Summer Hill of Wayne
A Christian Health Community

2100 Summer Hill Road
Wayne, New Jersey 07470
(201) 848-5848
ChristianHealthNJ.org

Dear Prospective Applicant,

Thank you for your interest in Summer Hill, a Christian Health Community in Wayne. Enclosed is a general description of Summer Hill, an application and the tenant selection plan for our apartments. Please read through all information in this packet for a better understanding of our policies and procedures.

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. No blank spaces are allowed, simply mark anything not relevant to you as N/A. Incomplete applications will be returned.
- Rental prices include heat and hot water.
- You will be placed on the most appropriate waiting list once your application is reviewed and preferences are taken into consideration.
- Rental prices below include a flat monthly rate and not based on a percentage of the applicant's income. All applicants are required to undergo a credit and criminal background check. Applicants can draw on assets to meet income minimum requirements. Minimum income requirements do not apply to applicants who currently have a housing voucher.

Apartment Type	Rent	Minimum Income	1 Person Maximum Income	2 People Maximum Income	Estimated Wait Time
One-bedroom	$1,350.00	$40,500.00	$58,440.00	$66,780.00	3-6 months
Two-bedroom	$1,625.00	$48,750.00	$58,440.00	$66,780.00	2-3 years
Market Value-One Bedroom	$1,650.00	$49,500.00			2-3 years
Market Value-Two Bedroom	$2,205.00	$66,150.00			2-3 years

If you have any questions or need additional information, please don't hesitate to contact me at (201) 897-5320.

Sincerely,
Isabel Galindo
Isabel Galindo
Occupancy Specialist

Summer Hill of Wayne
A Christian Health Community

About Summer Hill

Summer Hill is a complex of 163 apartments for adults over age 55 who want to enjoy the lifestyle, security, and conveniences of community living.

The apartments are newly renovated one– and two-bedroom units, all featuring a full kitchen, walk-in shower 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 the rent.

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

- Indoor and outdoor maintenance service
- On-site service coordinator which promotes self-sufficiency, aging in place, and connection to community services
- Transportation to shopping centers Monday to Friday provided by Wayne Township
- Library
- Community Room
- Game room
- Laundry facilities
- Assigned parking

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!

Summer Hill of Wayne
A Christian Health Community

EQUAL HOUSING OPPORTUNITY

APPLICATION FOR RENTAL HOUSING

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

Apartment Size (number of bedrooms) and Special Accommodations Requested:

☐ 1 Bedroom Affordable ☐ 2 Bedroom Affordable ☐ 1 Bedroom Market ☐ 2 Bedroom Market

Does anyone in the household require special accommodations (e.g. unit designed for the mobility impaired, unit designed for the visually impaired, unit designed for the hearing impaired, grab bars, etc.)?

☐ Yes, If yes, please describe:

_____

☐ No

Head of Household Information:

Last Name:	First Name:	M.I.:	SS#: Date of birth:

Spouse/Co-Resident (If Applicable):

Last Name:	First Name:	M.I.:	SS#: Date of birth:

Address: **Rent _____ Own _____ (Check One)**

Current Street Address:		
City:	State:	Zip Code:

Telephone (Head of Household)	Telephone (Spouse/Co-Head of Household)
Home:	Home:
Cell:	Cell:
Work:	Work:
Email:	Email:

Current Landlord, Name, Address & Telephone Number:

Name:	Telephone Number:
Street Address:	
City, State, Zip:	
Date Move-in:	Current Monthly Rent: $

Rental History ~ Include all places where you and/or any ADULT members (18 years of age or older) lived in the past four years including place where your or their name did not appear on the lease and places where you or they used a different name. (Note: Use Household Member No. from top of page)

Household Member #	Street Address, City State, Zip	Own/ Rent	Dates of Residency	Landlord's Name Street Address, City State, Zip Telephone Number

Rental History *continued* ~ Use back of sheet if more room is needed for the explanation.

