

# 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 preapplication 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.

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	50%	Ş1,001	
	2 people	\$43,817 - \$47,800			
	3 people	\$43,817 - \$53,800	50%	\$1,278	
2 Dodroom	4 people	\$43,817 - \$59,750			
2 Bedroom	2 people	\$53,040 - \$57,360			
	3 people	\$53,040 - \$64,560	60%	\$1,547	
	4 people	\$53,040 - \$71,700			
	3 people	\$50,503 - \$53,800		\$1,473	
3 Bedroom	4 people	\$50,503 - \$59,750	50%		
	5 people	\$50,503 - \$64,550	50%		
	6 people	\$50,503 - \$69,350			
3 Bedroom	3 people	\$61,165 - \$64,560			
	4 people	\$61,165 - \$71,700	C00/ 61 70 4	ć1 70 <i>4</i>	
	5 people	\$61,165 - \$77,460	60% \$1,784		
	6 people	\$61,165 - \$83,220			

• The following income restrictions apply to TRUMAN SQUARE A: (Effective 8/20, subject to change)



**Contact Us:** TrumanSquare.com I TrumanSquare@Pennrose.com T: 732.963.0547 I F: 732.626.6623 I TDD: 800.545.1833 x648

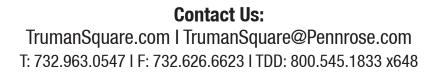




# Thank you for your interest in residing at Truman Square. 1-, 2-, 3-Bedroom Apartment Homes

• The following income restrictions apply to **TRUMAN SQUARE B**: (Effective 2/21, subject to change)

Unit Size	Household Size	Qualifying Household Income Range	% AMI	Monthly Rent	
	1 person	\$36,309 - \$41,850	50%	\$1,059	
1 Bedroom	2 people	\$36,309 - \$47,800	50%		
	1 person	\$43,989 - \$50,220	60%	\$1,283	
	2 people	\$43,989 - \$57,360	00%	Ş1,283	
	2 people	\$43,749 - \$47,800			
	3 people	\$43,749 - \$53,800	50%	\$1,276	
2 Bedroom	4 people	\$43,749 - \$59,750			
	2 people	\$52,971 - \$57,360		\$1,545	
	3 people	\$52,971 - \$64,560	60%		
	4 people	\$52,971 - \$71,700			
	3 people	\$50 <i>,</i> 400 - \$53,800			
	4 people	\$50 <i>,</i> 400 - \$59,750	50%	\$1,470	
	5 people	\$50,400 - \$64,550	50%		
	6 people	\$50,400 - \$69,350			
3 Bedroom	3 people	\$61,063 - \$64,560			
	4 people	\$61,063 - \$71,700	C0%	ć1 701	
	5 people	\$61,063 - \$77,460	60%	\$1,781	
	6 people	\$61,063 - \$83,220			



ENNROSE

Bricks & Mortar | Heart & Soul





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 offic	e staff:
Application Number	
Date Application Rec'd _	
Time Application Rec'd	
Initials of Staff Member	

F

Μ

## HEAD OF HOUSEHOLD

NAME:				SSN:	
(First)	(Mid	dle Initial)	(Last)		
CURRENT ADDRESS:				HOME #:	
	(House #)	(Street Name)	(Apt. #)		
				CELL #:	
				_	
(City)	(State)		(Zip Code)	WORK #:	
EMAIL:				_ D.O.B:	
How did you hear abou	ıt 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 househo				
	old a Veteran? (as defined by NJ Lo	w)	Y	Ν
Do you or any member of your household have Special Needs? (as defined by NJHMFA)				
Are you or a member of your househo	old currently employed?		Y	Ν
Are you a student or recent graduate	of an educational or training pro	gram?	Y	Ν
Are you homeless?			Y	Ν
Do you have a portable Section 8 vouc	cher?		Y	Ν
If you answered "Yes" to above questi	ion, with what agency?			
Do you require a unit with special feat impaired, walk-in shower, grab bars, r		iired, visually impaired, hearing	Y	N
If yes above, please circle features r	equired:			
Unit for mobility impaired	Unit for visually impaired	Unit for hearing impaired		
Grab bars	No steps	Other:		
Describe:				
I hereby certify that the above is true a false statement or misrepresentation w Section 1001 of the US Code. I,	vill be grounds for expulsion from , hereby give my permorecess.	the program and/or prosecution u	nder Tit	•
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