



Aston Heights

Thank you for your interest in residing at Aston Heights.
Please read the following carefully.

PRE-APPLICATION INSTRUCTIONS:

- Pre-application **MUST** be filled out in its entirety to be eligible for housing (one pre-application per household).
- Please include a \$10 money order with your pre-application.
- Office visits are by appointment only. No walk-ins permitted.
- Pre-application **MUST** be returned **VIA US MAIL** and should be addressed to:

Aston Heights
PO Box 28117
Newark, NJ 07101

The following income restrictions apply:

Unit Size	% AMI	Monthly Rent	Household Size	Maximum Annual Household Earnings
1 bedroom Apartments	50%	\$792 - \$802	1 person	\$33,400
			2 people	\$38,200
	60%	\$961 - \$971	1 person	\$40,080
			2 people	\$45,840
2 bedroom Apartments & Townhomes	50%	\$932 - \$954	2 people	\$38,200
			3 people	\$42,950
			4 people	\$47,700
	60%	\$1,149 - \$1,157	2 people	\$45,840
			3 people	\$51,540
			4 people	\$57,240
3 bedroom Apartments & Townhomes All 3-bedroom applicants MUST BE referred by the NHA.	50%	\$1,060 - \$1,098	3 people	\$42,950
			4 people	\$47,700
			5 people	\$51,550
			6 people	\$55,350
	60%	\$1,329	3 people	\$51,540
			4 people	\$57,240
			5 people	\$61,860
			6 people	\$66,420

**APPLICATIONS ARE NOT BEING
ACCEPTED ON SITE.
THEY MUST BE RETURNED BY
MAIL TO THE PO BOX.**

Applicant Selection:

153 Apartments & Townhomes:

- 48 ACC - (Public Housing)
- 49 PBV - (Project-Based Voucher)
- 56 TC - (Affordable Low-Income Housing Tax Credit)

ACC & PBV apartments must be referred by NHA. The waiting list is currently closed.

Applicants for the Tax Credit apartments will be processed in the order they are received via US Mail to PO Box 28117.

All prospective new residents receive in depth and standardized credit, criminal, and landlord background screening through a third-party reporting agency that specializes in tenant screening.

PLEASE NOTE:

Apartments in the mid-rise building will not be available until summer 2019.

Applicants for the mid-rise apartments will be contacted closer to unit availability.

Due to overwhelming interest in Aston Heights, it will take time for us to respond to inquiries. We appreciate your patience.

FOR MORE INFORMATION:

AstonHeights.com | AstonHeights@Penrose.com
T: 973.368.2528 | TDD: 800.545.1833 x648



Aston Heights

Address: P.O. Box 28117
Newark, NJ 07101

Phone: 973.368.2528

Email: AstonHeights@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 _____

All Pre-Applications Must be Sent via U.S. Mail and Addressed to:
Aston Heights, PO BOX 28117, Newark, NJ 07101

HEAD OF HOUSEHOLD

M	F
---	---

NAME: _____ SSN: _____
(First) (Middle Initial) (Last)

CURRENT ADDRESS: _____ HOME #: _____
(House #) (Street Name) (Apt. #)

(City) (State) (Zip Code) WORK #: _____

EMAIL: _____ D.O.B: _____

How did you hear about us? _____ DRIVER LICENSE STATE: _____
DRIVER LICENSE NUMBER: _____

HOUSEHOLD MEMBERS

Name	DOB	M/F	Relationship	Soc. Sec. Number	DL State & Number

ANNUAL HOUSEHOLD INCOME

Employment/Wages	\$
Social Security Income	\$
Social Security Disability Income	\$
Public Assistance (Welfare/TANF)	\$
Child Support	\$
Pension	\$
Other Income (Please Specify):	\$



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? (e.g. unit for mobility impaired, visually impaired, hearing impaired, walk-in shower, grab bars, no steps, etc.)			Y	N
If yes above, please circle features required:				
Unit for mobility impaired	Unit for visually impaired	Unit for hearing impaired		
Grab bars	No steps	Other:		
Describe:				

*All 3-bedroom applicants must be referred by NHA.

INTERESTED IN: 1 BR Apt 2 BR Apt 2 BR Townhome 3 BR Apt* 3 BR Townhome*

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 50% 60%

ACC 30

Feb. 2019

