

King Plaza Apartments
270 King Street
Perth Amboy, NJ 08861
Tel: 732-442-5930 Fax: 732-442-5983
www.kingplazaapartments.com

Renta:

Studio: \$840.00
1 bedroom: \$1,002.00-\$1,052.00
2 bedrooms: \$1,191.00-\$1,251.00

Límites de ingresos (60% AMI)

Una Persona: \$51,780
Dos Personas: \$59,160
Tres Personas: \$66,540
Cuatro Personas: \$73,920

Debe hacer una cita para demostración y para presentar la solicitud junto con todos los documentos y una tasa de \$50.00 por cada adulto (18 años o más).

Debe ser MONEY ORDER.

El costo de la solicitud NO SE REEMBOLSA.

Una vez aprobado, el solicitante tiene 3 días hábiles para pagar: depósito de garantía de 1 mes y el primer mes de alquiler.

**** Sujeto a cambios, en vigor a partir de Marzo 1 del 2022****

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TODOS LOS DOCUMENTOS ORIGINALES SE REQUIEREN Y DEBEN ESTAR PRESENTES AL REGRESAR LA APLICACIÓN. FAVOR DE NO ENVIAR NINGUN DOCUMENTO POR CORREO.

LA SIGUIENTE INFORMACIÓN ES NECESARIA PARA PROCESAR SU APLICACIÓN:

1. Comprobante de ingresos:
 - Cuatro (4) recibos de pago consecutivos más recientes
 - Si trabaja por cuenta propia, se requieren dos años de declaraciones de impuestos federales, incluido el 1099
 2. Seis (6) estados de cuenta más recientes de todas las instituciones financieras, incluyendo todas las páginas y puede requerir una declaración jurada propia para retiros y / o depósitos
 - Cuenta de cheques, de ahorro y prepagas
 - Cash App, Venmo, Apple Pay y PayPal
 3. Si recibe Seguro Social, Incapacidad, Pensión o Desempleo, debe o compensación del trabajador, debe proporcionar su Carta de adjudicación.
 4. Si es un beneficiario de la Sección 8, debe enviar el comprobante con la solicitud.
 5. Si recibe Asistencia Pública debe proporcionar su Carta de Subvención
 6. Si recibe manutención infantil, debe proporcionar una copia de su orden judicial y los formularios impresos del caso actual de njchildsupport.org: Desembolso a CP, Detalles de obligaciones y atrasos, Declaración de fin de año O declaración jurada de ambos padres/tutor legal por mutuo acuerdo
 7. Impuesto federales (formulario 1040), incluido W2
 8. Un formulario de identificación válida para cada adulto que vivirá en el apartamento:
 - Las identificaciones aceptables son identificación con foto emitida por el gobierno, licencia de conducir emitida por el estado, identificación de no conductor emitida por el estado o pasaporte o visa emitida por el gobierno
 9. Tarjetas de Seguro Social para cada miembro adulto del hogar.
 10. Actas de nacimiento de todos los adultos y niños.
 11. Información del vehículo: registro y seguro
-

LO SIGUIENTE ES UNA FUENTE DE BIENES. FAVOR TRAIGA INFORMACIÓN SOBRE TODOS LOS BIENES PARA CADA MIEMBRO DEL HOGAR.

1. Información sobre el IRA'S u otras cuentas de jubilación
2. Información sobre fondos mutuos, acciones de bonos
3. Información sobre letras del Tesoro
4. Información sobre fondo fiduciario
5. Información sobre tenencia de bienes inmuebles
6. Póliza de seguro de vida
7. Declaraciones del 401K (mas reciente)

**** Todos los documentos deben estar presentes durante su cita****

Date & Time Stamp

KING PLAZA

Property: _____
Unit #: _____
Set Aside: _____

APPLICATION FOR HOUSING - LIHTC

NOTE TO APPLICANT: In order for us to determine your eligibility or continued eligibility, you must provide *all* information included in this application. This information is considered confidential and will only be used as necessary in determining your eligibility for a Federal affordable housing program.

