



Pre-application/Waiting List Form

Wheaton Pointe, 20 Lanning Blvd., East Windsor, NJ 08520/609-448-7738

Wheaton Pointe has a Smoke-Free Policy and leases executed after February 1, 2013 will be for Smoke-Free units only.

If you have a disability and need assistance with the application process, please contact Frances Holly or Katie Desch at 609-448-7738.

1. List each person who would be living in the unit if you received assistance. (begin with yourself)

| Last Name | First Name | Birth Date | Sex | Relation to you | Social Security Number | Gross Annual Income |
|-----------|------------|----------------|-----|-----------------|------------------------|---------------------|
| _____ | _____ | ____/____/____ | MF | _____ | ____/____/____ | \$ _____ |
| _____ | _____ | ____/____/____ | MF | _____ | ____/____/____ | \$ _____ |

2. Current Address _____ Apt. # _____

City _____ State _____ Zip _____ Tele _____
Day Night

3. a. Does anyone live with you now who are not listed above? € YES € NO

b. If yes, explain why this person will not be living with you if you move into a unit. _____

4. Is anyone listed above a full-time Student? € YES € NO

5. Have you ever lived in government subsidized housing? € YES € NO

If yes, provide the following information on the most recent subsidized housing:
Name and address of site/landlord _____

City _____ State _____ Zip _____ Tele # _____

6. Does any member of your household have any special needs? € YES € NO
If yes, please identify: _____

7. Have you or any household member been - evicted from assisted housing? € YES € NO
on any lifetime sexual offender registry? € YES € NO

8. How did you hear about Wheaton Pointe? _____

9. Race of Household (there is no penalty for not completing this item [optional])
 White Black or African American American Indian or Alaskan Native
 Asian Native or Hawaiian or Pacific Islander Other

10. Ethnicity of Head of Household (there is no penalty for not completing this item [optional])
 Hispanic or Latino Non-Hispanic or Non-Latino

Applicant Certification: I hereby certify that the statements made on this application are true and complete to the best of my knowledge and belief. I understand that providing false statements or incomplete information may result in punishment under Federal Law.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Management Office Use:

Date Application Mailed _____ Initials _____ Date & Time Application Returned _____ Initials _____



Pre-Application Housing Requirement Questionnaire

Please read the following regarding this questionnaire:

- I choose **NOT** to complete this optional portion of the Pre-application.

If you do not complete the information below, please check the box above. The choice not to complete the information below will not affect the processing of your application for an apartment at Wheaton Pointe. These questions are included as part of every Wheaton Pointe's Pre-application and is used to determine the need for special features in a unit.

- I choose to complete this portion of the Pre-application.

If you choose to complete this form, check the box above indicating your choice to furnish this information on the Pre-application. Provide the information requested below and sign and date in the box below.

Applicant Election to Provide Special Needs Information

| | |
|---|----------------------------|
| Household Head Name _____ <small>Print</small> | SS # _____ - _____ - _____ |
| Applicant's signature _____ | Date ____/____/____ |
| Executive Director _____ | Date ____/____/____ |

Information Relative to the Housing Requirements of Applicant's Family

1. Do you, or any member of your family, have a condition that requires:

- A. unit for hearing impaired? yes no
B. a barrier free apartment? yes no
C. unit for vision impaired? yes no
D. other? yes no

Please explain: _____

2. If you have checked any of the above listed categories, please explain your need for accommodation(s): _____

3. Name of family member in need of accommodation(s) identified above.

Print

4. Will a live-in aide be needed for assistance? yes no

5. Provide the information below on who should be contacted for verification of recipients need for the features identified above (e.g. your doctor or other healthcare professional)

Name _____ Tel # _____ Fax # _____
Print

Address _____
Street City State Zip Code

Wheaton Pointe
20 Lanning Boulevard, East Windsor, NJ 08520/609-448-7738

Limited English Proficient Notice to Residents & Applicants

On August 11, 2000, President Clinton signed Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency. This Order was designed to enforce and implement the obligations of the Government under Title VI of the Civil Rights Act of 1964, which “prohibits recipients of federal financial assistance from discriminating based on national origin by, among other things, failing to provide meaningful access to individuals who are Limited English Proficient (LEP).” It also requires that federal agencies meet those same standards.

Wheaton Pointe is surveying all residents and applicants to identify possible language assistance needs. Please let us know if you need translation services by returning this form to the management office.

- _____ No, I do not need the assistance of translating services.
- _____ Yes, I need the assistance of translating services in the following language: _____
- _____ I prefer to have a family member or friend translate for me as needed.
- _____ I prefer to have translating services provided by Wheaton Pointe.

NAME (please print)

ADDRESS

SIGNATURE

_____/_____/_____
DATE



Eligibility and Income Limitations:

One or two person may reside in a one bedroom apartment. The maximum allowable income for a one person household is \$31,850.00. For a two person household, the income limit is \$36,400.00. These figures are effective as of December 1, 2012 per the Department of Housing and Urban Development (HUD). Please refer to our Tenant Selection Policy for all other eligibility requirements.

Rental Rates:

Rental rates are based on 30% of your adjusted gross income.

Apartment Size:

84 one bedroom apartments (four specifically designed for the mobility impaired)

Features:

Electric Range

Electric Oven

Frost Free Refrigerator

Laundry area, located on first floor

Window Shades

Tile Flooring

Smoke Detectors

Refuse chute on each floor

Heat included in rent

Hot and cold water included in rent

Elevators

Walls sleeves for air conditioners, located in bedroom and living room (residents supply air conditioner)

Shopping and banking within walking distance

Township provided Transportation