



Truman Square

Thank you for your interest in residing at Truman Square.

1-, 2-, 3-Bedroom Apartment Homes

LOTTERY PRE-APPLICATION INSTRUCTIONS:

- Pre-application MUST be filled out in its entirety to be eligible for housing (one pre-application per household).
- Pre-application MUST be returned via US Mail with a \$25 money order (for each adult), payable to: Truman Square. Pre-application must be mailed to:
Truman Square, PO Box 2310, Edison, NJ 08818
- Pre-application must be postmarked by 4/30/20 to be entered into the lottery.
- The full application and interview process will begin following the lottery with all eligible applicants catalogued into their lottery selection slot.
- The following income restrictions apply: *(Maximum Rents, subject to change)*

Unit Size	Household Size	Qualifying Household Income Range	% AMI	Monthly Rent
1 Bedroom	1 person	\$38,057 - \$41,450	50%	\$1,110
	2 people	\$38,057 - \$47,350		
	1 person	\$45,668 - \$49,740	60%	\$1,332
	2 people	\$45,668 - \$56,820		
2 Bedroom	2 people	\$45,634 - \$47,350	50%	\$1,331
	3 people	\$45,634 - \$53,250		
	4 people	\$45,634 - \$59,150		
	2 people	\$54,754 - \$56,820	60%	\$1,597
	3 people	\$54,754 - \$63,900		
	4 people	\$54,754 - \$70,980		
3 Bedroom	3 people	\$52,731 - \$53,250	50%	\$1,538
	4 people	\$52,731 - \$59,150		
	5 people	\$52,731 - \$63,900		
	6 people	\$52,731 - \$68,650		
	3 people	\$63,257 - \$63,900	60%	\$1,845
	4 people	\$63,257 - \$70,980		
	5 people	\$63,257 - \$76,680		
	6 people	\$63,257 - \$82,380		

Contact Us:

TrumanSquare.com | TrumanSquare@Pennrose.com

T: 732.963.0547 | TDD: 800.545.1833 x648



Truman Square

Mail to: PO BOX 2310
Edison, NJ 08818

Phone: 732.963.0547

Fax: 732.626.6623

Email: TrumanSquare@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:
Truman Square, PO BOX 2310, Edison, NJ 08818

HEAD OF HOUSEHOLD

M	F
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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

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)

Are you or a member of your household a Veteran?*			Y	N
Do you or any member of your household have Special Needs?***			Y	N
Are you or a member of your household currently employed?			Y	N
Are you a student or recent graduate of an educational or training program?			Y	N
Are you homeless?			Y	N
Do you have a portable Section 8 voucher?			Y	N
If you answered "Yes" to above question, with what agency?				
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:				

Please indicate your preference for # of bedrooms (1-3): 1st Choice _____ 2nd Choice _____

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

*Please review the definition of those eligible for the Veterans preference under New Jersey Law at TrumanSquare.com.

**The NJHMFA definition of Special Needs includes the following: individuals with mental illness, individuals with physical or developmental disability, victims of domestic violence, ex-offenders and youth offenders, youth aging out of foster care, runaway and homeless youth, homeless individuals, disabled and homeless veterans, individuals with AIDS/HIV, and individuals 18 years and over coming out of a nursing home.



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	<input type="checkbox"/>	50%	<input type="checkbox"/>	60%	<input type="checkbox"/>
PBV	<input type="checkbox"/>	30%	<input type="checkbox"/>		<input type="checkbox"/>

March 2020

