



Truman Square

Thank you for your interest in residing at Truman Square.
1-, 2-, 3-Bedroom Apartment Homes

PRE-APPLICATION INSTRUCTIONS:

- Pre-application **MUST** be filled out in its entirety to be eligible for housing (one pre-application per household).
- Please submit Pre-application via email or fax. Please call to confirm address if you intend on dropping off or mailing the Pre-application as we are in the process of moving to the permanent management office.
- Pre-application **MUST** be returned with a \$25 money order (for each adult), payable to: Truman Square. The application will not be processed until the application fee is received.
- We are currently processing applicants selected by the housing lottery, but we are accepting Pre-applications for the waitlist.
- The following income restrictions apply: *(Effective 7/20, subject to change)*

| Unit Size | Household Size | Qualifying Household Income Range | % AMI | Monthly Rent |
|-----------|---------------------|-----------------------------------|-------|--------------|
| 1 Bedroom | 1 person | \$36,034 - \$41,450 | 50% | \$1,051 |
| | 2 people | \$36,034 - \$44,400 | | |
| 2 Bedroom | 2 people | \$43,337 - \$44,400 | 50% | \$1,264 |
| | 3 people | \$43,337 - \$47,350 | | |
| | 4 people | \$43,337 - \$53,250 | | |
| | 2 people | \$52,457 - \$53,280 | 60% | \$1,530 |
| 3 people | \$52,457 - \$56,820 | | | |
| 4 people | \$52,457 - \$63,900 | | | |
| 3 Bedroom | 3 people | \$49,989 - \$47,350 | 50% | \$1,458 |
| | 4 people | \$49,989 - \$53,250 | | |
| | 5 people | \$49,989 - \$59,150 | | |
| | 6 people | \$49,989 - \$61,525 | | |
| | 3 people | \$60,514 - \$56,820 | 60% | \$1,765 |
| | 4 people | \$60,514 - \$63,900 | | |
| | 5 people | \$60,514 - \$70,980 | | |
| | 6 people | \$60,514 - \$73,830 | | |

Contact Us:

TrumanSquare.com | TrumanSquare@Pennrose.com
T: 732.963.0547 | F: 732.626.6623 | TDD: 800.545.1833 x648



Truman Square

Mail to: 111 Truman Drive S
Edison, NJ 08817

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 _____

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

| 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? <i>(as defined by NJ Law)</i> | | | Y | N |
| Do you or any member of your household have Special Needs? <i>(as defined by NJHMFA)</i> | | | 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? <i>(e.g. unit for mobility impaired, visually impaired, hearing impaired, walk-in shower, grab bars, no steps, etc.)</i> | | | 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)*

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: _____

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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%

PBV 30%

July 2020

