



**THE WILLOWS**  
AT LITTLE EGG HARBOR  
-AN INGERMAN FAMILY COMMUNITY-

## Rental Application

Thank you for your interest in The Willows at Little Egg Harbor!

The following documents are the rental application form. Along with the application form the below documents are also required to complete the application package. The full application packet must be dropped off at our leasing office or postage mailed to: 180 Oak Lane, Little Egg Harbor Township, NJ 08087

Fax and scanned applications are not accepted.

If you have any questions, please feel free to contact us at 833-335-1982 or at [littleegg@livewillows.com](mailto:littleegg@livewillows.com)

- **Application**

- All fields and questions must be completed
- Only one color ink may be used – blue or black color only
- No white out may be used on the documents
- Must be signed by all household members over 18 years old

- **Non Refundable Application Fee**

- \$50 New Jersey and Pennsylvania Residents
- \$75 New York Residents
- Accepted forms of payment: money order, certified check or cashier check for all household members over 18 years old

- **Identification**

- Photo ID for all adult household members
- Birth Certificate **and** Social Security Card for all household members
- Divorce decree (if applicable)

- **Proof of Income**

- Six most recent consecutive paystubs
- Current social security award letter, TANF award letter, pension, annuity, or VA benefit statement
- Current print out for unemployment payments
- Child support print out showing payment history and obligation

- **Proof of Assets**

- Current bank statements, IRA, 401k or other retirement accounts
- Current mortgage statement (if applicable)
- Copy of Direct Express Card, Eppi Card or any other money card, along with an ATM receipt showing current balance or an online statement showing current balance

- **Most Recent Tax Returns along with all schedules, W-2's or 1099's**

- If self-employed – three years of tax returns will be needed

Date & Time Stamp



Property: \_\_\_\_\_  
Unit #: \_\_\_\_\_  
Set Aside: \_\_\_\_\_

## APPLICATION FOR HOUSING - LIHTC

**NOTE TO APPLICANT:** In order for us to determine your eligibility or continued eligibility, you must provide *all* information included in this application. This information is considered confidential and will only be used as necessary in determining your eligibility for a Federal affordable housing program.

*PROVIDING FALSE INFORMATION MAY RESULT IN LOSS OF YOUR HOUSING*

Applicant Name:		Home Telephone Number: ( )
Address:	Apt. Number:	Cell Phone Number: ( )
		Email Address:
What size apartment are you applying for? Studio 1 – 2 – 3 – 4 – 5 (circle one)		

## HOUSEHOLD COMPOSITION

*Please read each question carefully, answer each question completely and be prepared to verify items checked "yes".*

List yourself and anyone who will live with you *within the next 12 months*. Be sure to include members temporarily away from home, including (but not limited to): dependents away at school, military persons stationed away from home that have a spouse or dependent in the home.

*Please list household members starting with Head of household on line 1, then in order of oldest to youngest.*

	Last Name, First Name	Relationship to Head of Household	Birth Date	Age	Social Security Number	Student Status: (Includes Elementary through Higher Education)		
						Full Time	Part Time	N/A
1		Head						
2								
3								
4								
5								
6								

1) Do you anticipate any changes in the size of your household *within the next 12 months*?  YES  NO  
(Examples: a future spouse, a minor entering the home through adoption, children returning from foster care, etc.)

If yes, please describe any changes here: \_\_\_\_\_

2) Will anyone under age 18 listed above live in the unit *less than* 50% of the next 12 months?  N/A  YES  NO

If yes, please explain here: \_\_\_\_\_

3) Does any member in your household have a disability and require a live-in care attendant?  YES  NO

4) Is any adult member of your household separated, but not divorced?  YES  NO

5) Does your household receive, or is it applying to receive, Section 8 rental or voucher assistance?  YES  NO



**Please read each question carefully, answer each question completely and be prepared to verify items checked yes.**

## RENTAL HISTORY

The questions regarding household rental history apply to all members of your household, including minors and those temporarily absent from the home.

**YES      NO**

       Have you or anyone else named on this application filed for bankruptcy?  
Please explain: \_\_\_\_\_

       Have you or anyone else named on the application been convicted of a drug related or other crime?  
Please explain: \_\_\_\_\_

       Have you or anyone else named on the application been subject to the lifetime registration requirement under a state sex offender registration program?  
Please explain: \_\_\_\_\_

       Have you or anyone else named on the application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?  
Please explain: \_\_\_\_\_

       Are there any special needs or accommodations the household will require such as, grab bars or a unit for mobility impaired or hearing/vision impaired?  
Please explain: \_\_\_\_\_

