



Herman E. Kapp Senior Residences

Address: 62 Church Street
Flemington, NJ 08822
Phone: 908-806-2115
Fax: 908-806-6303
Email: hekapp@pennrose.com
TTY: 800-545-1833 x648

To be completed by office staff:

Application Number _____

Date Application Rec'd _____

Time Application Rec'd _____

Initials of Staff Member _____

HEAD OF HOUSEHOLD

NAME: _____

(First)

(Middle Initial)

(Last)

SSN: _____

M

F

DOB: _____

CURRENT ADDRESS: _____

(House #) (Street Name)

(Apt. #)

HOME #: _____

CELL #: _____

(City) (State) (Zip Code)

WORK #: _____

EMAIL: _____

HOUSEHOLD MEMBERS

Name	DOB	M/F	Relationship	Soc. Sec. Number
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ANNUAL HOUSEHOLD INCOME

EMPLOYMENT / WAGES	\$
SOCIAL SECURITY INCOME	\$
SOCIAL SECURITY DISABILITY INCOME	\$
PUBLIC ASSISTANCE (WELFARE/TANF)	\$
CHILD SUPPORT	\$
PENSION	\$
OTHER INCOME (PLEASE SPECIFY):	\$



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Preferences for Determining Waiting List Position (if applicable)

Do you or any member of your household have a DISABILITY?	Y	N
Is the Head of Household or Spouse 62 years of age or older or disabled?	Y	N
Are you currently employed?	Y	N
Are you a student or recent graduate of an educational or training program?	Y	N
Were you involuntarily displaced due to a natural disaster?	Y	N
Are you homeless?	Y	N
Do you require a unit with special features?	Y	N

(e.g. unit for mobility impaired, visually impaired, hearing impaired, walk-in shower, grab bars, no steps, etc.)

If yes above, please circle features required:

Unit for mobility impaired
Grab bars

Unit for visually impaired
No steps

Unit for hearing impaired
Other:

Describe: _____

How did you hear about us?: _____

I hereby certify that the above is true and correct and complete to the best of my knowledge. I understand that any false statement or misrepresentation will be grounds for expulsion from the program and/or prosecution under Title 18, Section 1001 of the US Code.

I _____ hereby give my permission for a credit and criminal background check, which is part of the application process

I _____ hereby give my permission for a credit and criminal background check, which is part of the application process

I _____ hereby give my permission for a credit and criminal background check, which is part of the application process

Applicant Signature: _____

Date: _____

Applicant Signature: _____

Date: _____

Applicant Signature: _____

Date: _____

Types of Program Assistance (For Office Use ONLY)

****Important: You must notify us promptly should any information on this application change**

Tax Credit	<input type="checkbox"/>	50%	<input type="checkbox"/>	60%	<input type="checkbox"/>
ACC	<input type="checkbox"/>	30%	<input type="checkbox"/>	50%	<input type="checkbox"/>

February 2018



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