

# The Greens at Pine Hill I & II



MANAGEMENT OFFICE  
350 Blackwood-Clementon Road  
Pine Hill, NJ 08021  
[www.TheGreensAtPineHill.com](http://www.TheGreensAtPineHill.com)  
[phgleasing@crmresidential.com](mailto:phgleasing@crmresidential.com)

(856) 627-0200  
Fax: (856) 783-2444

**Office Hours: Monday-Friday 9am-5pm**  
*Evening appointments available by request*

Thank you for your interest in our apartment community. Listed below are the income requirements for each property. **HEAT, HOT WATER AND COOKING GAS ARE INCLUDED IN RENT.**

## THE GREENS AT PINE HILL

### **1 Bedroom**

Minimum Household\* Income:

\$25,500 gross annually

Maximum Household\* Income:

1 Person \$44,280 gross annually

2 Persons \$50,640 gross annually

Your rent will be **30%** of your monthly adjusted income but no less than **\$852.00** and no more than **\$923.00** per month

### **2 Bedroom**

Minimum Household\* Income:

\$33,588 gross annually

Maximum Household\* Income:

2 Persons \$50,640 gross annually

3 Persons \$56,940 gross annually

4 Persons \$63,240 gross annually

Your rent will be **30%** of your monthly adjusted income but no less than **\$1,020.00** and no more than **\$1,104.00** per month

## THE GREENS II

### **1 Bedroom**

Minimum Household\* Income:

\$25,500 gross annually

Maximum Household\* Income:

1 Person \$44,280 gross annually

2 Persons \$50,640 gross annually

Your rent will be **30%** of your monthly adjusted income but no less than **\$878.00** and no more than **\$949.00** per month

### **2 Bedroom**

Minimum Household\* Income:

\$33,588 gross annually

Maximum Household\* Income:

2 Persons \$50,640 gross annually

3 Persons \$56,940 gross annually

4 Persons \$63,240 gross annually

Your rent will be **30%** of your monthly adjusted income but no less than **\$1,051.00** and no more than **\$1,135.00** per month

***\*IF THERE IS MORE THAN ONE INCOME IN A HOUSEHOLD,  
THEN ALL INCOME WILL BE COMBINED.***

**\*\*\*NO PETS ALLOWED\*\*\***

# *The Greens* at Pine Hill I & II

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(856) 627-0200  
Fax: (856) 783-2444  
TRS: 1-800-852-7897

Dear Future Resident,

Thank you for your interest in The Greens at Pine Hill I & II! We pride ourselves on being the best apartment community in the area.

Enclosed please find a preliminary application, which is the first step in making our community your new home. This allows us to check your credit, criminal and landlord background. **Please note that there is no application fee.** In order to expedite the process, please be sure to include a copy of the following with your completed packet:

- **Photo Identification**
- **Social Security Card**
- **Proof of income**

Once we have verified that you have met the income and credit qualifications, we will schedule an appointment for you to complete the remaining paperwork for your new home.

We look forward to working with you to make your leasing experience a pleasant one. Please contact us if you have any questions at (856) 627-0200.

Yours truly,

*The Greens Leasing Team*

**\*\*\* NO PETS ALLOWED\*\*\***

## PRELIMINARY APPLICATION FOR HOUSING

In order to be considered for housing and/or be placed on the property's waiting list, please fill out the below information in its entirety. PLEASE PRINT NEATLY. Be sure to sign and date page two.

**Incomplete applications will not be processed.**

1. List each person in your household, starting with yourself.

LAST NAME	FIRST NAME	BIRTH DATE	SEX	RELATIONSHIP TO YOU	ANNUAL INCOME	SOCIAL SECURITY NO.	STUDENT STATUS F or P/T
				Head			

2. Does anyone live with you now who is not listed above?       Yes    No

3. Do you expect any change in your household composition?       Yes    No

4. If you answered yes to either # 2 or # 3, please explain: \_\_\_\_\_

5. What type of income do you have (circle all that apply):

Employment      Social Security or SSI      Welfare      Unemployment      Child Support      Other

6. Current Address:

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

7. Are you a US Citizen?       Yes    No

8. Please identify any special housing needs that may be required by you or any of the members in your household \_\_\_\_\_

9. Are you currently residing in subsidized housing or do you have a Section 8 voucher?

Yes      No



**CERTIFICATION**

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for the apartment prior to occupancy. I/We understand that our eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We further consent to have the Owner/Management Agent verify all of the information contained in this Rental Application as well as my/our credit, landlord, criminal background and personal references.