Yes **No**

☐ ☐ 1. Have you or anyone else named on this application been evicted from a rental unit of any type, including an apartment, home, mobile home or trailer? If yes, explanation: _____
_____

☐ ☐ 2. Have you are any member of your household ever committed any fraud in a Federal Housing Assistance Program or been requested to repay money knowingly misrepresenting information for such housing programs? If yes, explain: _____
_____

☐ ☐ 3. Will your household be receiving section 8 rental assistance at the time of your move in?
Name of agency: _____
Contact Person & Number: _____

Personal History and Reference

Yes **No**

☐ ☐ 4. Have you or anyone else on this application filed for bankruptcy? _____

☐ ☐ 5. Have you or anyone else on this application been convicted of a felony? If yes, explanation:
_____
_____

☐ ☐ 6. Have you or any other member of your household ever used any name(s) or Social Security numbers other than one you are currently using? If yes, explanation: _____
_____

Emergency Contact Information:
Please provide the appropriate information of someone we can contact in an emergency who is not expected to reside in the apartment.

Name:		Relationship:
Mailing Address:		
City, State, Zip:		
Home Phone:	Work Phone:	Cell Phone:

Car Registration

Household Member #	Driver's License #	State Issued	Color, Year, Make, Model

Household Composition ~ List ALL persons, including yourself, who will reside in the apartment. NOTE: The number to the left indicates the "Household Member Number" and is the number requested to identify the family member in the remaining sections of the application.

Full Name (Last, First, M.I.)	Relationship to Head of Household	Age	Sex	Occupation	Social Security Number

Yes **No**

☐ ☐ 7. Do you expect any additions to the household within the next 12 months or is anyone in your household, including yourself, expecting a child? If expecting a child, include the scheduled due date? Explanation: _____

☐ ☐ 8. Is there anyone living with you now or are you living with anyone now who won't be living with you in the apartment? Name & Relationship: _____
Explanation: _____

☐ ☐ 9. Will any of the above household members live anywhere except in the apartment or are there any other persons not listed above who will live in the apartment on a less than full time basis?
Name: _____Explanation:
_____

☐ ☐ 10. Is any household member separated or estranged but not divorced?
Explanation: _____

☐ ☐ 11. Do you have full custody of your child(ren)?
Explanation: _____

☐ ☐ 12. Are there any absent household members who under normal circumstances would live with you? (For example, a spouse away in the military.)
Explanation: _____

☐ ☐ 13. Does your household have or anticipate having any pets other than those used as service Animal?
Explanation: _____

☐ ☐ 14. Will you or any other ADULT household member require a live in care attendant to live independently?

Name of Attendant:	Relationship:

Student Status

Yes **No**

☐ ☐ 15. Have you or any household member (including minors) been a student or expect to be a student in this calendar year or within the next twelve months? List student household members.
(Select PT – Part Time or FT – Full Time)

Household Member #:		☐ PT	☐ FT	School/Institution:
Household Member #:		☐ PT	☐ FT	School/Institution:
Household Member #:		☐ PT	☐ FT	School/Institution:

INCOME

Employment Income ~ List all full-time, part-time and/or seasonal employment and wages for all household members (18 years of age or older or, if legally emancipated, those under 18) including self-employment, overtime, tips, commissions and payments received in cash. If you have income from "other sources", include it in the next section. Include all income anticipated for the next 12 months.

Yes **No**

☐ ☐ 16. Are any household members employed or self-employed? If yes, list below. If No, go to #17.

Household Member #	Place of Employment	Employer's Address	Start Date of Employment	Annual Income

Other Sources of Income ~ List all income for sources other than employment for ALL household members, including minors. Include all income anticipated for the next 12 months.

Do you or anyone in your household receive or expect to receive income from:

Yes **No**

☐ ☐ 17. Regular Pay as a member of the Armed Forces/Military?

Household Member #		Base Name & Branch	Amount
Household Member #		Base Name & Branch	Amount

☐ ☐ 18. Unemployment benefits or workman's compensation?

Household Member #		Case Worker Phone Number	Amount
Household Member #		Case Worker Phone Number	Amount

Yes **No**

☐ ☐ **19**. Public Assistance, General Relief or Temporary Assistance for Needy Families (TANF)?

Household Member #		Case Worker Phone Number	Amount
Household Member #		Case Worker Phone Number	Amount

☐ ☐ **20**. Social Security, SSI, or any other payments from the Social Security Administration?

Household Member #		Social Security Office	Amount
Household Member #		Social Security Office	Amount

☐ ☐ 21. Regular payments from a pension, retirement benefit, annuities, or Veteran's Benefits?

