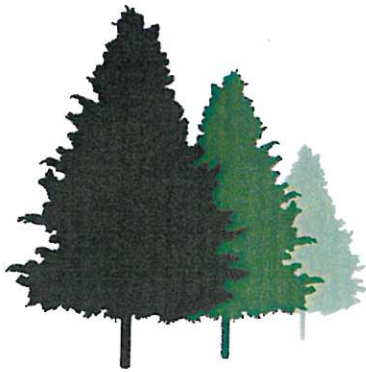




KNOLL COMMUNITIES

INDEPENDENT LIVING APPLICATION

PLEASE READ THE FOLLOWING INSTRUCTIONS FOR COMPLETING YOUR 2025 PRELIMINARY APPLICATION

- You must complete all requested information on 2025 preliminary application. Incomplete applications will be rejected and will not be approved for the wait list.
- Please print clearly and legibly
- The wait list will close once 90 applications are received for one-bedroom apartments and 70 applications are received for the efficiency apartments.
- Applications can be submitted one of the following ways:
 - In person or mail: 39 Trapasso Drive, Sparta, NJ 07871
 - Email: applications@knollcommunities.org
 - Fax: 973-729-2750
 - Note: Applications will not be accepted if received in any other way
- Applications will be stamped with the date and time of submission and will be initialed by office personnel. Applications can only be submitted between the hours of 9:00am and 3:00pm Monday through Friday (not including all major holidays). Applications received outside of those hours will be opened and signed on the next business day. There will be no exceptions to this rule.
- Submitted applications will be reviewed by our Occupancy Team for approval. Applicants will be notified within 30 days of their approval status. Once approved, an application will be submitted to our wait list.



Knoll Heights Village – 2025 PRELIMINARY APPLICATION

Date:

For Office Use Only:

Date application received _____

Time application received _____

By _____

☐ Efficiency

Applicant Name			
How did you hear about us?		☐ Newspaper ☐ Radio ☐ Internet ☐ HUD ☐ Other	
Gender		☐ Male ☐ Female ☐ Prefer not to disclose	
Citizenship Status		☐ United States Citizen ☐ Eligible Non-Citizen ☐ Ineligible Non-Citizen	
Current Address			
City, State, Zip			
Home Phone		Cell Phone	
Work Phone		Email address	
Birth Date		Social Security Number	
If you do not have a Social Security Number, you claim you are exempt because ☐ You were 62 as of 1/31/10 and receiving HUD housing assistance as of 1/31/10 (if you claim this exemption, you must provide proof that you were receiving HUD assistance as of 1/31/2010 such as a copy of an executed HUD Form 50058 or 50059) ☐ You are not contending eligible immigration status			
Do you anticipate household changes in the next 12 months?			☐ Yes ☐ No
Are you a student enrolled in an institute of higher education?			☐ Yes ☐ No
If yes			☐ Full-time ☐ Part-time
Have you disposed of any assets for less than fair market value during the past two years?			☐ Yes ☐ No
Are you currently using medical marijuana?			☐ Yes ☐ No
Do you acknowledge that you are aware that the owner/agent has implemented a Smoke Free policy? <i>This means that smoking is prohibited in the unit, on unit balconies and porches and in all indoor and outdoor common areas. This includes the parking lot, balconies, sidewalks, hallways, elevators, etc.</i>			☐ Yes ☐ No
Do you agree that you, your guests, and service providers hired by you will abide by the Smoke Free policy			☐ Yes ☐ No
Do you understand that failure to comply with Smoke Free policies as described in the House Rules will result in termination of tenancy (eviction)?			☐ Yes ☐ No
Are you or is <u>any member</u> of the household required to register with any state lifetime sex offender or other sex offender registry?			☐ Yes ☐ No
Have you ever been evicted from a federally funded housing program?			☐ Yes ☐ No
If yes, when			



Please indicate each state where you have lived: *This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.*

☐ AK ☐ AL ☐ AR ☐ AZ ☐ CA ☐ CO ☐ CT ☐ DE ☐ FL ☐ GA ☐ HI ☐ IA ☐ ID ☐ IL ☐ IN
☐ KS ☐ KY ☐ LA ☐ MA ☐ MD ☐ ME ☐ MI ☐ MN ☐ MO ☐ MS ☐ MT ☐ NC ☐ ND ☐ NE ☐ NH
☐ NJ ☐ NM ☐ NV ☐ NY ☐ OH ☐ OK ☐ OR ☐ PA ☐ RI ☐ SC ☐ SD ☐ TN ☐ TX ☐ UT ☐ VA
☐ VT ☐ WA ☐ WV ☐ WI ☐ WY ☐ Washington, D.C.

