$51,540

- Current rental rates and wait times:

<u>Affordable</u>	<u>Rent</u>	<u>Estimated Wait Time</u>
One-bedroom	\$987	12-18 months
Two-bedroom	\$1186	18-24 months

<u>Market Value</u>	<u>Rent</u>	<u>Estimated Wait Time</u>
One-bedroom	\$1245	12 to 18 months
Two-bedroom	\$1429	18 to 24 months

- You will be placed on the appropriate waiting list once your application is reviewed.

If you have any questions or need additional information, please don't hesitate to contact me at (201) 897-5401.

Sincerely,

*Stacy Swarts-Carver, LSW*

Stacy Swarts-Carver, LSW  
Leasing Manager

SENIOR LIFE

SHORT-TERM REHAB

MENTAL HEALTH

THE VISTA

Christian Health Care Center main campus: 301 Sicomac Ave., Wyckoff, NJ 07481 • (201) 848-5200 • [ChristianHealthCare.org](http://ChristianHealthCare.org)

Please complete all sections; mark anything that does not pertain to you as N/A. Please print legibly.

1. What type of apartment are you interested in?

☐ 1 bedroom (approximately 550 square feet) ☐ 2 bedroom (approximately 775 square feet)

2. How did you hear about Summer Hill?

\_\_\_\_\_

3. Applicant Name \_\_\_\_\_  
(First) (MI) (Last)

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_

Check: ☐ Female ☐ Male ☐ Do not wish to respond

Marital Status ☐ Married ☐ Divorced ☐ Widowed ☐ Single

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_ Cell Phone Number (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

4. Check the appropriate box (voluntary).

<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other

Check the appropriate box (voluntary):

☐ Hispanic ☐ Non-Hispanic

5. Co- Applicant Name \_\_\_\_\_  
(First) (MI) (Last)

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Check: ☐ Female ☐ Male ☐ Do not wish to respond

Marital Status ☐ Married ☐ Divorced ☐ Widowed ☐ Single

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_ Cell Phone Number (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

6. Check the appropriate box (voluntary):

- |   |  |
|---|--|
| <input type="checkbox"/> White                            | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian                                     |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Other                                     |

Check the appropriate box (voluntary):

- |                                   |                                       |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Non-Hispanic |
|-----------------------------------|---------------------------------------|

7. Other Contact Information – *In order for us to communicate verbally or in writing with a family member(s) or friends(s) regarding this application, this section must be completed:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_ Cell Phone Number (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_



## 8. Income

This section MUST be completed by the applicant and co-applicant in order to process this application. List all gross monthly income. If you do not have the income, write N/A on the line provided.

	Applicant	Co-Applicant
Social Security Income	\$ _____	\$ _____
Supplemental Security Income (SSI)	\$ _____	\$ _____
Pension	\$ _____	\$ _____
PAAD Lifeline Electric Assistance	\$ _____	\$ _____
Employment	\$ _____	\$ _____
Unemployment Income	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Business Net Income	\$ _____	\$ _____
Trust Fund	\$ _____	\$ _____
Disability Payments	\$ _____	\$ _____
I-864 Immigration Sponsor Contributions to Household (legal non-citizens only)	\$ _____	\$ _____
Does any family member/friend give money to you or pay your bills? If yes, please list monthly amount.	\$ _____	\$ _____

Have you taken any "regular or predictable" distributions (monthly, twice a year, quarterly, and annually) from any of the following investment accounts? Required Minimum Distributions from a retirement account is considered income. List the amount and specify whether it was monthly, quarterly, yearly, or other.

	Applicant	Co-Applicant	Frequency
Brokerage Account	\$ _____	\$ _____	Monthly/Quarterly/Yearly
IRA	\$ _____	\$ _____	Monthly/Quarterly/Yearly
Annuity	\$ _____	\$ _____	Monthly/Quarterly/Yearly
Other	\$ _____	\$ _____	Monthly/Quarterly/Yearly



## 9. Assets

This section MUST be completed by the applicant and co-applicant. Provide the monetary value of your assets and the anticipated income. If you do not have the asset, write "N/A" on the line provided.