PROVIDING FALSE INFORMATION MAY RESULT IN LOSS OF YOUR HOUSING

Applicant Name:		Home Telephone Number: ()
Address:	Apt. Number:	Cell Phone Number: ()
		Email Address:
What size apartment are you applying for? Studio 1 - 2 - 3 - 4 - 5 (circle one)		

HOUSEHOLD COMPOSITION

Please read each question carefully, answer each question completely and be prepared to verify items checked "yes".

List yourself and anyone who will live with you *within the next 12 months*. Be sure to include members temporarily away from home, including (but not limited to): dependents away at school, military persons stationed away from home that have a spouse or dependent in the home.

Please list household members starting with Head of household on line 1, then in order of oldest to youngest.

	Last Name, First Name	Relationship to Head of Household	Birth Date	Age	Social Security Number	Student Status: (Includes Elementary through Higher Education)		
						Full Time	Part Time	N/A
1		Head						
2								
3								
4								
5								
6								

1) Do you anticipate any changes in the size of your household *within the next 12 months*? YES NO
(Examples: a future spouse, a minor entering the home through adoption, children returning from foster care, etc.)

If yes, please describe any changes here: _____

2) Will anyone under age 18 listed above live in the unit *less than 50%* of the next 12 months? N/A YES NO

If yes, please explain here: _____

3) Does any member in your household have a disability and require a live-in care attendant? YES NO

4) Is any adult member of your household separated, but not divorced? YES NO

5) Does your household receive, or is it applying to receive, Section 8 rental or voucher assistance? YES NO



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

RENTAL HISTORY

The questions regarding household rental history apply to all members of your household, including minors and those temporarily absent from the home.

YES NO

- Have you or anyone else named on this application filed for bankruptcy?
 Please explain: _____

- Have you or anyone else named on the application been convicted of a drug related or other crime?
 Please explain: _____

- Have you or anyone else named on the application been subject to the lifetime registration requirement under a state sex offender registration program?
 Please explain: _____

- Have you or anyone else named on the application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?
 Please explain: _____

- Are there any special needs or accommodations the household will require such as, grab bars or a unit for mobility impaired or hearing/vision impaired?
 Please explain: _____

Head of Household Current Address:

<u>Your Address</u>	<u>Landlord's Name/Address/Phone</u> (if applicable)	<u>Own / Rent</u>	<u>Dates</u>
_____	_____	_____	From: _____
_____	_____	_____	To: _____
_____	() _____	_____	

Head of Household Previous Address:

<u>Your Address</u>	<u>Landlord's Name/Address/Phone</u>	<u>Own / Rent</u>	<u>Dates</u>
_____	_____	_____	From: _____
_____	_____	_____	To: _____
_____	() _____	_____	

Other Adult Current Address:

	<u>Landlord's Name/Address/Phone</u>	<u>Own / Rent</u>	<u>Dates</u>
_____	_____	_____	From: _____
_____	_____	_____	To: _____
_____	() _____	_____	

Other Adult Current Address:

	<u>Landlord's Name/Address/Phone</u>	<u>Own / Rent</u>	<u>Dates</u>
_____	_____	_____	From: _____
_____	_____	_____	To: _____
_____	() _____	_____	



STUDENT ELIGIBILITY QUESTIONS

- 6) Are ALL members of your household full-time students? YES NO
- 7) Will ALL members of your household be full-time students during any 5 months of this year?
(Example: a student who goes to school full-time in any parts of January, February, April, October and November) YES NO
- 8) Will ALL members of your household be full-time students during any 5 months of next year? YES NO
- 9) Is ANY ADULT member of your household a part or full time student in an institute of higher education? YES NO
If yes, who is enrolled? _____ Which school are they enrolled in? _____
How do they pay for their education? _____ What is the cost of tuition per semester? \$ _____
- 10) Does ANY ADULT member of your household intend to become a student *within the next 12 months*? YES NO
If yes, who will be enrolling in school? _____ Name of School _____
If yes, will they be enrolling as a full-time or part-time student? _____

ALIMONY / CHILD SUPPORT INFORMATION

- 11) Does any member of your household have a COURT ORDER to receive Child Support or Alimony payments, even if no child support or alimony is being received? (Case ID # or #'s) _____ YES NO

IF "NO", SKIP TO QUESTION 12

- a.) Name of person with court order: _____ Payment Amount: \$ _____ per _____
- b.) Name of person(s) paying support / alimony: _____

Are the FULL court-ordered amount(s) being received? YES NO

If "NO", are you making efforts to collect the amounts due? YES NO

If "YES", please explain the efforts you're making here: _____

- 12) Does any member of your household receive Child Support or Alimony payments that are NOT COURT ORDERED?