**Any changes in family household income or student status changes are required to be reported to the management office within 10 days of the change.**

**All adult applicants, 18 or older, are required to sign the application.**

**SIGNATURE(S):**

_____	_____
(Signature of Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date

## MULTIPLE DWELLING REPORTING RULE TENANT/APPLICANT INQUIRY

The **New Jersey Law Against Discrimination**, *N.J.S.A. 10:5-1 to -49*, makes it unlawful to discriminate in the sale or rental of housing based on a person's race, creed, color, national origin, ancestry, nationality, affectional or sexual orientation, disability, gender, marital status, familial status (whether you have a child, a parent-child relationship with a minor, or you are pregnant), lawful source of income or rental subsidy used for rental payments.

The **New Jersey Division on Civil Rights** is the State agency that is authorized to enforce the Law Against Discrimination. Under the Division's **Multiple Dwelling Reporting Rules**, *N.J.A.C. 13:10-1.1 to -2.6*, the Division requires landlords to collect and record information about applicants for apartment rentals and tenants in apartment complexes throughout New Jersey. The **Multiple Dwelling Reporting Rule** requires landlords to provide a summary of this information to the Division and to retain the information on this form. **The information is used to prevent and eliminate discrimination in housing.** Your cooperation in filling out this form will assist the Division in enforcing the Law Against Discrimination.

Please note that, although landlords must record certain information about the race and ethnicity of applicants and tenants, it is unlawful to record or ask applicants or tenants about other characteristics such as religion, gender, marital status or affectional or sexual orientation.

If you feel you have been denied housing or treated differently for one of the reasons listed above, you may contact the Division on Civil Rights at (609) 984-3138 for referral to a local Division office for additional information or assistance.

Visit the Division on Civil Rights Web site at: [www.NJCivilRights.org](http://www.NJCivilRights.org)



Tenants/applicants: Fold & tear along dotted line and retain top portion for your records

## MULTIPLE DWELLING REPORTING RULE TENANT/APPLICANT INQUIRY

If the tenant/applicant chooses not to complete this form, the landlord or the landlord's representative is required to conduct a visual observation of the tenant or applicant and then complete this form as accurately as possible.

This form is not intended to be a part of the rental application process and must be kept separate and apart from rental records.

Tenant  Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Race/Ethnicity: Please check all that apply to leaseholders (tenants) or applicants.

- Black or African American:** a person having origins in any of the original peoples of Africa
- Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish origin or culture, or a person having a Spanish surname
- Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- American Indian or Alaska Native:** a person having origins in any of the original peoples of North or South America
- Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White or Caucasian:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Date: \_\_\_\_\_ Completed by:  Tenant  Applicant  Landlord

If you have any questions regarding this inquiry please contact the Division on Civil Rights, Multiple Dwelling Unit at 609-984-3138 between the hours of 9:00 to 5:00 Monday through Friday, or e-mail the MDRR unit at [DCRMDRR@njcivilrights.org](mailto:DCRMDRR@njcivilrights.org).



# Notice H 2009-11 Form

Notice H 2009-11, issued on September 9, 2009 reiterates current regulatory requirements whereby owners and management agents must perform necessary criminal history background checks to determine if any applicant, or a member of an applicant's household, is subject to a lifetime registration requirement under a State sex offender registration program. The same background check will be done at every annual recertification. The Notice also strongly encourages that owners and management agents establish standards and processes with a zero tolerance approach to prevent lifetime sex offenders from receiving federal housing assistance.