<u>Head of Household Current Address:</u>	<u>Landlord's Name/Address/Phone</u>	<u>Own / Rent</u>	<u>Dates</u>
<u>Your Address</u>			From: _____
_____	_____	_____	To: _____
_____	_____		
	(    ) _____		

<u>Head of Household Previous Address:</u>	<u>Landlord's Name/Address/Phone</u>	<u>Own / Rent</u>	<u>Dates</u>
<u>Your Address</u>			From: _____
_____	_____	_____	To: _____
_____	_____		
	(    ) _____		

<u>Other Adult Current Address:</u>	<u>Landlord's Name/Address/Phone</u>	<u>Own / Rent</u>	<u>Dates</u>
			From: _____
_____	_____	_____	To: _____
_____	_____		
	(    ) _____		

<u>Other Adult Current Address:</u>	<u>Landlord's Name/Address/Phone</u>	<u>Own / Rent</u>	<u>Dates</u>
			From: _____
_____	_____	_____	To: _____
_____	_____		
	(    ) _____		



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## STUDENT ELIGIBILITY QUESTIONS

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- 6) Are **ALL** members of your household full-time students?  YES  NO
- 7) Will **ALL** members of your household be full-time students during any 5 months of this year?  
(Example: a student who goes to school full-time in any parts of January, February, April, October and November)  YES  NO
- 8) Will **ALL** members of your household be full-time students during any 5 months of next year?  YES  NO
- 9) Is **ANY ADULT** member of your household a part or full time student in an institute of higher education?  YES  NO  
If yes, who is enrolled? \_\_\_\_\_ Which school are they enrolled in? \_\_\_\_\_  
How do they pay for their education? \_\_\_\_\_ What is the cost of tuition per semester? \$ \_\_\_\_\_
- 10) Does **ANY ADULT** member of your household intend to become a student *within the next 12 months*?  YES  NO  
If yes, who will be enrolling in school? \_\_\_\_\_ Name of School \_\_\_\_\_  
If yes, will they be enrolling as a full-time or part-time student? \_\_\_\_\_

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## ALIMONY / CHILD SUPPORT INFORMATION

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- 11) Does any member of your household have a COURT ORDER to receive Child Support or Alimony payments, even if no child support or alimony is being received? (Case ID # or #'s) \_\_\_\_\_  YES  NO
- IF "NO", SKIP TO QUESTION 12**
- a.) Name of person with court order: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_ per \_\_\_\_\_
- b.) Name of person(s) paying support / alimony: \_\_\_\_\_
- Are the **FULL** court-ordered amount(s) being received?  YES  NO
- If "**NO**", are you making efforts to collect the amounts due?  YES  NO
- If "**YES**", please explain the efforts you're making here: \_\_\_\_\_

- 12) Does any member of your household receive Child Support or Alimony payments that are **NOT COURT ORDERED**?  
(This includes help from children's father or mother for clothes, groceries, etc.)  YES  NO

**IF "NO", SKIP TO NEXT SECTION**

- a.) Payment Amount: \$ \_\_\_\_\_ per \_\_\_\_\_
- b.) Name of person(s) paying support / alimony:  
\_\_\_\_\_ Phone: \_\_\_\_\_ for child: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_ for child: \_\_\_\_\_



***Please read each question carefully, answer each question completely and be prepared to verify items checked yes.***

## INCOME INFORMATION

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

YES	NO	TYPE OF INCOME	INCOME AMOUNT
<input type="checkbox"/>	<input type="checkbox"/>	<b>13) Is any member of the household employed?</b>	
		<b>Job 1) Who is employed?</b> _____	AMT \$ _____
		What company? _____ Phone: _____	PER _____
		_____	
		<b>Job 2) Who is employed?</b> _____	AMT \$ _____
		What company? _____ Phone: _____	PER _____
		<input type="checkbox"/> <b>Check if there are any additional jobs in the household</b> (attach a separate sheet with contact information)	
<input type="checkbox"/>	<input type="checkbox"/>	<b>14) Are any household members self-employed?</b>	
		Who is self-employed? _____	AMT \$ _____
		What type of work does this person do? _____	PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>15) Are any adult members of your household unemployed?</b>	
		Which adult members are unemployed? _____	
<input type="checkbox"/>	<input type="checkbox"/>	<b>16) Does any household member receive pay from the military?</b>	
		Who is paid by the military? _____	AMT \$ _____
		Which branch of the military? _____	PER _____
		Contact Person: _____ Phone: _____	
<input type="checkbox"/>	<input type="checkbox"/>	<b>17) Does any household member receive any payments from the Social Security Administration? Which type: <input type="checkbox"/>SS <input type="checkbox"/>SSI <input type="checkbox"/>SSDI <input type="checkbox"/>Other</b>	
		Who receives payments from the Social Security Office? _____	AMT \$ _____
			PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>18) Does any household member receive severance pay or worker's compensation?</b>	
		Who is receiving severance pay or worker's compensation? _____	AMT \$ _____
		What company pays them? _____	PER _____
		Contact Person: _____ Phone: _____	
<input type="checkbox"/>	<input type="checkbox"/>	<b>19) Is any household member unemployed and receiving payments from an Unemployment Agency?</b>	
		Who is receiving unemployment benefits? _____	AMT \$ _____
		What State: _____ Contact Person: _____ Phone: _____	PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>20) Does any household member receive Public Assistance payments such as TANF or AFDC? (Please do not include Food Stamp benefits here.)</b>	
		Who is receiving TANF or AFDC benefits? _____	AMT \$ _____
		Caseworker: _____ Phone: _____	PER _____



