



**One Thompson Avenue**

Thank you for your interest in residing at One Thompson Avenue.  
**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).
- All Pre-applications MUST be submitted via US Mail to:  
**One Thompson Avenue, Attn: Mgmt Office, 1 Thompson Avenue, Dover, NJ 07801**
- Please include a non-refundable \$25 money order for each adult (including live-in aide) with your pre-application payable to: One Thompson Avenue.
- Pre-applications are processed in the order they are received. The One Thompson Avenue leasing office will reach out to schedule an appointment with qualified applicants.
- The following income restrictions apply: *(Effective 6/2021, subject to change)*

Unit Size	Household Size	Qualifying Household Income Range	% AMI	Monthly Rent
1 Bedroom	1 person	\$32,811 - \$37,600	50%	\$957
	2 people	\$32,811 - \$43,000		
2 Bedroom	2 people	\$39,326 - \$43,000	50%	\$1,147
	3 people	\$39,326 - \$48,350		
	4 person	\$39,326 - \$53,700		
	2 people	\$47,623 - \$51,600	60%	\$1,389
	3 people	\$47,623 - \$58,020		
	4 person	\$47,623 - \$64,440		
3 Bedroom	3 people	\$45,497 - \$48,350	50%	\$1,327
	4 people	\$45,497 - \$53,700		
	5 people	\$45,497 - \$58,000		
	6 people	\$45,497 - \$62,300		
	3 people	\$55,063 - \$58,020	60%	\$1,606
	4 people	\$55,063 - \$64,440		
	5 people	\$55,063 - \$69,600		
	6 people	\$55,063 - \$74,760		

**FOR MORE INFORMATION:**

**OneThompsonAve.com | OneThompson@Pennrose.com**

T: 862.346.7126 | TDD: 800.545.1833 x648



# One Thompson Avenue

Mail to: 1 Thompson Avenue  
Dover, NJ 07801

Phone: 862.346.7126

Fax: 973.957.3220

Email: OneThompson@penrose.com

TTY: 800.545.1833 x647

To be completed by office staff:

Application Number \_\_\_\_\_

Date Application Rec'd \_\_\_\_\_

Time Application Rec'd \_\_\_\_\_

Initials of Staff Member \_\_\_\_\_

**All Lottery Pre-Applications Must be Sent via U.S. Mail and Addressed to:  
One Thompson Avenue, Attn: Mgmt Office, 1 Thompson Avenue, Dover, NJ 07801**

## 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	ITIN	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):	\$



**Preferences for Determining Waiting List Position (if applicable)**

Do you or any member of your household have a DISABILITY?		Y	N
Are you currently employed?		Y	N
Are you or a member of your household a Veteran?		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
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:			

**Additional Questions**

Do you have any pets that will be residing with you? <i>Pet policy: 2 pet maximum, 35 lb. limit each. Breed restrictions apply. Additional security deposit required.</i>		Y	N
If yes to above, how many?			
How many bedrooms are you interested in?	1 <sup>st</sup> Preference:	2 <sup>nd</sup> Preference:	

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  30%  60%

HOME  50%

October 2021