Unit # \_\_\_\_\_

All Household Member Names:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are any household members subject to a lifetime state sex offender registration program in any state?

\_\_\_\_\_ (NO) \_\_\_\_\_ (YES) list who \_\_\_\_\_

Failure to respond to the above question may jeopardize the approval of the application or may determine just cause to terminate an existing lease.

\_\_\_\_\_  
Head of Household (signature) \_\_\_\_\_ Date

<p align="center"><b>PENALTIES FOR MISUSING THIS FORM</b></p> <p>Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD, or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).</p>
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## To be completed by management

Each of the persons named above have been verified for lifetime sex offender registry via The Dru Sjinin National Sex Offender Public Website (NSOPW). <http://www.nsopw.gov/Core/Conditions.aspx>

\_\_\_\_\_  
Management Agent (print name)

\_\_\_\_\_  
Management Agent (signature) \_\_\_\_\_ Date



## Do you have a Social Security Number (SSN)?

If you do not disclose a SSN, you may not be able to receive housing assistance.

The federal government requires each applicant for HUD-assisted housing to provide documentation of their SSN to the property owner/manager by the time a unit becomes available. This requirement affects household members who are U.S. citizens, U.S. nationals and eligible non-citizens.

### ? The SSNs of all members of my household have been provided. What do I do?

Nothing further is required. The owner/property manager will contact you if there is a problem with the SSN of any of your household members.

### ? I have not provided SSNs for all of my household members to the property owner/manager. What do I do?

Does everyone in your household have a SSN?

#### Yes

1. Ensure the correct SSN for each household member who is a U.S. citizen, U.S. national or eligible non-citizen is reported to the owner/property manager by the time a unit becomes available.
2. You will need to provide the owner/property manager with the documentation to verify the SSNs.

#### No

1. For any household member who is a U.S. citizen, U.S. national or eligible non-citizen and does not have a SSN, apply for a SSN by submitting a completed SS-5 form to the Social Security Administration. For the SS-5 form and/or assistance, contact the owner/property manager.
2. Provide documentation of a SSN for each household member who is a U.S. citizen, U.S. national or eligible non-citizen to the owner/property manager by the time a unit becomes available.

*Note: If you turned 62 before January 31, 2010, ask the property manager for further details on what you need to do.*



**U.S. Department of Housing and Urban Development**  
Office of Housing

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Signature

Date

**LEASE ADDENDUM**

**VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005**

TENANT	LANDLORD	UNIT NO. & ADDRESS
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This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.

**Purpose of the Addendum**

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

**Conflicts with Other Provisions of the Lease**

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

**Term of the Lease Addendum**

The effective date of this Lease Addendum is \_\_\_\_\_. This Lease Addendum shall continue to be in effect until the Lease is terminated.

**VAWA Protections**

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Landlord

\_\_\_\_\_  
Date



# LANDLORD REFERENCE FORM

Send To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Applicant/Tenant: \_\_\_\_\_ Unit # \_\_\_\_\_

Property Name: \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent. **You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.**

**This section for landlord to fill out.**

How long has the applicant been at this address?	How much was the monthly rent? \$
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		Yes	No
Was rent paid on time?			
If rent was paid late, indicate how many times.			
Was unit maintained in a safe and sanitary manner?			
Were there any problems with neighbors?			
Were there any tenant-caused damages?			
Were children properly supervised?			
Did applicant have people living in the apt. other than those listed as residents on the lease?			
Are you related to this family/person?			
Would you rent to this family/person again?			
If not, please state why:			
Have you ever begun eviction proceedings against this household?			
If yes, why?			
Any additional information you may care to provide would be helpful.			

Landlord Name (print): \_\_\_\_\_ Telephone: \_\_\_\_\_

Landlord Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* Return form via Fax to: 856-783-2444 \*\*\***

**--OFFICE USE ONLY--**

Date Received: \_\_\_\_\_

Comments: \_\_\_\_\_

Note: Section 101 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purpose cited. Any person who knowingly or willingly requests, obtains or discloses any information under false pretense concerning an applicant or participant may be subject to misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for missing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8).