



Thank you for your interest in residing at CENTERTON VILLAGE,
A Brand New Affordable Rental Community in Mt. Laurel, NJ!

VERY IMPORTANT:

***Pre-Applications will be time and date stamped and will be reviewed in the order in which they are received.**

RENTS & Minimum Annual Income Required per bedroom size:

LIHTC- Affordable Apartments

- 1 Bedroom \$837 - \$1,018/mo. * Min. Annual Income Req. \$27,000
- 2 Bedrooms \$1,005 - \$1,223/mo. * Min. Annual Income Req. \$32,000
- 3 Bedrooms \$1,162 - \$1,413/mo. * Min. Annual Income Req. \$37,000

MAXIMUM ANNUAL GROSS INCOME ALLOWABLE @ for the LIHTC – Affordable Apartments

1 Person	\$40,620	4 Persons	\$57,960
2 Persons	\$46,380	5 Persons	\$62,640
3 Persons	\$52,200	6 Persons	\$67,260

PRE-APPLICATION INSTRUCTIONS

1. Please make sure to fill in all spaces and answer all questions. If the answer to a question is \$0 or “not applicable”, please make sure to enter that response.
2. All questions must be answered in legible print or writing.
3. Date of Birth and Social Security Numbers must be filled in for each household member.
4. Everyone in the household over 18 years of age must sign the pre-application.
5. **NO HAND DELIVERED PRE-APPLICATIONS WILL BE ACCEPTED, THEY MUST BE MAILED TO:**

**CENTERTON VILLAGE
P.O. BOX 1735
Mount Laurel, NJ 08054**

6. **If you do not follow the above procedures your pre-application may be delayed or not processed.**

REQUIREMENTS FOR ALL APPLICANTS:

Everyone in the household 18 years of age and older will be screened for:

- INCOME & ASSET Verification
- CREDIT & CRIMINAL BACKGROUND CHECKS
- STUDENT STATUS
- LANDLORD verification



FOR MORE INFORMATION CALL: 856.446.3400 TTY 711





101 Centerton Rd.
 Site Address
 Mt. Laurel, NJ 08054
 Site Number
 856.446.3400
 Site Email
 CentertonVillage@TMO.com

Date & Time Stamp

Site: CENTERTON VILLAGE

PRE-APPLICATION

PLEASE NOTE:

This pre-application is used to be entered onto the waiting list electronically and this pre-application will be used to run a credit & criminal background check for all adults 18 years of age & older. A full application will need to be completed upon interview process.

Please complete and return as instructed.

NAME: _____ CONTACT NUMBER: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT NAME: _____ PHONE NUMBER: _____

List Full Name, Social Security Number, Age & Date Of Birth Of All Household Members: **INCLUDING HEAD OF HOUSEHOLD**

Name	Relationship to Head	Social Security Number	Age	Sex	Date of Birth	Full Time Student (Y/N)
HH	SELF					
1						
2						
3						
4						
5						
6						
7						
8						

Bedroom size desired: _____

Source of Income (Check all that apply):

Employment _____ SS _____ SSI _____ Child Support _____ Alimony _____ Pension _____ Disability _____
 Regular Cash Contributions _____ Self Employment _____ Unemployment _____ Homeless (Yes/No): _____

Total Gross of all above annual household income: \$ _____ Housing Voucher (Yes/No): _____

FOR OFFICE USE ONLY				
Application Entered By:				
Application Entered On:				
Elderly/Disabled Housing				
General Developments				
Bedrooms	1	2	3	4



Does your household require an accessible unit? If yes, please identify the special feature needed:

Current Landlord: _____ Rental Amount: \$ _____
Landlord Address: _____
Landlord Phone Number: _____ How long have you lived here? _____

For Statistical Purposes Only:

Race of Head of Household (check one):

White Black American Indian/Alaskan Native Asian Other Do not wish to answer

Ethnicity of Head of Household (check one):

Hispanic Non-Hispanic Do not wish to answer

I/we certify that if selected to live in this affordable housing, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/ our eligibility. I/we authorize the owner/manager to verify all information provided on this application for credit and criminal background verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law.

Signature of Head of Household

Date

Signature of Co-Head of Household

Date

Signature of Member 18 or older

Date

Signature of Member 18 or older

Date

