



Mendham Area Senior Housing Corp.
 One Heritage Manor Drive
 Mendham, New Jersey 07945
 Phone: 973-543-2666, Fax: 973-543-8889
 (TTY) by way of relay 1-800-852-7899
www.mashnj.org



Initial Application Form

This is an application for residency at Mendham Area Senior Housing (MASH) located at the above address. All apartments are smoke-free. All units are 1 Bedroom/1 Bathroom. To be eligible, one applicant must be at least 62 years old. You may also qualify to apply if you are over 18 years of age and certified handicapped or disabled. Please include a copy of your disability determination. As an Affordable Housing provider, income qualifications apply.

ONLY COMPLETED APPLICATIONS WILL BE CONSIDERED. PLEASE PRINT CLEARLY.

APPLICANT(S): List all persons who will live in the apartment.

 Name (tenant – head of household) age birth date Social Security #

 Name (co-tenant) age birth date Social Security #

 Present Street Address Town/City State Zip Code

 Home Phone # Cell Phone # Email Address

I prefer to receive letters, documents, etc. through... (check one): Regular Postal Service _____ Email _____

Mandatory Alternate Contact: Please provide an alternate contact in case you are unavailable when we call. The inability to reach you within 48 hours may cause your removal from the Wait List.

 Name Relationship

 Street Address Town/City State Zip Code

 Home Phone # Cell Phone # Email Address

Do you require a barrier-free apartment due to a handicap? Yes _____ No _____

Do you require a first-floor apartment? *(There are no elevators at MASH.)* Yes _____ No _____

In either case, a doctor's note must accompany this application. Wait time for these apartments will be longer.

FAMILY HOUSEHOLD COMPOSITION* (check all that apply):

RACE: American Indian or Alaska Native _____ Asian _____ Black or African American _____
 Native Hawaiian or Other Pacific Islander _____ White _____

ETHNIC GROUP: HISPANIC _____ or NON-HISPANIC _____ GENDER: MALE _____ or FEMALE _____

*The information solicited on the application is requested by the apartment owner in order to assure the Federal Government, acting through the Rural Housing & Community Development Service, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age and handicap are complied with. You are not required to provide this information but are encouraged to do so. This information will not be used in evaluation of your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname."

FINANCIAL INFORMATION:

LIST ANNUAL GROSS AMOUNTS ONLY

INCOME (A): Applicant's Social Security..... \$ _____
 Co-Applicant's Social Security..... \$ _____
 Applicant's Pension..... \$ _____
 Co-Applicant's Pension..... \$ _____
 Applicant's Wages..... \$ _____
 Co-Applicant's Wages..... \$ _____
 Applicant's Other Income (VA Benefits, Alimony, Unemployment, gifts, welfare, IRA's, Annuities, etc.) \$ _____
 Please specify source _____
 Co-Applicant's Other Income..... \$ _____
 Please specify source _____
TOTAL ANNUAL GROSS INCOME FROM THESE SOURCES..... \$ _____

ASSETS (B):

Financial Institutions(s) _____

	Balance	Interest Rate	As of (date)	Annual Income, Dividend or Interest
Checking Account(s) # _____	_____	_____	_____	_____
Savings Account(s) # _____	_____	_____	_____	_____
CD # _____	_____	_____	_____	_____
Whole Life Policies Total Value _____	_____	_____	_____	_____
IRA # _____	_____	_____	_____	_____
Stocks & Bonds Total Current Value _____	_____	_____	_____	_____
Funeral Pre-Payment Total Value _____	_____	Revocable _____	or Irrevocable _____	_____

TOTAL INCOME FROM ALL SOURCES (A & B)..... \$ _____

INFORMATION TO DETERMINE ADJUSTED INCOME:

PERSONAL HEALTH COSTS:

	Applicant	Co-Applicant
Medicare Annual Expense _____	_____	_____
Other Health Insurance Annual Expense _____	_____	_____
Out-Of-Pocket Prescription Estimate Annual Expense _____	_____	_____
Out-Of-Pocket Medical Expenses Annual Expense _____	_____	_____
TOTAL ANNUAL MEDICAL EXPENSES	_____	_____

Is there a dependent in the household under 18 years of age, disabled, or full-time student? Yes _____ No _____
 Are there childcare expenses for someone under 13 years of age incurred by this household? Yes _____ No _____
 Are there expenses for disability assistance incurred by this household? Yes _____ No _____

Own a house or property? Yes _____ No _____ If yes, what is the assessed value on your tax bill? _____

Balance of mortgage or outstanding loans due _____

Address of house if different from current address _____

- When offered an apartment, I (we) understand that I (we) will be required to complete a Supplemental Application and provide complete institutional or 3rd party-provided documentation validating all **current** financial and medical information, such as that listed above.
- I/We hereby certify that I/we do not or will not maintain a separate subsidized rental unit elsewhere.
- I/We further certify that this will be my/our permanent residence.

Applicant's Signature _____

Date _____

Co-Applicant's Signature _____

Date _____