(This includes help from children's father or mother for clothes, groceries, etc.) YES NO

IF "NO", SKIP TO NEXT SECTION

- a.) Payment Amount: \$ _____ per _____
- b.) Name of person(s) paying support / alimony: _____

_____ Phone: _____ for child: _____
 _____ Phone: _____ for child: _____



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

INCOME INFORMATION

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

YES	NO	TYPE OF INCOME	INCOME AMOUNT
<input type="checkbox"/>	<input type="checkbox"/>	13) Is any member of the household employed?	
		Job 1) Who is employed? _____	AMT \$ _____
		What company? _____ Phone: _____	PER _____

		Job 2) Who is employed? _____	AMT \$ _____
		What company? _____ Phone: _____	PER _____
		<input type="checkbox"/> Check if there are any additional jobs in the household (attach a separate sheet with contact information)	
<input type="checkbox"/>	<input type="checkbox"/>	14) Are any household members self-employed?	
		Who is self-employed? _____	AMT \$ _____
		What type of work does this person do? _____	PER _____
<input type="checkbox"/>	<input type="checkbox"/>	15) Are any adult members of your household unemployed?	
		Which adult members are unemployed? _____	
<input type="checkbox"/>	<input type="checkbox"/>	16) Does any household member receive pay from the military?	
		Who is paid by the military? _____	AMT \$ _____
		Which branch of the military? _____	PER _____
		Contact Person: _____ Phone: _____	
<input type="checkbox"/>	<input type="checkbox"/>	17) Does any household member receive any payments from the Social Security Administration? Which type: <input type="checkbox"/>SS <input type="checkbox"/>SSI <input type="checkbox"/>SSDI <input type="checkbox"/>Other	
		Who receives payments from the Social Security Office? _____	AMT \$ _____
			PER _____
<input type="checkbox"/>	<input type="checkbox"/>	18) Does any household member receive severance pay or worker's compensation?	
		Who is receiving severance pay or worker's compensation? _____	AMT \$ _____
		What company pays them? _____	PER _____
		Contact Person: _____ Phone: _____	
<input type="checkbox"/>	<input type="checkbox"/>	19) Is any household member unemployed and receiving payments from an Unemployment Agency?	
		Who is receiving unemployment benefits? _____	AMT \$ _____
		What State: _____ Contact Person: _____ Phone: _____	PER _____
<input type="checkbox"/>	<input type="checkbox"/>	20) Does any household member receive Public Assistance payments such as TANF or AFDC? (Please do not include Food Stamp benefits here.)	
		Who is receiving TANF or AFDC benefits? _____	AMT \$ _____
		Caseworker: _____ Phone: _____	PER _____



INCOME INFORMATION CONTINUED

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

YES	NO	TYPE OF INCOME	INCOME AMOUNT
<input type="checkbox"/>	<input type="checkbox"/>	21) Does any household member receive periodic payments from a pension, annuity or retirement benefit account? Please check one: <input type="checkbox"/> Pension <input type="checkbox"/> Annuity <input type="checkbox"/> Other Retirement Who receives these benefits? _____ What company pays this person? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	22) Does anyone outside of your household provide you with cash or contributions to help pay expenses that a household would normally pay, such as rent, utility payments or groceries? What is the name of the person that pays you? _____ What is their address? _____ Phone number? _____	AMT \$ _____ PER _____
<input type="checkbox"/>	<input type="checkbox"/>	23) Is there any other source of income we haven't already asked about above that you receive? Please Describe: _____	
<input type="checkbox"/>	<input type="checkbox"/>	24) Does your household expect any changes in their income <i>within the next 12 months</i>? Please Describe: _____	
<input type="checkbox"/>	<input type="checkbox"/>	25) Does your household receive long-term care insurance payments, <i>in excess of \$180 per day</i>, for a family member residing in a long-term care facility? Which household member is in a long-term facility? _____ Which household member are the payments made to? _____ What company pays this person? _____ Contact Person: _____ Phone: _____	
<input type="checkbox"/>	<input type="checkbox"/>	26) Do any adult members of your household have zero income? Which adult members have zero income? _____	

Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

ACCOUNT / ASSET INFORMATION

The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.