Household Member #		Benefit	Amount
Household Member #		Benefit	Amount

☐ ☐ 22. Regular Payments from a Severance Package?

Household Member #		Company	Amount
Household Member #		Company	Amount

☐ ☐ 23. (a) Child support? Please list all court ordered amounts whether or not you are receiving payment. (We must include court ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court ordered but is received directly from the payer).

Household Member #		Payer Contact Information	Amount
Household Member #		Payer Contact Information	Amount

(b) How is support received? (Check all that apply)

Yes	No		
☐	☐	Child Support Enforcement Agency	Agency: _____
☐	☐	Directly from Individual	Individual: _____
☐	☐	Other	Explain: _____

(c) If child support is court ordered but not actually received, are you taking legal action to remedy? (If yes, please provide documentation.)

Yes	No	
☐	☐	Explain: _____

☐ ☐ 24. (a) Alimony? Please list all court ordered amounts whether or not you are receiving payment. (We must include court ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court ordered but is received directly from the payer).

Household Member #		Payer Contact Information	Amount
Household Member #		Payer Contact Information	Amount

Yes **No**

(b) How is alimony received? (Check all that apply)

Yes	No		
☐	☐	Enforcement Agency	Agency: _____
☐	☐	Directly from Individual	Individual: _____
☐	☐	Other	Explain: _____

(c) If alimony is court ordered but not actually received, are you taking legal action to remedy? (If yes, please provide documentation.)

Yes	No	
☐	☐	Explain: _____

☐ ☐ **25**. Regular payments from any type of settlement? (i.e. insurance settlements)

Household Member #		Source of Benefit Contact Information	Amount
Household Member #		Source of Benefit Contact Information	Amount

☐ ☐ 26. Regular gifts or payments from anyone outside the household? (this includes anyone supplementing your income or paying any of your bills, car insurance, utilities, groceries, etc.)

Household Member #		Source of Benefit Contact Information	Amount
Household Member #		Source of Benefit Contact Information	Amount

☐ ☐ **27**. Regular payments from lottery winnings or inheritance:

Household Member #		Source of Benefit Contact Information	Amount
Household Member #		Source of Benefit Contact Information	Amount

☐ ☐ 28. Regular payments from a rental property or other types of real estate transactions?

Household Member #		Address of Property City, State, Zip	Amount
Household Member #		Address of Property: City, State, Zip	Amount

☐ ☐ 29. Any income from sources or types not listed? (Including, but not limited to, Educational Grants or Scholarships, etc.)

Household Member #		Source of Benefit Contact Information	Amount
Household Member #		Source of Benefit Contact Information	Amount

☐ ☐ **30**. Does any household member expect any changes to their income in the next 12 months?

Household Member #		Explanation
Household Member #		Explanation

☐ ☐ 31. Are you or any other ADULT household member claiming ZERO income?

Household Member #		Explanation
Household Member #		Explanation

ASSET INFORMATION ~ Include all assets held and the income received from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS, INCLUDING MINORS. (if more space is needed, please list on the back or on a separate sheet of paper.)

Yes **No**

☐ ☐ 32. Do any household members have a checking account? If yes, list below. If no, go to #33.

Household Member #	Account Number	Bank Name	Bank Address	Current Balance	Current Rate of Interest
				$	$
				$	$
				$	$

☐ ☐ 33. Do any household members have a savings account? If yes, list below. If no, go to #34.

Household Member #	Account Number	Bank Name	Bank Address	Current Balance	Current Rate of Interest
				$	$
				$	$
				$	$

☐ ☐ 34. Do any household members have any other assets?

