



Weinberg Commons II

Thank you for your interest in residing at Weinberg Commons - Phase II.

PRE-APPLICATION INSTRUCTIONS:

- Pre-application **MUST** be filled out in its entirety to be eligible for housing. Only one needed per household.
- If you are on the waitlist for Weinberg Commons I and are interested in residing at Phase II, you must submit a separate Pre-application for Phase II.
- Pre-application must be submitted via US Mail addressed to:
Weinberg Commons, Attn: Property Manager, 1711 Springdale Road, Cherry Hill, NJ 08003
- Please include a \$25 money order for each adult (including live-in aide) with your pre-application payable to: Weinberg Commons II.
- 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	Household Size	Qualifying Household Income Range	% AMI	Monthly Rent
1 Bedroom	1 person	\$25,050 - \$33,850	50%	\$835
	2 people	\$25,050 - \$38,650		
	1 person	\$30,480 - \$40,620	60%	\$1,016
	2 people	\$30,480 - \$46,380		
2 Bedroom	1 person	\$36,840 - \$40,620	60%	\$1,228
	2 people	\$36,840 - \$46,380		
	3 people	\$36,840 - \$52,200		
	4 people	\$36,840 - \$57,960		

FOR MORE INFORMATION:

Weinberg Commons.com | WeinbergCommons@Pennrose.com

T: 856.291.0488 | F: 609.482.8588 | TDD: 800.545.1833 x648



Weinberg Commons II

MAIL TO: 1711 Springdale Road
 Cherry Hill, NJ 08003
Phone: 856.291.0488
Fax: 609.482.8588
Email: WeinbergCommons@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) **CELL #:** _____

EMAIL: _____ **D.O.B:** _____

How did you hear about us? _____ **DRIVER LICENSE STATE:** _____

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

HOUSEHOLD MEMBERS

A non-refundable \$25 application fee per adult household member is required.

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, i.e. interest, dividends, etc.):	\$



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
Do you have a portable section 8 voucher (HCVP)?			Y	N
If yes above, through what agency?				
Are you homeless?			Y	N
Are you a current resident of Gloucester County, Burlington County or Camden County?			Y	N
Are you or a member of your household registered with the Division of Developmental Disabilities (DDD) or Community Care Program (CCP)?			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.

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Applicant Signature: _____ Date: _____

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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%
 30% 20%

August 2020