## INCOME INFORMATION CONTINUED

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

YES	NO	TYPE OF INCOME	INCOME AMOUNT
<input type="checkbox"/>	<input type="checkbox"/>	<b>21) Does any household member receive or expect to receive periodic payments from a pension, annuity or retirement benefit account in the next twelve months?</b> Please check one: <input type="checkbox"/> Pension <input type="checkbox"/> Annuity <input type="checkbox"/> Other Retirement Who receives these benefits? _____ What company pays this person? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>22) Does anyone outside of your household provide you with cash or contributions to help pay expenses that a household would normally pay, such as rent, utility payments or groceries?</b> What is the name of the person that pays you? _____ What is their address? _____ Phone number? _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>23) Is there any other source of income we haven't already asked about above that you receive?</b> Please Describe: _____	
<input type="checkbox"/>	<input type="checkbox"/>	<b>24) Does your household expect any changes in their income <i>within the next 12 months</i>?</b> Please Describe: _____	
<input type="checkbox"/>	<input type="checkbox"/>	<b>25) Does your household receive long-term care insurance payments, in excess of \$180 per day, for a family member residing in a long-term care facility?</b> Which household member is in a long-term facility? _____ Which household member are the payments made to? _____ What company pays this person? _____ Contact Person: _____ Phone: _____	
<input type="checkbox"/>	<input type="checkbox"/>	<b>26) Do any adult members of your household have zero income?</b> Which adult members have zero income? _____	

*Please read each question carefully, answer each question completely and be prepared to verify items checked yes.*

## ACCOUNT / ASSET INFORMATION

The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.

YES	NO	ACCOUNT INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	<b>27) Does any household member have a Checking, Savings, CD or Money Market account?</b> Bank 1) Bank Name: _____ Name(s) on Account: _____ Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Money Market Bank 2) Bank Name: _____ Name(s) on Account: _____ Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Money Market <input type="checkbox"/> Check if there are additional accounts of the above types belonging to the household. (attach a separate sheet with the bank name, account type and name(s) on the account)



**Please read each question carefully, answer each question completely and be prepared to verify items checked yes.**

**ACCOUNT / ASSET INFORMATION**

The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.

YES NO

**ACCOUNT INFORMATION**

- 28) Does any household member have Stocks, Bonds, Mutual Funds, Capital Investments or a Whole Life Insurance Policy** (life insurance that you can make withdrawals from even if there isn't a death. We do not count TERM insurance)?  
Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Account Type:  Stocks  Bonds  Mutual Funds  Whole Life Insurance
  
- 29) Does any household member have an IRA, Keogh, 401K, Annuity or similar retirement account?**  
Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Account Type:  IRA  Keogh  401K  Other: \_\_\_\_\_
  
- 30) Does any household member have a Pension account that will pay upon retirement or termination of employment (NOT including IRA, Keogh, 401K or Annuity accounts)?**  
Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
Contact/Phone: \_\_\_\_\_ Account Type: \_\_\_\_\_
  
- 31) Does any household member own any Real Estate?** (Include Rental Property, Primary Residence, Vacation Property, Time-Shares, Commercial Property and Property being sold by deed of trust or Contracts for Deed)  
Property Owner(s): \_\_\_\_\_ Type of Property: \_\_\_\_\_  
What is the name of the bank or institution with financial interest in this property? (Mortgage Holder, Contract Owner, etc.)  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_
  
- 32) Does any household member have personal property that they hold for investment purposes that they plan to sell at a later date for profit?** (Examples include: coin or stamp collections, antique cars, jewelry, etc.)  
Property Type: \_\_\_\_\_ Estimated Cash Value: \$ \_\_\_\_\_
  
- 33) Does any household member have a Trust Account?**  
Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
Is this account a Revocable or Non-Revocable Trust Account? \_\_\_\_\_ Contact Phone: \_\_\_\_\_
  
