



**Siena Village**  
a Christian Health Care Center  
*community*

Siena Village is a 250 apartment complex for active, independent seniors over the age of 62. Independent Living is for active seniors who are able to live on their own and not need daily assistance but who still want to enjoy the lifestyle, security and conveniences of community living.

The apartments are one-bedroom and two-bedroom units, featuring a spacious living area that can accommodate both living and dining areas. The fully equipped kitchen has a pass through window to the dining area. The living room is cable ready. Emergency pull cords connected with the security desk are located in both the bedroom and bathroom.

A variety of services and conveniences are included in the rent such as:

- 24 hour monitored security
- Indoor and Outdoor maintenance service
- Daily transportation to shopping centers
- Library
- Fitness Center
- Beauty Salon

In addition to these services, Siena Village provides a monthly calendar of activities that include resident run trips to Hunterdon Hills Theater and other local destinations. Many of our events take place right here at Siena Village. These include holiday and birthday parties, Bingo, concerts, educational lectures, exercise classes, arts and crafts, the Silver Circle knitting club, Men's Club and many more. Throughout the year seasonal events are celebrated in the Founders Great Room which is equipped with a dance floor and piano. In the evenings the game tables, large screen TV, and bocce ball court attract many residents.

But chief among the many attractions of Siena Village is its location—a completely suburban yet ideally convenient location. It is within walking distance of churches, shopping centers, banks, restaurants and a post office. One of the best libraries in the state is located just across the street. Golfers can take advantage of the nearby public golf course.

Fill out an application today and discover the enjoyment of living at Siena Village!

**1000 Siena Village, Wayne, NJ 07470 201-897-5401 Fax -973-696-2721**



Dear Prospective Applicant,

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

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

- All applicants must be 62 or older in order to apply, regardless of any disability.
- Complete the application in its entirety. Incomplete applications will be returned.
- Low-income, moderate-income and market-value apartments are available. Affordable units are only available as a one-bedroom unit. Market-value units are available in both one- and two-bedroom styles.

- Rental prices do not include utilities.

• <u>Low-income gross annual-income limits</u>	<u>Moderate-income gross annual-income limits</u>
Single Occupancy            \$37,600	Single Occupancy            \$45,120
Double Occupancy            \$42,950	Double Occupancy            \$51,540

- Current rental rates and wait times:

<u>Low Income</u>	<u>Rent</u>	<u>Estimated Wait Time</u>
One Bedroom	\$626	3 ½-4 years

<u>Moderate Income</u>	<u>Rent</u>	<u>Estimated Wait Time</u>
One Bedroom	\$770	2 ½ to 3 years

<u>Market Value</u>	<u>Rent</u>	<u>Estimated Wait Time</u>
One Bedroom	\$1064	1 to 1 ½ years
Two Bedroom	\$1195	4 years

- You will be placed on the most appropriate waiting list once your application is reviewed and preferences are taken into consideration.

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

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? See income limits on cover page.

- |   |  |
|---|--|
| <input type="checkbox"/> 1 bedroom low income   | <input type="checkbox"/> 1 bedroom moderate income |
| <input type="checkbox"/> 1 bedroom market value | <input type="checkbox"/> 2 bedroom market value    |

2. How did you hear about Siena Village?

\_\_\_\_\_

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):

- |                                   |                                       |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> 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 \_\_\_\_\_

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

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

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

Siena Village 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:

