



AHS Investment Corporation

A FOR-PROFIT AFFILIATE OF ATLANTIC HEALTH SYSTEM

October 8, 2015

Dear Applicant,

Thank you for your interest in the Franklin Village Apartments, located at 100 Franklin Street Morristown, NJ. We have studio, one and two bedroom apartments, with rents affordable for low and moderate income families.

Attached you will find an application that must be completed and returned to the address listed on the application. A \$35 per adult non-refundable application fee (*money orders only made payable to AHS Investment Corp.*) must accompany your application. Failure to include the application fee will result in your application being returned to you unprocessed.

Once your application is received, you should expect an identification letter by mail. This letter will specify your ID number and your household's place on the waiting list. Once we are up to your name on the waiting list you will receive an appointment letter to come in for an interview. It is required that all adult household members attend the interview. Failure to do so will result in your name being removed from the list.

There are several circumstances that may deem a household ineligible. They are as follows:

1. Under or over income (see attached income limits)
2. Poor credit
3. Criminal history
4. Poor or insufficient references

Thanks again for your interest in the Franklin Village Apartments. Please feel free to contact our office at 973-540-8250 if you have any questions or require additional information.

Sincerely,

AHS Investment Corp

AHS Investment Corporation
P.O. Box 9239
Morristown, NJ 07960
973-540-8250

Franklin Village Apartments

An AHS Investment Corporation property

Please include \$35.00 per adult non-refundable application fee (money order only). Applications must be completed and mailed to the following address. Incomplete applications will not be processed.

AHS Investment Corporation
P.O. Box 9239
Morristown, NJ 07960



APPLICATION FOR ADMISSION

APPLICANT NAME: _____

CURRENT ADDRESS: _____

CITY, STATE, ZIPCODE: _____

HOME PHONE: _____ WORK PHONE: _____ OTHER: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

- List the Head of Household and all other members who will be living in the unit. Give the relations of each family member to the head.

MEMBER NUMBER	MEMBERS FULL NAME	RELATION	BIRTH DATE	AGE	SEX	SOCIAL SECURITY

- Does anyone live with you now who is not listed above: Yes No
 - Do you expect a change in your household composition? Yes No
- Explain if you answered yes to either questions: _____

- Please identify any special housing needs your household has. _____

INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each "yes", provide details in the charts below.
Does any member of your household:

- | | | |
|-----|----|--|
| Yes | No | 1. Work full-time, part-time or seasonally? |
| Yes | No | 2. Expect to work for any period during the next year |
| Yes | No | 3. Work for someone who pays you cash? |
| Yes | No | 4. Expect a Leave of absence from work due to lay-off, medical, maternity or military leave? |
| Yes | No | 5. Now receive or expect to receive unemployment benefits? |
| Yes | No | 6. Now receive or expect to receive child support? |
| Yes | No | 7. Entitled to child support that he/she is not now receiving? |
| Yes | No | 8. Now receive or expect to receive alimony? |

- Yes No 9. Have an entitlement to receive alimony that is not currently being received?
- Yes No 10. Now receive or expect to receive public assistance(welfare)?
- Yes No 11. Now receive or expect to receive Social Security or disability benefits?
- Yes No 12. Now receive or expect to receive income from a pension or annuity?
- Yes No 13. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
- Yes No 14. Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds or income from rental property?
- Yes No 15. Own real estate or any assets for which you receive no income (checking account, cash)?
- Yes No 16. Have you sold or given away real property or other assets (including cash) in the past two years?
- Yes No 17. Are you responsible for paying child support or alimony? This amount will be deducted from your total annual income. Amount Paid Monthly: \$ _____

MEMBER NO.	SOURCE OF INCOME / TYPE OF INCOME	ANNUAL INCOME GROSS AMT.

ASSETS

1. List all checking and savings accounts (including IRAs, Keogh accounts, and Certificate of Deposit) of all household members.

MEMBER NO.	BANK NAME	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

2. List all stocks, bonds, trusts, pensions, or other assets, including a house, and their value, owned by any household member:

3. List any assets disposed of for less than their fair market value during the past two years:

PREVIOUS RENTAL HISTORY

Name and address of your Present Landlord:

Telephone: _____
How long have you lived there? _____
Reason for leaving? _____

Name and address of your Former Landlord:

Telephone: _____
How long have you lived there? _____
Reason for leaving? _____

EMPLOYMENT HISTORY

Name and address of Head's present employment:

Telephone: _____
Supervisor's Name? _____
How long have you worked there? _____

Name and address of spouse's or co-head employer:

Telephone: _____
Supervisor's Name? _____
How long have you worked there? _____

APPLICANT CERTIFICATION

I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law.

Signature of Head of Household _____ Date: _____

Signature of Spouse/Co-Head _____ Date: _____

We Do Business in Accordance With the Federal Fair Housing Law (The Fair Housing Amendments Act of 1988)
It is Illegal to Discriminate Against Any Person Because of Race, Color, Religion, Sex, Handicap, Familial Status, or National Origin.



Franklin Village Apartment Affordable Rents and Income Limits

	1 Person	2 Person	3 Person	4 Person
30%	\$19,029	\$21,747	\$24,466	\$27,184
50%	\$31,715	\$36,246	\$40,777	\$45,307
60%	\$38,058	\$43,495	\$48,932	\$54,368

Rents

	Very Low	Low	Moderate
Studio	\$399	\$684	\$874
1 Bedroom	\$411	\$717	\$890
2 Bedroom	\$477	\$844	\$1088