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
2 Bedroom	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	$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 I TrumanSquare@Pennrose.com
T: 732.963.0547 I F: 732.626.6623 I TDD: 800.545.1833 x648

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Bricks & Mortar | Heart & Soul

Truman Square

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Edison, NJ 08817
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HEAD OF HOUSEHOLD

| M | F |

NAME:_____ SSN:_____
    (First)   (Middle Initial)   (Last)

CURRENT ADDRESS: _____ HOME #: _____
    (House #)   (Street Name)   (Apt. #)
CELL #: _____

_____ WORK #: _____
(City)   (State)   (Zip Code)

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):	$

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Preferences for Determining Waiting List Position (if applicable)

Are you or a member of your household a Veteran? *(as defined by NJ Law)*		Y	N
Do you or any member of your household have Special Needs? *(as defined by NJHMFA)*		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)*

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%	☐
PBV	☐	30%	☐		☐

July 2020

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