Yes	No	Description of Asset	Family Member #	Financial Institution	Current Value	Annual Income from Asset
☐	☐	Certificate of Deposit (CD)			$	$
☐	☐	Money Market Account			$	$
☐	☐	Debit Account			$	$
☐	☐	Treasury Bill			$	$
☐	☐	Stocks			$	$
☐	☐	Bonds			$	$
☐	☐	Securities			$	$
☐	☐	Trust Funds			$	$
☐	☐	Pension Funds			$	$
☐	☐	IRAs			$	$
☐	☐	Keough Account			$	$
☐	☐	Other Retirement Accounts			$	$
☐	☐	Whole Life Insurance Policy			$	$
☐	☐	Safe Deposit Box			$	$
☐	☐	Credit Union Shares			$	$
☐	☐	Cash on Hand			$	$
☐	☐	Crypto Currency			$	$
☐	☐	Paypal, Venmo, Cash App, etc.			$	$

Yes **No**

☐ ☐ 35. Real Estate, Rental Property, land contract/contract for deeds or other real estate holdings?
(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial properties)

Household Member #		Address of Property City, State, Zip	For Sale or Rent Mortgage balance:
Household Member #		Address of Property: City, State, Zip	For Sale or Rent Mortgage balance:

☐ ☐ 36. Personal Property held as an investment? (This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include personal belongings such as your car, furniture, or clothing.)

Household Member #		Item:	Value
Household Member #		Item:	Value

☐ ☐ 37. Have you or any other household members sold, disposed of, or given away any real property or other asset(s) for an amount equal to or less than fair market value within the past two (2) years?

Member #		Item:	Amount Received:	Value
Member #		Item:	Amount Received:	Value

☐ ☐ 38. Does any household member have any additional assets not listed above?
If yes, list additional assets on a separate piece of paper.

Federal Tax Return for prior year: [ ] Yes [ ] No

STATEMENTS BY ALL ADULT HOUSEHOLD MEMBERS

1. We certify that all information given in this application and any addenda thereto is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, this application may be declined or rejected, or, if we have moved in our Lease Agreement may be terminated.

2. We authorize management to make any and all inquiries to verify this information, either directly or through information exchanged now or later with rental, credit, criminal screening services and to contact previous and current landlords or other sources for credit and criminal confirmation which may be released to appropriate Federal, State or local agencies.

3. If our application is approved and move-in occurs, we certify that only those persons listed on this application will occupy the apartment, that they will maintain no other place of residence and that there are no other persons for whom we have or expect to have responsibility to provide housing.

4. We agree to notify management in writing immediately regarding any changes in household address, telephone numbers, income and household composition.

5. We have read and understand the information in this application.

6. We have been notified that the Resident Selection Criteria, which summarizes the procedures for processing applications, is posted in the management and/or leasing office.

7. We authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15 U.S.C Section 1681 a(d), seeing information on our creditworthiness, credit standing, credit capacity, mode of living and criminal background.

Signature Clause ~ All adult household members must sign below:

I understand that management is relying on the information contained in this application to prove my household's eligibility for occupancy. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of this application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for the purposes of proving my eligibility for occupancy. I agreed to provide all necessary information, including source names, address, phone numbers and account numbers where applicable and any other information required for expediting this process. I understand my being offered an apartment is contingent on meeting the selection criteria established for the property for which I am applying and a copy of which can be obtained from the Rental Office.

Date: _____ Applicant (Head of Household) Signature: _____

Date: _____Co-Applicant Signature: _____

Date: _____Co-Applicant Signature: _____

Authorization for Release of Information

I, _____, the undersigned, hereby authorize the release to management of Summer Hill Apartments, without liability, information regarding my employment, income, and/or assets for the purposes of documenting information required under Federal and/or State housing program guidelines.

Information Covered:
I understand that previous or current information regarding me may be needed. Verifications and inquiries that may be requested include, but are not limited to: Personal Identity, Family Composition, Student Status, Federal Benefits, State Benefits, Local Benefits, Social Security numbers, Personal Credit, Criminal Record, Employment, Income and Assets. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and/or continued participation as a Qualified Resident under Federal and/or State housing program guidelines.

Groups or Individuals that may be contacted:

The groups, individuals or information that may be asked to release the above information include, but are not limited to:

1. Current and Previous Employers
2. Current and Previous Landlords
3. Local, State and federal courts and law enforcements agencies
4. Welfare Agencies
5. State Unemployment
6. Banks and other financial Institutions
7. Veteran's Administration
8. Utility Companies
9. Social Security Administration
10. Credit Reporting Agencies
11. Internal Revenue Service
12. Department of Veteran's Affairs
13. Schools and Colleges
14. Providers of alimony, child support, pensions, annuities.

Conditions:

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization form expires 15 months after the date the form is signed.

