



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 management office inside Weinberg Commons during business hours or can be submitted via US Mail addressed to:

Weinberg Commons, Attn: Property Manager, 1711 Springdale Road, 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	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:

1711 Springdale Rd, Cherry Hill, NJ 08003

Weinberg Commons.com | WeinbergCommons@Penrose.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. #)

_____ **CELL #:** _____

(City) (State) (Zip Code)

EMAIL: _____ **WORK #:** _____

How did you hear about us? _____ **D.O.B.:** _____

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

Do you have any pets that will be residing with you?*: _____ If so, how many?: _____ (2 pet max., 25 lb. limit)

**Breed restrictions apply. Additional security deposit required.*

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

January 2020