INCOME AND ASSET INFORMATION: In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

	Monthly	Annually
Total Income from Employment	\$	
Total Income from Social Security	\$	
Total Income from Unemployment	\$	
Total Income from Any Other Source	\$	
Total Value of Assets for Applicant	\$	
Total Income from Assets for Applicant	\$	

PENALTIES FOR MISUSING THIS FORM

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, the PHA and any owner (or any employee of HUD, the PHA 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, the PHA 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).

Note: The owner/agent must comply with federal, state and local law when contacting your or other applicants who are members of your family/household.



APPLICANT CERTIFICATION

By signing this document, I certify that if selected to receive assistance, the unit I occupy will be my only residence. I understand that the above information is being collected to determine my eligibility. I authorize the owner/manager/PHA 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 certify that the statements made in the application are true and complete. I understand that providing false statements or information is punishable under Federal Law.

Applicant Name (please print) _____

Signature _____ Date _____

☐ Check box if form is completed and signed on behalf of head of household/applicant.

Print Name _____

Relationship _____

If you have trouble understanding this document, please contact the management office.

- Contacte por favor la oficina de gestión si usted necesita ayuda a comprender este documento. (Spanish)
- Por favor contate o escritório de gerência se deve ajudar entendimento este documento. (Portugese)
- Si vous avez besoin d'aide à la compréhension de ce document, veuillez communiquer avec le Bureau de gestion. (French)
- Souple kontakte Biwo jesyon a si w bezwen èd pou konprann dokiman sa a. (Haitian Creole)
- Xin liên lạc với văn phòng điều hành nếu bạn cần giúp đỡ sự hiểu biết tài liệu này. (Vietnamese)
- Пожалуйста свяжитесь с офисом управления, если Вам нужна помощь в понимании этого документа. (Russian)
- Bitte kontaktieren Sie das Leitungsbüro, wenn Sie helfen müssen, dieses Dokument zu verstehen. (German)
- 請聯絡管理辦公室。如果你需要幫助理解這份文件。(Chinese)
- もしこの文書を理解しているための助けを必要としていれば、経営オフィスと連絡を取ってください。(Japanese)

The owner/agent does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Name: Francesca McKernan
Address: 39 Trapasso Drive
City: Sparta State: NJ Zip: 07871
Telephone - Voice
Telephone - TTY



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:											
Mailing Address:											
Telephone No:	Cell Phone No:										
Name of Additional Contact Person or Organization:											
Address:											
Telephone No:	Cell Phone No:										
E-Mail Address (if applicable):											
Relationship to Applicant:											
Reason for Contact: (Check all that apply) <table style="width: 100%;"> <tr> <td>☐ Emergency</td> <td>☐ Assist with Recertification Process</td> </tr> <tr> <td>☐ Unable to contact you</td> <td>☐ Change in lease terms</td> </tr> <tr> <td>☐ Termination of rental assistance</td> <td>☐ Change in house rules</td> </tr> <tr> <td>☐ Eviction from unit</td> <td>☐ Other: _____</td> </tr> <tr> <td>☐ Late payment of rent</td> <td></td> </tr> </table>		☐ Emergency	☐ Assist with Recertification Process	☐ Unable to contact you	☐ Change in lease terms	☐ Termination of rental assistance	☐ Change in house rules	☐ Eviction from unit	☐ Other: _____	☐ Late payment of rent	
☐ Emergency	☐ Assist with Recertification Process										
☐ Unable to contact you	☐ Change in lease terms										
☐ Termination of rental assistance	☐ Change in house rules										
☐ Eviction from unit	☐ Other: _____										
☐ Late payment of rent											
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.											
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.											
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.											

☐ Check this box if you choose not to provide the contact information.

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of Housing

OMB Approval No. 2502-0204

Knoll Heights Village

Non-Insured

39 Trapasso Drive, Sparta, NJ 07871

Name of Property

Project No.

Address of Property

Sparta Ecumenical Council on Senior Citizen Housing

Section 8

Name of Owner/Managing Agent

Type of Assistance or Program Title

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

Definitions of these categories may be found on the reverse side.*There is no penalty for persons who do not complete the form.**_____
Signature_____
Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Knoll Heights Village
AUTHORIZATION FOR BACKGROUND SCREENING

Landlord: Knoll Heights Village
Leased Premises: 39 Trapasso Drive
Sparta NJ 07871

The Applicant(s) hereby consent(s) that the Landlord or his/her Agent is authorized to order credit reports and any other reasonable tenant screening reports from third party providers. The Applicant(s) also authorize the Landlord or his/her Agent to contact past and present employers, landlords, creditors and/or neighbors to verify employment, income, rent payment history, cleanliness and any other relevant inquire as to the Applicant's likelihood to make regular, timely payments and treat the Leased Premises with care and respect.

Applicant(s) is/are providing a signed and completed Rental Application form for each Applicant along with this Authorization for Background Screening form.

Applicants Signature: _____ Date: _____

Applicants Signature: _____ Date: _____

Applicants Signature: _____ Date: _____

Applicants Signature: _____ Date: _____