_____ _____

Applicant/Resident Signature Date

DO NOT WRITE BELOW THIS LINE – MANAGEMENT USE ONLY

Date Application Received: _____ Time: _____
Application Received By: _____
Note: If application is not processed immediately for occupancy, applicant must review application, make and initial any changes to their information that have occurred since the application was completed.

Application Disposition:

Date of Interview: _____ Interviewed By: _____ Anticipated Move in Date: _____

Date third party verifications mailed/faxed:

Organization: _____ Date: _____
Organization: _____ Date: _____
Organization: _____ Date: _____
Organization: _____ Date: _____
Organization: _____ Date: _____
Organization: _____ Date: _____
Organization: _____ Date: _____
Organization: _____ Date: _____
Organization: _____ Date: _____
Organization: _____ Date: _____
Organization: _____ Date: _____
Organization: _____ Date: _____

Application Approved:

Date Application Approved: _____ Application Approved By: _____

Scheduled Move In Date: _____ Scheduled Apt. Address: _____

Rejection of Apartment by Application

Date of Rejection: _____Application Disapproved by: _____

Reason for Disapproval: _____

_____

Applicant Notified in writing on: _____

Appeal

Applicant Appealed Decision on: _____

Applicant Appeal Reviewed By: _____Title: _____Date: _____

Appeal Decision: ☐ Appeal Denied ☐ Appeal Approved

Applicant Notified in writing on: _____

Race and Ethnicity

Household Member #	Ethnicity	Race
	[ ] Hispanic or Latino [ ] Not-Hispanic or Latino	[ ] American Indian or Alaska Native [ ] Asian [ ] Black or African American [ ] Native Hawaiian or Other Pacific Islander [ ] White
	[ ] Hispanic or Latino [ ] Not-Hispanic or Latino	[ ] American Indian or Alaska Native [ ] Asian [ ] Black or African American [ ] Native Hawaiian or Other Pacific Islander [ ] White
	[ ] Hispanic or Latino [ ] Not-Hispanic or Latino	[ ] American Indian or Alaska Native [ ] Asian [ ] Black or African American [ ] Native Hawaiian or Other Pacific Islander [ ] White

How did you hear of Summer Hill?

_____

Tenant Selection Plan

2100 Summer Hill Road Wayne, NJ 07470

Summer Hill has formulated a Tenant Selection Plan which meets all Housing and Urban Development (HUD) and New Jersey Housing and Mortgage Finance Agency (NJHMFA) requirements. This plan establishes a set policy, which can be consistently applied to all applicants. Summer Hill will adhere to and utilize affirmative Fair Housing Laws.

Applying for an Apartment

Available units will be targeted for eligible applicants aged 55 and older with income not exceeding the 60% AMI (moderate income) income limits. Income limits are based on the area's median gross household income established by HUD and are adjusted annually. The household's annual gross income may not exceed the applicable income limit for the family size. Applicants must agree to pay the rent required by the program under which they receive assistance. Applicant's gross income must not exceed the HUD established income limit for the property. In addition, a minimum income has been established to ensure the rent is no more than 40% of the applicant's total income. Applicants can draw on assets to meet income minimum requirements. Minimum income requirements do not apply to applicant's who currently have a housing voucher.

Applying for an Apartment

a) Applicants will fill out an Application, which they may receive by either mail, e-mail, website or pick up in person from the office located at 2100 Summer Hill Road, Wayne New Jersey 07470.
b) Applications need to be completed in full. Occupancy Specialist will return to applicant if incomplete. Applicants may request assistance in completing the application. The policy is to assist whenever possible, especially in the accommodation of requests by persons with disabilities.

c) Applications when received via mail, fax, e-mail or hand delivered during office hours to be dated and placed on the wait list in chronological order as they are received regardless of disability or housing status.
d) Applicants will be notified in writing once they are added to the waiting list.
e) Applications will not be distributed when the waiting list is closed.
f) Applicants must meet financial, credit, criminal, rental history and demonstrated capability to meet the minimum terms of the Lease.
g) Any changes to phone numbers, address or e-mail of the applicants must be sent in writing to the Occupancy Specialist. If the applicant cannot be reached by the Occupancy Specialist due to unreported changes, the applicant will be removed from the waiting list.
h) Applicants who fail to respond to letters with a required response date, no matter the reason, will be removed from the waiting list.
i) Any application may be rejected if there is a reasonable case to believe that the applicant's behavior may interfere with the health, safety and right to peaceful enjoyment by other residents.
j) Eligible residents are to be U.S. Citizens or nationals and non-citizens who have eligible immigration status as determined by HUD.

