



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	\$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: _____

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%
 30% 20%

August 2020



MULTIPLE DWELLING REPORTING RULE TENANT/APPLICANT INQUIRY

The **New Jersey Law Against Discrimination**, *N.J.S.A. 10:5-1 to -49*, makes it unlawful to discriminate in the sale or rental of housing based on a person's race, creed, color, national origin, ancestry, nationality, affectional or sexual orientation, disability, gender, marital status, familial status (whether you have a child, a parent-child relationship with a minor, or you are pregnant), lawful source of income or rental subsidy used for rental payments.

The **New Jersey Division on Civil Rights** is the State agency that is authorized to enforce the Law Against Discrimination. Under the Division's **Multiple Dwelling Reporting Rules**, *N.J.A.C. 13:10-1.1 to -2.6*, the Division requires landlords to collect and record information about applicants for apartment rentals and tenants in apartment complexes throughout New Jersey. The **Multiple Dwelling Reporting Rule** requires landlords to provide a summary of this information to the Division and to retain the information on this form. **The information is used to prevent and eliminate discrimination in housing.** Your cooperation in filling out this form will assist the Division in enforcing the Law Against Discrimination.

Please note that, although landlords must record certain information about the race and ethnicity of applicants and tenants, it is unlawful to record or ask applicants or tenants about other characteristics such as religion, gender, marital status or affectional or sexual orientation.

If you feel you have been denied housing or treated differently for one of the reasons listed above, you may e-mail the Division on Civil Rights at DCRMDRR@njcivilrights.gov for referral to a local Division office for additional information or assistance.



Visit the Division on Civil Rights Web site at: www.NJCivilRights.org

Tenants/applicants: Fold & tear along dotted line and retain top portion for your records

MULTIPLE DWELLING REPORTING RULE TENANT/APPLICANT INQUIRY

If the tenant/applicant chooses not to complete this form, the landlord or the landlord's representative is required to conduct a visual observation of the tenant or applicant and then complete this form as accurately as possible.

This form is not intended to be a part of the rental application process and must be kept separate and apart from rental records.

Tenant Applicant Name: _____

Address: _____

City: _____ State: _____ Zip code: _____ Phone Number: _____

Race/Ethnicity: Please check all that apply to leaseholders (tenants) or applicants.

- Black or African American:** a person having origins in any of the original peoples of Africa
- Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish origin or culture, or a person having a Spanish surname
- Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- American Indian or Alaska Native:** a person having origins in any of the original peoples of North or South America
- Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White or Caucasian:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Date: _____ Completed by: Tenant Applicant Landlord

If you have any questions regarding this inquiry, please e-mail the Division on Civil Rights, Multiple Dwelling Unit at DCRMDRR@njcivilrights.gov

