



Freedom Village

Thank you for your interest in residing at Freedom Village. Please read below carefully and fill out the corresponding pre-application for Freedom Village I or Freedom Village II.

Applicants for the subsidized units at Freedom Village must be referred by the Paterson Housing Authority.

FREEDOM VILLAGE I – MUST BE 62+			
# of People	Rent	Minimum Income	Maximum Income
1	\$1,098	\$32,940	\$43,020
2	\$1,098	\$32,940	\$49,140

FREEDOM VILLAGE II – MUST BE 55+			
# of People	Rent	Minimum Income	Maximum Income
1	\$1,098	\$32,940	\$43,020
2	\$1,098	\$32,940	\$49,140

FOR MORE INFORMATION:

FreedomVillageNJ.com | FreedomVillage@Pennrose.com

T: 973.321.7740 | TDD: 800.545.1833 x648

Monday – Friday, 8:30 am to 5:00 pm



Freedom Village

Gracias por su interés en residir en Freedom Village.

Lea a continuación con cuidado y complete la solicitud previa correspondiente para Freedom Village I o Freedom Village II.

Los solicitantes de las unidades subsidiadas en Freedom Village deben ser referidos por la Autoridad de Vivenda de Paterson.

FREEDOM VILLAGE I – Los solicitantes deben ser tener <u>62</u> años de edad o más			
número de personas	la renta	ingreso mínimo	ingreso máximo
1	\$1,098	\$32,940	\$43,020
2	\$1,098	\$32,940	\$49,140

FREEDOM VILLAGE II – Los solicitantes deben ser tener <u>55</u> años de edad o más			
número de personas	la renta	ingreso mínimo	ingreso máximo
1	\$1,098	\$32,940	\$43,020
2	\$1,098	\$32,940	\$49,140

MÁS INFORMACIÓN EN:

FreedomVillageNJ.com | FreedomVillage@Pennrose.com

T: 973.321.7740 | TDD: 800.545.1833 x648

De lunes a viernes de 8:30 am a 5:00 pm



Freedom Village

Phase I

Address: 69 Straight Street
Paterson, NJ 07501

Phone: 973.321.7740

Fax: 973.782.4410

Email: freedomvillage@penrose.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

M	F
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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:				

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.

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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

July 2019





Phase II

Address: 69 Straight Street
 Paterson, NJ 07501
Phone: 973.321.7740
Fax: 973.782.4410
Email: freedomvillage@penrose.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

M	F
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NAME: _____ **SSN:** _____
 (First) (Middle Initial) (Last)

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

 (City) (State) (Zip Code) **CELL #:** _____

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 55 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:				

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.

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July 2019