Resident Selection Criteria

The process for selecting residents at Summer Hill complies with Section 504 of the Rehabilitation Act of 1973, which prohibits discrimination on the basis of disability in any program or activity receiving federal financial assistance from HUD. This Selection Plan also complies with Title VI of the Civil Rights Act of 1964 and all of its Related Program Requirements and Section 2: Nondiscrimination Requirements under the Fair Housing Act, which prohibits discrimination in housing on the basis of race, color, religion, sex, disability, familial status, or national origin. This Tenant Selection Plan complies with regulations established by the rule Equal Access to Housing in HUD Programs Regardless of Sexual Orientation of Gender Identity (77 FR 5662), which prohibits resident selection based on sexual orientation, gender or marital status. This Plan also complies with the Violence Against Women Act (VAWA) of 2005 and the Violence Against Women Reauthorization Act of 2013, which prohibits discrimination against individuals applying for or living in federally subsidized housing due to their status as domestic violence, dating violence or stalking.

a) For tax credit units, the applicant or applicant's annual income must not exceed program income limits of 60% AMI (moderate income) income limits.
b) All residents must provide their Social Security number and adequate documentation that the Social Security number is accurate.
c) The unit will be the applicant(s) *only* place of residence. No additional person can occupy your unit without prior approval by Management. Subletting of apartments is not permitted.
d) The applicant must comply with all requirements of HUD, NJHMFA and Low Income Housing Tax Credit (LIHTC) programs to determine their eligibility

Applicant Screening and Rejection Criteria

This Plan complies with the New Jersey Fair Chance in Housing Act which went into effect on January 1, 2022.

a) All applicants must sign an authorization form. The tenant screening and rejection criteria applies to all applicants including all adult members of the applicant's household who are expected to reside in the unit.
b) An applicant and or household can be rejected for the following:
    i. If an applicant fails to meet one or more of the established eligibility criteria.
    ii. If the applicant submits false information about themselves or any household member.
    iii. If the applicant is unable to produce and/or verify the social security number of all household members. If a household member does not have a social security number, the applicant must sign a certification to that fact.
e) An applicant and or household may be rejected for poor credit history which is indicated by:
    i. Any credit rating reflecting a payment history of two instances of over ninety (90) days or more past due or one instance of over on hundred twenty (120) days past due.
    ii. Any applicant, spouse or co applicant who has filed for bankruptcy within the last five years or is repaying any debts under the wage earner plan or similar arrangements. OR

iii. Any credit history that is an indication of irresponsible behavior that indicates future problems for the development.

f) An applicant and or household can be rejected for poor landlord reference which would be indicated when a previous landlord shows the applicant to be:
   i. Continually late in payment of rent. OR
   ii. A source of conflict with management and or other residents. OR
   iii. Destructive to his/her apartment or other public areas. OR
   iv. In violation of previous lease agreements. OR
   v. Police activity. OR
   vi. Poor housekeeping habits is grounds for rejection

g) Applicants will be provided with a conditional offer provided they meet the initial qualification criteria.

h) Upon a conditional offer, the applicant's criminal history will be reviewed. Certain criminal convictions will be considered during this review including murder, aggravated sexual assault, kidnapping, arson, human trafficking, sexual assault, endangering the welfare of a child in violation of N.J.S.2C:24 – 4(b)(3), or any crime that resulted in a lifetime sex offender registration requirement. In addition, any convictions for 1st -4th degree indictable offenses will also be reviewed.

i) Upon review of criminal history, the applicant will be notified that their application is either accepted or declined based on criminal history information.

j) If any offense(s) are found on the applicant's record, the conditional offer will be withdrawn in writing indicating the specific reasons for the withdrawal. The applicant can request a copy of the information used in making the withdrawal within 30 days of receiving the notice. Applicants can then appeal the decision and can then provide additional information to be re-considered. An individual assessment of the information will then be performed within 30 days.

