Siena Village of Wayne
A Christian Health Community

1000 Siena Village
Wayne, New Jersey 07470
(201) 848-5400
ChristianHealthNJ.org

Dear Prospective Applicant,

Thank you for your interest in Siena Village of Wayne, a Christian Health Community located in Wayne, NJ. Enclosed is a general description of Siena Village of Wayne, an application and the tenant selection plan for our apartments.

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 units. Market value units are available in both one and two bedroom styles.
- Rental prices do not include utilities.
- Low income gross annual income limits / Moderate income gross annual income limits

Low income gross annual income limits		Moderate income gross annual income limits	
Single Occupancy	$39,900	Single Occupancy	$47,880
Double Occupancy	$45,600	Double Occupancy	$54,720

- Current rental rates and wait times:

Low Income	*Rent*	*Estimated Wait Time*
One Bedroom	$632	4 years

Moderate Income	*Rent*	*Estimated Wait Time*
One Bedroom	$777	3 – 3 ½ years

Market Value	*Rent*	*Estimated Wait Time*
One Bedroom	$1074	1- 1 ½ years
Two Bedroom	$1206	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

Siena Village of Wayne
A Christian Health Community

About Siena Village

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

The apartments are one– and two-bedroom units, all featuring a spacious living are 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.

- 24-hour monitored security
- Indoor and outdoor maintenance service
- Transportation to shopping centers Monday to Friday
- Library
- Fitness Center
- Beauty Salon

In addition to these services, Siena Village provides a monthly calendar of activities that varies from trips to casinos, New York theaters, and the Amish country. Many events take place right here at Siena Village. These include holiday and birthday parties, Bingo, concerts, exercise classes, arts and crafts, Silver Circle knitting club, Men's Club, and many more. Throughout the year, seasonal events are celebrated in the Community Room, which is equipped with a dance floor and piano. In the evenings, game tables, large-screen TV, billiard table, and bocce ball court attract many residents.

Chief among the attractions of Siena Village is its location: Completely suburban, yet ideally convenient. 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!

Siena Village of Wayne
A Christian Health Community

1000 Siena Village
Wayne, New Jersey 07470
Phone: (201) 897-5401
Fax: (973) 696-2721

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.

   ☐ 1 bedroom low income ☐ 1 bedroom moderate income

   ☐ 1 bedroom market value ☐ 2 bedroom market value

2. How did you hear about Siena Village of Wayne?

   _____

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).

   ☐ White
   ☐ American Indian or Alaska Native
   ☐ Black or African American
   ☐ Native Hawaiian or Other Pacific Islander
   ☐ Asian
   ☐ Other

   Check the appropriate box (voluntary):

   ☐ Hispanic ☐ Non-Hispanic

EQUAL HOUSING OPPORTUNITY

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):

☐ White
☐ American Indian or Alaska Native
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ Asian
☐ Other

Check the appropriate box (voluntary):

☐ Hispanic ☐ Non-Hispanic

7. Other Contact Information – *In order for us to communicate verbally or in writing with a family member(s) or friend(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 _____

EQUAL HOUSING OPPORTUNITY

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

EQUAL HOUSING OPPORTUNITY

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 Interest 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 _____

EQUAL HOUSING OPPORTUNITY

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_____

EQUAL HOUSING OPPORTUNITY

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 for the manufacture or production of methamphetamines on the premises of federally assisted housing? YES NO

B. 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:

EQUAL HOUSING OPPORTUNITY

Tenant Selection Plan

1000 Siena Village Wayne, NJ 07470

Siena Village at Wayne, LLC 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. Siena Village at Wayne, LLC will adhere to and utilize affirmative Fair Housing Laws.

Target Population

Available units will be targeted for eligible applicants aged 62 and older with income not exceeding the 50% AMI (low income) or 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.

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 main lobby located at 1000 Siena Village, Wayne New Jersey 07470.
b) Applications need to be completed in full. Leasing Manager 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.
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 Leasing Manager. If the applicant cannot be reached by the Leasing Manager due to unreported changes, the applicant will be removed from the waiting list.
h) 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.
i) 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 Siena Village at Wayne, LLC. 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 50% Area Mean Income (AMI) (low income) or 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

a) Applicants will be initially screened through HUD software for background checks, which include credit and criminal checks. Current cost will be disclosed to applicant

b) 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.

c) If an applicant is denied admission to the property, they will receive a written notice stating the reason(s) for the rejection. The applicant has the right to respond in writing or request a meeting to dispute the rejection within 14 days of the notice. Persons with disabilities have the right to request reasonable accommodations to participate in the informal hearing process. If admission is denied because criminal background screening indicates the applicant provided false information; the entity making the determination.

d) 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) 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) 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) 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 Siena Village, 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 may 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 above reasons will be given preference over applicants and those on the waiting list.

a. A smaller sized unit may be assigned upon request if the smaller unit will not cause serious overcrowding and will not conflict with local codes.
b. A larger unit size (transferring from a 1 bedroom to a 2 bedroom) 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.