

**Kingsbury Corporation's Twin Towers
1 Kingsbury Square
Trenton, NJ 08611**

Personal Declaration

Household Information

List ALL household members that are applying to live in this apartment with you.

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F	Social Security Number	Birthdate <i>Month, Date, Year</i>
	Head of Household			
Street Address:			Apt #	
City, State, Zip Code			Phone	

YES **NO**

- | | | |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | 1. Do you expect any additions to the household within the next twelve months? |
| <input type="radio"/> | <input type="radio"/> | 2. Is there anyone living with you now who won't be living with you at this property? |
| <input type="radio"/> | <input type="radio"/> | 3. Do you have less than full custody of your child (ren)? |
| <input type="radio"/> | <input type="radio"/> | 4. Are there any absent household members who under normal conditions would live with you?
<i>(For example, a household member away in the military or school.)</i> |
| <input type="radio"/> | <input type="radio"/> | 5. Have you or any one else named on this application <i>(if Yes, please explain below)</i> : |
| <input type="radio"/> | <input type="radio"/> | a. Filed for bankruptcy? |
| <input type="radio"/> | <input type="radio"/> | b. Been convicted of a felony? |
| <input type="radio"/> | <input type="radio"/> | c. Been evicted from a rental unit of any type? |

*If "YES" was answered to any of the above questions, please explain below.
(If additional space is required, use the back of this page)*

<u>Question No.</u>	<u>Explanation</u>



Housing References

List the past THREE years of housing references. (If additional space is required, use the back of this page.)

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

Personal Reference

List a personal reference other than a relative.

Name: _____
Address: _____
Phone: _____ Relationship: _____ Years Known: _____

Vehicle Identification

List vehicle information for all vehicles that are owned or operated by any household member.

	<u>Tag/License Plate #</u>	<u>State Issued</u>	<u>Make/Model/Year</u>
Vehicle #1:	_____	_____	_____
Vehicle #2:	_____	_____	_____

Emergency Contact

List someone in the area that is not already on the application.

Name: _____
Address: _____
Phone: _____ Relationship: _____ Years Known: _____



Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant, it is counted for all household members including minors.

Include all income anticipated for the next 12 months.

Do YOU or ANYONE in your household receive OR expect to receive income from:

<u>YES</u>	<u>NO</u>			
<input type="radio"/>	<input type="radio"/>	6. Employment wages or salaries? <i>(Include overtime, tips, bonuses, commissions and payments received in cash.)</i>		
		<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	7. Self-employment? <i>(Include overtime, tips, bonuses, commissions and payments received in cash.)</i>		
		<u>Household Member</u>	<u>Type of Business</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
		_____	_____	_____
		8. Income from any of the following:		
<input type="radio"/>	<input type="radio"/>	a. Regular pay as a member of the Armed Forces?		
<input type="radio"/>	<input type="radio"/>	b. Unemployment benefits or workman's compensation?		
<input type="radio"/>	<input type="radio"/>	c. Public Assistance, General Relief or Aid to Families with Dependent Children (AFDC)?		
<input type="radio"/>	<input type="radio"/>	d. Child Support or Alimony? <i>(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payor.)</i>		

*If "YES" was answered to "d" above, please complete 1, 2 & 3 below.
If No, continue to question "e".*

1. Household Member Receiving Support	<u>Payor</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
2. How is the support received? <i>(Check all that apply)</i>		
<input type="radio"/>	Child Support Enforcement Agency	<i>Name of Agency:</i> _____
<input type="radio"/>	Court of Law	<i>Name of Court:</i> _____
<input type="radio"/>	Directly from Individual	<i>Name of Person:</i> _____
<input type="radio"/>	Other	<i>Explain:</i> _____
3.	<input type="radio"/> If money is not actually received, are you taking legal action to remedy?	
	If Yes, obtain court papers.	



- e. Social Security, SSI or any other payments from the Social Security Administration?
- f. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?
- g. Regular payments from a severance package?
- h. Regular payments from any type of settlement? *(For example, insurance settlements.)*
- i. Regular gifts or payments from anyone outside of the household?
(This includes anyone supplementing your income or paying any of your bills.)
- j. Educational grants, scholarships, or other student benefits?
- k. Regular payments from lottery winnings or inheritances?
- l. Regular payments from rental property or other types of real estate transactions?
- m. Any other income sources or types not listed?
- 9. Do you or any other household members expect any changes to your income in the next 12 months?

If "YES" was answered to any of the above questions (6-9), please complete the information below.
(If additional space is required, use back of this page)

Question No.	Household Member	Source of Benefit/Payor	Amount

Asset Information

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 10. a. Checking or savings account? |
| <input type="checkbox"/> | <input type="checkbox"/> | b. CDs, money market accounts or treasury bills? |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Stocks, bonds or securities? |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Trust funds? |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Pensions, IRAs, Keogh or other retirement accounts? |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Cash on hand over \$500? |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Real estate, rental property, land contracts/contract for deeds or other real estate holdings? <i>(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Personal property held as an investment? <i>(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This <u>does not</u> include your personal belongings such as your car, furniture or clothing.)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | i. A safe deposit box? |

If Yes, to any of the above complete below. If No, continue to question 11.

Question No.	Household Member	Source of Benefit	Amount



11. Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

If Yes: Household Member: _____ Amount: _____

Explanation: _____

Applicant Status

The following questions pertain to specific eligibility requirements of the Housing Credit Program.

YES **NO**

12. Are you or any other household members (INCLUDING MINORS) currently a full-time student or expect to be one in the next 12 months?

Household Member(s): _____

13. Will you or any ADULT household member require a live-in care attendant to live independently?

Name of Attendant: _____

Relationship (if any): _____

14. Will your household be receiving or applying to receive Section 8 rental assistance in the next 12 months? Expected Date: _____

Name of Agency: _____

Contact Person: _____

Please provide the following information for statistical purposes only.

1. Race of the head of household (please circle one) white black asian other
2. Ethnicity of the head of household (please circle one) Hispanic /non- Hispanic
3. Do you or any member of your household require the features of an accessible unit?
Yes _____ No _____
4. What size apartment do you prefer? _____



Signature

I understand that management is relying on this information to prove my household's eligibility for the Housing Programs at Kingsbury Corporation's Twin Towers. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements.

All ADULT household members must sign below:

Signature

Date

Signature

Date

Signature

Date

For Office Use Only

Date of Interview: _____

Desired Apt. #: _____

Desired Move-in Date: _____