k) Adverse police record which would be indicated by the following:
   i. Any household member has been evicted from federally assisted housing for drug related criminal activity for three years from the date of eviction. If the evicted household member who engaged in drug related criminal activity has successfully completed a drug rehabilitation program or circumstances leading to the eviction no longer exist (household member no longer resides with the applicant

household) the Owner may, but is not required to admit the household.

ii. Any household member is currently engaging in illegal drug use.

iii. Any member of the household is subject to a lifetime registration requirement or is currently registered under a state sex offender registration program. During the admission screening process, the Owner must perform the necessary criminal history background checks in the state where the housing is located and in other states where the household members are known to have resided.

iv. The Owner determines that there is reasonable cause to believe that a household member's illegal use or a pattern of illegal use of a drug or alcohol may interfere with the health, safety, or right to peaceful enjoyment of the residents.

v. Any member of the applicant's household has been convicted of the manufacture of methamphetamine on the premises of federally subsidized housing (lifetime).

vi. Violent criminal activity, which indicates a pattern of violence that may threaten the safety of residents or staff. Violent criminal activity includes sex crimes and crimes against children.

VAWA Protections

a) The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy of a victim who is protected from acts under the domestic or family laws of the jurisdiction.

b) The Landlord may not consider activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy or occupancy rights if the tenant or an immediate member of the tenant's family is the Victim or threatened victim of that abuse.

    i. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and the Certification of Domestic Violence, Date Violence or Stalking, Form HUD 91066 or other documentation as noted on

the certification form, be completed and submitted within 14 business days or an agreed upon extension date to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

Verification Procedures

a) Upon acceptance of your application to Summer Hill, the following documents and records may be requested as your name approaches the top of the waiting list. Third party verifications will be used to verify income and assets:

    i. Incomes:
        1. Employment (paystubs and W2 forms)
        2. Pensions and annuities – latest check stubs from issuing institution
        3. Social Security – current award letter
        4. SSI – award letter
        5. Unemployment compensation
        6. Workers compensation
        7. Alimony – copy of court order
        8. Family support – copy of court order
        9. Public assistance – award letter
        10. Loans/mortgages
        11. Lottery winnings
        12. Lump sum payments
    ii. Assets:
        1. Bank statements (checking, savings, CD's, IRA's, money market, etc.)
        2. Stock/bond certificates
        3. US Savings Bonds and Treasury Notes
        4. Insurance
        5. Mortgage/loan notes
        6. Market value of real estate holdings
        7. Income Tax Return – federal

Closing / Opening Wait List

a) In order to maintain a balanced application pool the property may suspend application taking and close the waiting list. The waiting list will be closed for one or more unit sizes when the average wait is one year or more. During the period where the waiting list is closed, the property will not maintain a list of individuals to be notified when the waiting list is reopened. A notice will be posted with the local paper.

b) When the waiting list is re-opened and applications will be accepted again, notice will be published in the local paper. Advertisements will include information about where and when to apply, and will conform to the property's Affirmative Fair Housing Marketing Plan. The property will also update the waiting list annually to remove the names of those who are no longer interested in or no longer qualify for housing.

c) Occupancy Standards:

Unit Size	Minimum Occupants	Maximum Occupants
1	1	2
2	1	4

d) Transfer Policies –With the exception of change in family composition or reasonable accommodation due to disability, transfers are not permitted. In order for a request to be considered, there must be a relationship between the disability and the request for a reasonable accommodation. Live in aides are considered to be a reasonable accommodation. A doctor, psychiatrist, other medical practitioner or health care provider must verify that the live in aide is necessary to provide supportive services essential to the care and well-being of the person

Current tenants requiring a unit transfer for the following reasons will be given preference over applicants and those on the waiting list.

a. A smaller sized unit may be assigned upon request only if the smaller unit will not cause serious overcrowding and will not conflict with local codes.
b. A larger unit size may be assigned upon request if one of the following conditions exists:
    i. The family needs a larger unit as a reasonable accommodation for a family member who is a person with a disability.

ii. The family composition changes in number and the current unit size does not accommodate the current number of occupants based on the occupancy standards above.

e) Eligibility of Students in the Tax Credit Program.
    a. One family member in the household cannot be a full time student.