



# Weinberg Commons

Thank you for your interest in residing at Weinberg Commons.

## PRE-APPLICATION INSTRUCTIONS:

- Pre-application **MUST** be filled out in its entirety to be eligible for housing. Only one needed per household.
- Pre-application can be dropped off at the temporary leasing office at 1707 Springdale Road, Cherry Hill, NJ during business hours or can be submitted via US Mail addressed to:  
**Weinberg Commons, PO Box 1615, Cherry Hill, NJ 08034**
- Please include a \$10 money order for each adult (including live-in aide) with your pre-application payable to: Weinberg Commons.
- Pre-applications are processed in the order they are received. The Weinberg Commons leasing office will reach out to schedule an appointment with qualified applicants.
- The following income restrictions apply:

| Unit Size | % AMI | Monthly Rent  | Household Size | Qualifying Household Income Range |
|-----------|-------|---------------|----------------|-----------------------------------|
| 1 Bedroom | 50%   | \$744 - \$775 | 1 person       | \$23,250 - \$31,550               |
|           |       |               | 2 people       | \$23,250 - \$36,050               |
|           | 60%   | \$922 - \$944 | 1 person       | \$27,660 - \$37,860               |
|           |       |               | 2 people       | \$27,660 - \$43,260               |
| 2 Bedroom | 60%   | \$1,124       | 1 person       | \$33,720 - \$37,860               |
|           |       |               | 2 people       | \$33,720 - \$43,260               |
|           |       |               | 3 people       | \$33,720 - \$48,660               |
|           |       |               | 4 people       | \$33,720 - \$54,060               |

### FOR MORE INFORMATION:

Temporary Leasing Office: 1707 Springdale Rd, Cherry Hill, NJ 08003

1711 Springdale Rd, Cherry Hill, NJ 08003

Weinberg Commons.com | WeinbergCommons@Pennrose.com

T: 856.291.0488 | TDD: 800.545.1833 x648



# Weinberg Commons

Address: 1711 Springdale Road  
Cherry Hill, NJ 08034

Phone: 856.291.0488

Fax: 609.482.8588

Email: WeinbergCommons@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 |
|---|---|

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

|                                   |    |
|-----------------------------------|----|
| Gross 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 |
| Are you a current resident of Gloucester County, Burlington County or Camden County?   |                            |                           | 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:  |                            |                           |   |   |

**How many bedrooms are you interested? (1 or 2):** \_\_\_\_\_

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

October 2019