- 34) Does any household member have any Treasury Bills or Government Savings Bonds?**  
Which household member: \_\_\_\_\_  
Series: \_\_\_\_\_ Face Value: \$ \_\_\_\_\_ Serial Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_
  
- 35) Does any household member have cash on hand or safe deposit boxes?**  
Which household member? \_\_\_\_\_ What amount is kept on hand? \$ \_\_\_\_\_
  
- 36) Does any household member have any accounts or assets that were not described above?** (Please **DO NOT** include personal use vehicles, furniture, clothing, etc.)  
What type of account or asset is this? \_\_\_\_\_  
**What is the estimated value of this asset if you were to sell it today?** \$ \_\_\_\_\_
  
- 37) In the past two years, has any household member given away any asset(s) for less than they were worth?** (Examples include property, transferring an asset account into someone else's name, charitable contributions etc.)  
**What was the estimated value of this asset?** \$ \_\_\_\_\_
  
- 38) Do any household members receive payments that are directly deposited into a Direct Express Debit Card, EPPI Card, Payroll Debit Card, etc., or have any other type of prepaid debit card?**  
**Which household member/s?** \_\_\_\_\_



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## RACE/ETHNICITY QUESTIONS

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**Race of Head of Household:**    I prefer not to answer    White    Black or African American  
 American Indian/Alaska Native    Asian/Pacific Islander

**Ethnicity of Head Household:**    Hispanic or Latino    Non-Hispanic or Latino

**What is your marital status?** Married, Single, Divorced, Separated, Widowed   **(Circle)**

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## HOUSEHOLD CERTIFICATION

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I understand that the information provided on this questionnaire will be used to determine my eligibility for Section 42 compliant properties. Under penalties of perjury, I certify that the information provided is true and accurate to the best of my knowledge. I also understand that false or omitted information is considered fraud and punishable according to the law and may result in the loss of my housing at this property.

By signing this application, I also grant the owner the right to obtain all information needed to determine my eligibility in accordance with the owner's Resident Selection Criteria. Resident Selection Criteria may include but is not limited to criminal history checks, credit screening, prior eviction filings, landlord references, ability to pay rent, etc.

I also understand that the information provided is considered confidential and will be used solely for the purpose of determining my eligibility or continued eligibility in the Section 42 housing program.

**CERTIFICATION: All household members who are 18 years of age, or will be 18 years of age within the upcoming 12 month period must sign below.**

Head of Household	Date
Other Adult Member	Date
Other Adult Member	Date
Other Adult Member	Date

**MANAGEMENT SIGNATURE:**

This application /questionnaire accepted by:

Apartment Management / Owner's Agent	Date
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**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

**IN KEEPING WITH THE FAIR HOUSING ACT, WE DO NOT DISCRIMINATE BASED ON FAMILIAL STATUS, RACE, SEX, DISABILITY, COLOR, RELIGION OR NATIONAL ORIGIN.**

Ingerman may charge an application fee as a condition of accepting your application. All application fees are nonrefundable. Additional security deposit may be charged before move-in.





## Sandy Impacted Resident Priority Qualifications

If you were displaced by and/or experienced major or severe damage from Superstorm Sandy you may qualify\* for priority residency until 90 days after the completion of this project.

### Do I Qualify?

To qualify\* for priority residency during the initial phase of lease up for this project you must be able to provide **ONE** of the following: *(Please check off all that apply)*

FEMA registration number	
Copies of insurance claims	
Tax return as evidence of casualty loss	
Receipts showing extended stays at hotels/motels	
Evidence that you have received other rental assistance from a program specifically designed to assist people impacted by Superstorm Sandy such as FEMA, SHRAP, DCA and/or a private philanthropy or non-profit programs	
Local inspection (including flood plain manager) reports showing major or severe damage to your residence as a result of the storm	
Contractor estimates of damage to your residence as a result of the storm	
A letter or certification from a landlord stating that you were required to relocate as a result of major or severe damage to your primary residence caused by Superstorm Sandy	
Evidence of a financial hardship directly related to housing as a result of Superstorm Sandy.	
Other documentation that demonstrates impact from Superstorm Sandy	

### What do I do next?

If you checked one or more of the boxes above, fill in the information below. You have **7 business days** to provide us with the applicable documentation. Once we receive the documentation, a determination will be made as to your eligibility for priority residency.

<b>Name:</b>	<b>Phone #:</b>	<b>Date:</b>
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*Please take note that being \*qualified for priority residency does not exempt you from any other selection criteria that may be in place (e.g. income, credit, etc).*

For Leasing Office Use Only:

Approved \_\_\_\_\_

Denied \_\_\_\_\_

