



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).
- Pre-applications can be dropped off at the management office during business hours (with prior notice), emailed, faxed, or mailed to:
Truman Square, 111 Truman Dr S., Edison, NJ 08817
- 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 8/20, subject to change)*

Unit Size	Household Size	Qualifying Household Income Range	% AMI	Monthly Rent
1 Bedroom	1 person	\$36,377 - \$41,850	50%	\$1,061
	2 people	\$36,377 - \$47,800		
2 Bedroom	2 people	\$43,817 - \$47,800	50%	\$1,278
	3 people	\$43,817 - \$53,800		
	4 people	\$43,817 - \$59,750		
	2 people	\$53,040 - \$57,360	60%	\$1,547
3 people	\$53,040 - \$64,560			
4 people	\$53,040 - \$71,700			
3 Bedroom	3 people	\$50,503 - \$53,800	50%	\$1,473
	4 people	\$50,503 - \$59,750		
	5 people	\$50,503 - \$64,550		
	6 people	\$50,503 - \$69,350		
	3 people	\$61,165 - \$64,560	60%	\$1,784
	4 people	\$61,165 - \$71,700		
	5 people	\$61,165 - \$77,460		
	6 people	\$61,165 - \$83,220		

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
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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

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