YES	NO	ACCOUNT INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	27) Does any household member have a Checking, Savings, CD or Money Market account? Bank 1) Bank Name: _____ Name(s) on Account: _____ Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Money Market Bank 2) Bank Name: _____ Name(s) on Account: _____ Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Money Market <input type="checkbox"/> Check if there are additional accounts of the above types belonging to the household. (attach a separate sheet with the bank name, account type and name(s) on the account)



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

ACCOUNT / ASSET INFORMATION

The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.

YES NO

ACCOUNT INFORMATION

- 28) Does any household member have Stocks, Bonds, Mutual Funds, Capital Investments or a Whole Life Insurance Policy (life insurance that you can make withdrawals from even if there isn't a death. We do not count TERM insurance)?**
Institution Name: _____ Name(s) on Account: _____
Contact Phone: _____ Account Type: Stocks Bonds Mutual Funds Whole Life Insurance
- 29) Does any household member have an IRA, Keogh, 401K, Annuity or similar retirement account?**
Institution Name: _____ Name(s) on Account: _____
Contact Phone: _____ Account Type: IRA Keogh 401K Other: _____
- 30) Does any household member have a Pension account that will pay upon retirement or termination of employment (NOT including IRA, Keogh, 401K or Annuity accounts)?**
Institution Name: _____ Name(s) on Account: _____
Contact/Phone: _____ Account Type: _____
- 31) Does any household member own any Real Estate? (Include Rental Property, Primary Residence, Vacation Property, Time-Shares, Commercial Property and Property being sold by deed of trust or Contracts for Deed)**
Property Owner(s): _____ Type of Property: _____
What is the name of the bank or institution with financial interest in this property? (Mortgage Holder, Contract Owner, etc.)
Contact: _____ Phone: _____
- 32) Does any household member have personal property that they hold for investment purposes that they plan to sell at a later date for profit? (Examples include: coin or stamp collections, antique cars, jewelry, etc.)**
Property Type: _____ Estimated Cash Value: \$ _____
- 33) Does any household member have a Trust Account?**
Institution Name: _____ Name(s) on Account: _____
Is this account a Revocable or Non-Revocable Trust Account? _____ Contact Phone: _____
- 34) Does any household member have any Treasury Bills or Government Savings Bonds?**
Which household member: _____
Series: _____ Face Value: \$ _____ Serial Number: _____ Issue Date: _____
- 35) Does any household member have cash on hand or safe deposit boxes?**
Which household member? _____ What amount is kept on hand? \$ _____
- 36) Does any household member have any accounts or assets that were not described above? (Please DO NOT include personal use vehicles, furniture, clothing, etc.)**
What type of account or asset is this? _____
What is the estimated value of this asset if you were to sell it today? \$ _____
- 37) In the past two years, has any household member given away any asset(s) for less than they were worth? (Examples include property, transferring an asset account into someone else's name, charitable contributions etc.)**
What was the estimated value of this asset? \$ _____



RACE/ETHNICITY QUESTIONS

Race of Head of Household: I prefer not to answer White Black or African American
 American Indian/Alaska Native Asian/Pacific Islander

Ethnicity of Head Household: Hispanic or Latino Non-Hispanic or Latino

What is your marital status? Married, Single, Divorced, Separated, Widowed (Circle)

HOUSEHOLD CERTIFICATION

I understand that the information provided on this questionnaire will be used to determine my eligibility for Section 42 compliant properties. Under penalties of perjury, I certify that the information provided is true and accurate to the best of my knowledge. I also understand that false or omitted information is considered fraud and punishable according to the law and may result in the loss of my housing at this property.

By signing this application, I also grant the owner the right to obtain all information needed to determine my eligibility in accordance with the owner's Resident Selection Criteria. Resident Selection Criteria may include but is not limited to criminal history checks, credit screening, prior eviction filings, landlord references, ability to pay rent, etc.