	Current Balance	Annual Income
Checking Account	\$ _____	\$ _____
Savings Account	\$ _____	\$ _____
Money Market Account	\$ _____	\$ _____
Certificate of Deposit (CD)	\$ _____	\$ _____
Mutual Funds	\$ _____	\$ _____
Stocks	\$ _____	\$ _____
Bonds (tax-exempt, savings)	\$ _____	\$ _____
Social Security Debit Card	\$ _____	\$ _____
Brokerage Account	\$ _____	\$ _____
Annuity and/or Profit-sharing	\$ _____	\$ _____
Whole-life Insurance Policy	\$ _____	\$ _____
Revocable Trust Fund	\$ _____	\$ _____
Revocable Pre-paid Funeral	\$ _____	\$ _____
Cash Held at Home or in a Safe-deposit Box	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

Federal Tax Return for Prior Year ☐ YES ☐ NO

Has any household member disposed of (given away) any assets for less than fair-market value in the past two years?

☐ YES ☐ NO

IF yes, please provide the following information:

Description of Asset \_\_\_\_\_

Date Disposed of \_\_\_\_\_ Value of Asset \$ \_\_\_\_\_



10. Do you currently own a home/real estate? ☐ YES ☐ NO

If yes, provide the address.

Street Address \_\_\_\_\_

City, State, and Zip \_\_\_\_\_

Do you currently live at that address? ☐ YES ☐ NO

If no, do you currently rent the property for income? ☐ YES ☐ NO

If yes, list amount of monthly rent. \$ \_\_\_\_\_

Appraised Value of Home \$ \_\_\_\_\_

Balance of Mortgage, if Applicable \$ \_\_\_\_\_

11. Do you rent? ☐ YES ☐ NO

If yes, provide the following information:

Currently Living With \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Current Landlord's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, and Zip \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

How long have you lived there? \_\_\_\_\_ Monthly Rent \_\_\_\_\_

Approximately how much notice do you need to give to your current landlord?

☐ 30 days ☐ 60 days ☐ None ☐ Other \_\_\_\_\_

12. Do you live with a family member? ☐ YES ☐ NO

If yes, what is the relationship? \_\_\_\_\_

13. Do you have a pet, or service or assistance animal? ☐ YES ☐ NO

Summer Hill tenants are permitted pets. Weight limit is 30 lbs. Pets must be licensed and vaccinated. A \$300 pet deposit is required. Assistance or service animals are not subject to all requirements of the facility Pet Policy.

Type of Animal \_\_\_\_\_



14. Do you currently have a Section 8 Housing Voucher? ☐ YES ☐ NO

Amount of Voucher: \$ \_\_\_\_\_

Are you now living in federally assisted housing? ☐ YES ☐ NO

If yes, complete the following:

Name of Complex \_\_\_\_\_

Name of Manager \_\_\_\_\_ Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

Has your rental assistance ever been terminated for fraud, non-payment of rent, failure to re-certify, or any other reason?

☐ YES ☐ NO If yes, explain. \_\_\_\_\_

15.

A. Have you or any member of your household ever been convicted of drug-related criminal activity? ☐ YES ☐ NO

B. Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity? ☐ YES ☐ NO

C. Have you or any household member ever been convicted or pled to a felony and/or misdemeanor? ☐ YES ☐ NO

If yes, list dates, crimes, location, jail/prison time swerved probation or parole status.

\_\_\_\_\_

D. Are you or any member of your household subject to registration under a lifetime state sex offender registration requirement in any state? ☐ YES ☐ NO

If yes, list all state(s) in which requirements applies: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co- applicant Signature

\_\_\_\_\_  
Date

For Office Use Only:

