



Tenant Selection Policy

To consider **Cornerstone at Stafford** your home, this is the Selection Criteria you must meet:

✚ **THIS IS A SMOKE FREE BUILDING**

✚ **IDENTIFY AND AGE VERIFICATION**

Application must include one applicant at least 55 years of age. All additional applicants in household must be at least 45 years of age. A copy of Birth Certificate will be required for all occupants. Verification of citizenship or immigration status may be requested.

✚ **LIVE IN AIDE SPECIFICATIONS:**

The Live in Aide doesn't need to meet age requirements, however, must pass all criminal background checks.

Proof of medical need by a licensed physician is required, and a signed addendum by the physician, provided by Management.

If the Live in Aide puts the household over occupancy, they will not be permitted and will need a larger unit to accommodate the household (if the unit is available).

Once the resident no longer occupies the unit, this will terminate the live in aide's ability to occupy the unit and/or access the building.

✚ **HOUSEHOLD COMPOSITION / UNIT ELIGIBILITY MUST FALL INTO THESE CATEGORIES**

OCCUPANCY GUIDELINES

APARTMENT SIZE	MINIMUM OCCUPANTS	MAXIMUM OCCUPANTS
ONE BEDROOM	ONE	TWO
TWO BEDROOM	TWO	FOUR

Frequently asked question: Can 1 person have a 2 bedroom apt?

Answer: No. Exceptions to the above occupancy guidelines include those households that require a live in aide, and to households occupied by residents referred to our community by DDD and or DHS.

HOUSEHOLD MEMBERS INCLUDE: All persons who consider the apartment their primary residence.

✚ **YOUR ANNUAL INCOME MUST** fall within the State established -HUD income levels. The annual income is the full amount, (GROSS), before any payroll deductions for all adults **NOT** the take home pay or net income.

ANNUAL INCOME is inclusive and not limited to: employment, self-employment, tips, commissions, income from assets, Social Security and other benefits, payments in lieu of earnings, i.e., unemployment, disability compensation, worker's compensation and severance pay., child support/alimony, gifts, military pay, student financial assistance, etc.

If your annual income is lower than the required minimum income level for the specific number of household members for the specific bedroom size; you will not be eligible for an apartment. The only time this doesn't apply is if you can prove that you paid higher rent in the previous 12 months.

If your annual income exceeds the maximum income requirements for the specific number of household members and bedroom size, you will not be eligible for an apartment.

✚ **STUDENT STATUS**

As a LIHTC (Low Income Housing Tax Credit) community, student status in the household is an important matter for tax compliance. Due to this status, generally households made up entirely of **FULL TIME** students **DO NOT QUALIFY**. Student Status exceptions are as follows:

1. All adults are married and ENTITLED TO file a joint tax return.
2. All adult members are single parents with minor children, the adult is not a dependent of any third party, and the children are only claimed by a parent.
3. The household includes a member who receives assistance under Title IV Welfare (TANF).
4. The household includes a member who formerly received foster care assistance.
5. The household contains a member, who gets assistance under the Job Training Partnership Act, (JTPA) or under other similar, federal, State or local laws.
This information must be verified to ensure household qualifications.

✚ **CREDIT AND CRIMINAL SCREENING**

To begin the application process, an application fee of \$50 (non-refundable) is required for **each** applicant in the household. This is to be paid to **Cornerstone at Stafford** in cleared funds, i.e. money orders or cashier's check will be accepted. **NO CASH OR PERSONAL CHECKS.**

The applications will be accepted the following way:

1. Mailed to **Cornerstone at Stafford**, P. O. Box 726, Barnegat, NJ 08005.

This is a new property and a random selection will be held for all income-eligible preliminary applications received on or before December 15, 2018. Through a random selection process, otherwise known as a lottery, income-eligible households will be selected for placement of an affordable housing unit specific to the household income and unit size listed on their preliminary application. One business week after the random selection process, all applicants will be notified via mail on the status of their preliminary application. Subsequent to the random selection process, all

new preliminary applications will be processed on a, “first come, first served” basis.

We use a third party credit/criminal background check company, The National Tenant Network (NTN). The NTN score must be **70** or higher to be acceptable, anything less will require a cosigner with a score of **80** or higher, along with income which is equal to 4 times the monthly rent, to accept the application.

If neither of the above requirements are met, the application will be rejected. If the applicant does not get approved and chooses to get a cosigner, they must pay an application fee of \$50.00 (non-refundable) for the cosigner.

THE COSIGNER

The cosigner’s role has a financial responsibility if the lease holder falters in paying their rent. The cosigner will continue to be the cosigner for subsequent years or until the resident vacates.

If the credit report is not acceptable due to an eviction, the previous landlord will be contacted to clarify if previous eviction was financially satisfied. If it is not satisfied, the applicant will be rejected.

If the credit report is accepted, the process will continue with a long form application; detailing all income and asset requirements.

CRIMINAL

We use a third party company, NTN, to check for credit and criminal background activity.

- Any felony criminal activity within the last year or felony conviction within the past ten years will result in an automatic rejection.
- Felony or misdemeanor arrests and/or charges for crimes against children, violent crimes, drug-related, sexual offenses or arson will also be cause for denial of an application.
- Any member of a household who is subject to a State lifetime sex offender registration requirement will result in immediate rejection.

If your application is declined due to Credit and or Criminal Screening, we will include in our written notification information how to obtain a copy of the consumer report that was used in determining the decision.

Violence Against Women Reauthorization Act of 2013 (“VAWA”) protects qualified tenants, participants, and applicants, and affiliated individuals, who are victims of domestic violence, dating violence, sexual assault, or stalking from being denied housing, evicted, or terminated based on acts of such violence against them

APPLICATION DECISION

If An Application is Declined: Applicants will be notified in writing of any application denial and given fourteen (14) days to respond in writing to request a meeting to discuss the rejection. All application fees are non-refundable. If your application is declined, included in the written notification you will be given the information to obtain a copy of the consumer report that was used in determining

the decision.

If An Application is Cancelled: If for any reason you withdraw your application or notify us that you have changed your mind about renting an apartment, all application fees are non-refundable.

Failure to Execute the Lease: In the event that you fail to sign the Lease Agreement after application approval, all said fees and deposits are non-refundable.

TAKING POSSESSION OF THE UNIT

Once the application is approved through our 3rd party verification company and NJHMFA, the applicant will have 15 days to take possession of the unit, once it's available for move in. If the applicant is not ready to move in at that time, the applicant will be put back on the waiting list as of the date they notify us that they can't occupy the unit. If this is longer than 120 days, the applicant must start the application process from the beginning.

WAIT LIST

The Waiting List will **open** in Accordance with the Affirmative Fair Housing Marketing Plan and will occur when there aren't any specific unit types vacant, available to rent.

The Waiting List will be **closed** once the number of units on the Waiting List reaches 4 times the number of units on the property.

*Sandy impacted residents will be given preference during the lease up process through 90 days after Certificate of Occupancy or Temporary Certificate of Occupancy is received for the 1st building.

1. Application. Anyone who wishes to be placed on a waiting list must complete an application.
2. Receiving and recording the application. Upon receipt of an application for tenancy, the application will be recorded initialing the date and time received.
3. Data required on the wait list. The following data must be included in an application, which will be placed on the waiting list: Date/time submitted; Name of head of household; annual income level; identification of the need for an accessible unit, including the need for accessible features; unit size.
4. Selection. When a unit becomes vacant, a selection will be based on the unit size available, preferences established for the property, income-targeting policies and requirements, and screening policies. Any current **Cornerstone at Stafford** Apartments resident will take precedents over the applicants listed on the waiting list over the people listed on the waiting list. Any Sandy impacted resident(s) will get priority over the current residents and also the current waiting list.
5. Confirmation. You will receive a letter from the office confirming your status on the waiting list.
6. Notification: If you have changed any data submitted on the application, which results in household and income level changes, you must reapply. Please contact us immediately so we can update your information.
7. Update: List will be updated every 6 months, with correspondence. If you do not respond to our letter, you will be removed from the waiting list.
8. *Sandy impacted resident(s) must provide proof; such as FEMA # (inquire within for other options).

SANDY IMPACTED RESIDENTS PREFERENCE

1. Priority will be given to qualified Sandy impacted resident(s) until 90 days after the project is completed (C/O or T/CO) is issued for the 1st building.
2. Through the end of the priority period, should 2 qualified applicants apply, the unit would go to the Sandy impacted resident, even if a Sandy impacted resident applies at a later date than a non-impacted resident.
3. If a Sandy impacted resident applies after a non Sandy impacted resident's application is in process, the Sandy impacted resident will be the next on the Waiting List.
4. If the project is fully occupied prior to the end of the priority period, but a qualified Sandy victim applies within that period, that applicant would jump to the top of the waiting list for the next available unit.
5. Residents must sign the New Jersey Housing and Mortgage Finance Agency FRM Certification of Sandy Displacement.

TRANSFER POLICY

1. Current residents that request, in a form of a letter, a transfer to a different size unit due to a change in household composition, or to make a reasonable accommodation, will be considered a priority and will be placed on the wait list accordingly. Sandy impacted residents will take priority on requests.
2. Current residents must remain in the income level in what was determined at the time of leasing. For example, if you leased at a 2 Bedroom Moderate level income and now only require a 1 Bedroom, due to a change in household composition, the level remains the same; Moderate. Regardless of a decrease or increase in household income.
3. If a current resident needs to be placed in a smaller unit due to the death of a family household member, upon an available unit, the current resident must transfer.

SPECIAL NEEDS UNITS

There are (5) Special Needs Units reserved for applicants with Special Needs. These applicants will be referred to us by DDD and or DHS. In our reserved units, age restrictions do not apply

REASONABLE ACOMMODATIONS

1. A reasonable accommodation is a structural change made to an existing unit occupied by a person with a disability (and disability is typical defined as an individual with a physical or mental impairment that substantially limits one or more major life activity) in order to afford such a person the full enjoyment of the premises.
2. A reasonable modification is a change, exception, or adjustment to a rule, policy or practice used in running a community.

TERMINATION OF LEASE

According to the signed lease, the current resident listed in the lease agreement will be responsible for the lease terms, which are (12) twelve months. If a 60 days notice is obtained, the lease holder is still responsible for the lease until Management can get the unit occupied.

PET POLICY

This is a NO pet policy apartment community. Service Animals are accepted with medical documentation only.



FOR OFFICE ONLY:
DATE: _____
TIME: _____
NO. _____

PRELIMINARY APPLICATION FOR AFFORDABLE HOUSING

Please read enclosed directions carefully. Incomplete applications will be returned.

PLEASE PRINT- HEAD OF HOUSEHOLD INFORMATION

First, Last Name		Email Address:	
Address, City, State, Zip Code		County:	
Home Phone Number:	Cell Phone Number:	Alternate Phone Number:	

ARE YOU A SANDY IMPACTED HOUSEHOLD? YES _____ NO _____ PLEASE INDICATE FEMA # _____

How many bedrooms are you interested in: _____

1. HOUSEHOLD COMPOSITION (LIST ALL PERSONS TO LIVE IN HOME) AND INCOME

Name(s) First & Last	Head of Household	Date of Birth	Gender (M/F)	Current Gross Annual Income*

*Income includes, but is not limited to gross wages (before taxes), salaries, tips, commission, child support, pensions, and social security & disability benefits

2. ASSETS (SAVINGS, CDS, STOCK, REAL ESTATE, OTHER INVESTMENTS, ETC.)

Type of Asset	Current Market Value	Yearly Interest of Dividends**

**Include Interest and Dividends from assets such as savings, checking, CDs, Money Market accounts, mutual funds, stocks and or bonds.