I also understand that the information provided is considered confidential and will be used solely for the purpose of determining my eligibility or continued eligibility in the Section 42 housing program.

CERTIFICATION: All household members who are 18 years of age, or will be 18 years of age within the upcoming 12 month period must sign below.

Head of Household

Date

Other Adult Member

Date

Other Adult Member

Date

Other Adult Member

Date

MANAGEMENT SIGNATURE:

This application /questionnaire accepted by:

Apartment Management / Owner's Agent

Date

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

IN KEEPING WITH THE FAIR HOUSING ACT, WE DO NOT DISCRIMINATE BASED ON FAMILIAL STATUS, RACE, SEX, DISABILITY, COLOR, RELIGION OR NATIONAL ORIGIN.





220 Gerry Drive
Wood Dale, IL 60191

Tel: 866.389.4042

Fax: 866.389.4043

www.screeningreports.com

RELEASE OF INFORMATION

COMMUNITY YOU ARE APPLYING FOR: _____

I authorize Screening Reports, Inc. (SRI) to do a complete investigation of all information provided on my application. I have personally filled in and/or reviewed all information listed on my application. A complete investigation may include any or all of the following: Credit Report, Criminal Record, Rental History References and Personal Interviews with references. I acknowledge that SRI provides reports to apartments and does not participate in the approval or denial process. I acknowledge that SRI monitors criminal activity and reports it promptly to the community. My signature below authorizes all entities listed on application to release rental, job history (including salary) and criminal record information.

ARBITRATION AGREEMENT ("AGREEMENT")

I agree to arbitrate all disputes and claims arising out of or relating to actions taken by SRI or its agents and assigns in acquiring and reporting information relating to my application. Before I seek arbitration, I will first provide written Notice of Claim or Dispute ("Notice") to SRI, 220 Gerry Dr., Wood Dale, IL 60191 ("Notice Address"). The Notice must: (a) describe the nature and basis of my claim or dispute; and (b) include all supporting documentation to substantiate the basis for my claim or dispute. If I do not reach an agreement with SRI to resolve the claim or dispute within 30 days after the Notice is received, I may commence an arbitration proceeding.

To the fullest extent permitted by applicable law, no arbitration under this Agreement shall be joined to an arbitration involving any other party subject to this Agreement, whether through class arbitration proceedings or otherwise. I may bring claims against SRI in my individual capacity only, and not as a plaintiff or class member in any purported class or representative proceeding.

The arbitration shall be governed by the Commercial Dispute Resolution Procedures and the Supplementary Procedures for Consumer Related Disputes of the American Arbitration Association ("AAA"), as modified by this Agreement, and shall be administered by the AAA. The AAA rules are available at www.adr.org or by writing to the Notice Address.

PRIVACY POLICY

Your privacy is very important to us. Accordingly, we have developed this Policy in order for you to understand how we collect, use, communicate, disclose and make use of personal information. The following outlines our privacy policy.

- Before or at the time of collecting personal information, we will identify the purposes for which information is being collected.
- We will collect and use personal information solely with the objective of fulfilling those purposes specified by us and for other compatible purposes, unless we obtain the consent of the individual concerned or as required by law.
- We will collect personal information by lawful and fair means and, where appropriate, with the knowledge or consent of the individual concerned.
- Personal data should be relevant to the purposes for which it is to be used, and, to the extent necessary for those purposes, should be accurate, complete, and up-to-date.
- We will protect personal information by reasonable security safeguards against loss or theft, as well as unauthorized access, disclosure, copying, use or modification.
- We will make readily available to customers information about our policies and practices relating to the management of personal information.
- We are committed to conducting our business in accordance with these principles in order to ensure that the confidentiality of personal information is protected and maintained.

Applicant Name

XXX - XX - _____
Social Security #

Date of Birth

Applicant Signature

Today's Date

Applicant Name

XXX - XX - _____
Social Security #

Date of Birth

Applicant Signature

Today's Date

Applicant Name

XXX - XX - _____
Social Security #

Date of Birth

Applicant Signature

Today's Date