



## 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

M F

**NAME:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
(First) (Middle Initial) (Last)

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

**CELL #:** \_\_\_\_\_

(City) (State) (Zip Code) **WORK #:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_ **DRIVER LICENSE STATE:** \_\_\_\_\_

**DRIVER LICENSE NUMBER:** \_\_\_\_\_

### HOUSEHOLD MEMBERS

A non-refundable \$25 application fee per adult household member is required.

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):	\$



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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? (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 ☐ ☐

May 2020



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