I certify that the information provided herein is true and complete and that any misrepresentation of income or household size reported herein shall be cause for program disqualification.

I also understand that this information is to be used only for determining my preliminary eligibility for referral to an affordable housing unit and does not obligate me in any way.

 PRINTED NAME OF HEAD OF HOUSEHOLD Date

 SIGNATURE OF HEAD OF HOUSEHOLD Date



**NEW JERSEY HOUSING AND MORTGAGE FINANCE AGENCY
CERTIFICATION OF MAJOR OR SEVERE DAMAGE, DISPLACEMENT,
OR IMPACT FROM SANDY
FRM PROGRAM**

Name

Address of Damaged Residence

City State (must be NJ) Zip

Social Security #

I, _____, hereby certify that I have been displaced, suffered major or severe damage to my residence, or otherwise experienced financial distress directly related to housing which was a direct result of Superstorm Sandy. In support of this certification, I have attach the following (must provide at least one):

- _____ Proof of Valid FEMA Registration
- _____ Copy of insurance claims
- _____ Tax return evidencing of casualty loss
- _____ Receipts showing extended stays at hotel/motels
- _____ Evidence of receipt of other rental assistance from a program specifically designed to assist people impacted by Superstorm Sandy requiring demonstration of impact from Sandy, such as funding from FEMA, SHRAP, DCA and/or a private philanthropy or non-profit
- _____ Local inspection report (including flood plain manager) showing major or severe damage to pre-storm residence
- _____ Other evidence, such as a letter or certification from the owner of the resident's pre-storm and/or post-storm residence, showing that the resident was required to relocate by and/or suffered major or severe damage from Superstorm Sandy
- _____ Other evidence of financial distress directly related to housing which is a direct result of Superstorm Sandy.

Under penalties of perjury, I certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

Signature

Date

Revised: 5/15/15



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

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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, 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

DCR/HIU/MDRR/LS2005



Cornerstone at Stafford Rental Application

Tel: (609)597-0300

National Tenant Network (NTN) Credit + Criminal Screening

Last Name		First Name		M.I.	Co-Applicant Last Name		Co-Applicant First Name		M.I.
Date of Birth	Social Security Number			Co-Applicant Date of Birth		Co-Applicant Social Security Number			
E-Mail Address					Co-Applicant E-Mail Address				
Current Street Address		City	State	Zip Code	Co-Applicant Current Address		City	State	Zip Code
Previous Street Address		City	State	Zip Code	Co-Applicant Previous Address		City	State	Zip Code
Length at Current Residence Total Months:		Length at Previous Residence (if applicable):			Length at Current Residence Total Months:		Length at Previous Residence (if applicable):		

Employment / Income Information

Present Employer Name		Position			Co-Applicant Employer Name		Position		
Employer Address		City	State	Zip Code	Co-Applicant Employer Address		City	State	Zip Code
Length of employment Total Months:		Salary / Wages		<i>per year</i>	Co-Applicant Length of employment Total Months:		Salary / Wages		<i>Per year</i>

Applicant Signature(s)

By signing below, I/we authorize that the above information is correct and complete and authorize Landlord to obtain information it deems desirable in the processing of my application, including; credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, and any other relevant information. If I rent the unit, I understand the information on this form may be maintained in a tenant database for up to 5 (five) years after I vacate the premises. I also understand that the application fee is non-refundable, even if my application is denied.

Applicant: X	Date:	Co-Applicant: X	Date:
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Items in BOLD are REQUIRED

OFFICE USE ONLY

NTN Access Number:	Address/Unit Applied for:	Monthly Rent Amount for unit applicant is applying for: \$
Date Screened:	Projected Move-In Date:	Apartment / Unit Type: