

# Emerald Terrace Apartments Residential Rental Application

Owned and Managed by:



## O.C.E.A.N., Inc.



Property Management Office: 20 Barnegat Blvd., Barnegat, NJ 08005  
609-698-2174 or 609-698-2187 (phone) 609-698-2193 (fax) 1-800-852-7897 (TDD)

1 Bedroom \_\_\_\_\_ 2 Bedroom \_\_\_\_\_ Handicapped Unit \_\_\_\_\_  
1st Floor \_\_\_\_\_ 2nd Floor \_\_\_\_\_ No Preference \_\_\_\_\_

Applications will be date stamped and placed in order by date received. You will be placed on a waiting list and contacted for an interview as your name moves closer to the top of the list. You may request information regarding your place on the waiting list by calling the phone number listed above. Please answer every question and have all adult members of the household sign where appropriate. Incomplete applications will be returned.

If a member of the household needs reasonable accommodations in order to participate in the application process or to make effective use of the housing program, the applicant has the right to request such an accommodation. The owner and management do not discriminate against applicants on the basis of limited access or any other reason.

### Personal Information:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Age \_\_\_\_\_ Sex \_\_\_\_\_ Social Security # \_\_\_\_\_  
Current Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Do you currently \_\_\_\_\_ Rent \_\_\_\_\_ Own (check one)  
Current monthly rent or mortgage payment \$ \_\_\_\_\_  
Is your current rent being subsidized? \_\_\_\_\_  
If so, by which agency? \_\_\_\_\_

Current utilities paid by you (check all that apply)  
\_\_\_ Heat \_\_\_ Electricity \_\_\_ Gas \_\_\_ Other (please specify) \_\_\_\_\_  
Monthly cost of utilities paid by you (excluding phone & cable tv) \$ \_\_\_\_\_

### Landlord Information:

Current Landlord \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Applicants address: \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
How long did you live at this address? \_\_\_\_\_  
Reason for moving \_\_\_\_\_  
Have you ever been evicted from housing? \_\_\_\_\_  
If yes, please explain \_\_\_\_\_

Previous Landlord \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Applicants address (when renting from this landlord):

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
How long did you live at this address? \_\_\_\_\_  
Reason for moving \_\_\_\_\_  
Have you ever been evicted from housing? \_\_\_\_\_  
If yes, please explain \_\_\_\_\_

**Personal Reference:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_

**In Case of Emergency:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_

**Household Composition - List all persons who will live with you:**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Marital Status (Divorced, Single, Legal Separation, Estranged) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Social Security # \_\_\_\_\_ Full Time Student (Yes/No) \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Marital Status (Divorced, Single, Legal Separation, Estranged) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Social Security # \_\_\_\_\_ Full Time Student (Yes/No) \_\_\_\_\_

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3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Marital Status (Divorced, Single, Legal Separation, Estranged) \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Full Time Student (Yes/No) \_\_\_\_\_

Are you enrolled as a student in an institute of higher education (Yes/No) \_\_\_\_\_  
 If yes, which institution \_\_\_\_\_

Do you anticipate additions to the household in the next 12 months (Yes/No) \_\_\_\_\_  
 If yes, explain \_\_\_\_\_

Will any residents be residing in apartment on a part-time basis (Yes/No) \_\_\_\_\_  
 If yes, explain \_\_\_\_\_

Will you or any member of the household require an accessible unit or specific unit designs, such as wheelchair accessibility, visual aids (Braille) or apparatus for hearing assistance (Yes/No) \_\_\_\_\_  
 If yes, explain \_\_\_\_\_

Will you or any household member require a live-in care attendant (Yes/No) \_\_\_\_\_  
 If yes, explain \_\_\_\_\_

**Income - List all sources of income as requested below. If a section does not apply, cross out or write N/A:**

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
		\$

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	Unemployment Compensation	\$
	Unemployment Compensation	\$
	AFDC/TANF	\$
	AFDC/TANF	\$
		\$
	Regular payments from a severance package?	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Regular gifts from anyone outside the household? (Recurring Gifts)	\$

Household Member Name	Source of Income	Monthly Amount
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Self-Employment amount</b>	\$
	Description:	
	How long has applicant been self-employed doing this work?	
	<b>Alimony</b>	
	Are you <i>entitled</i> to receive alimony?	Yes ___ No ___
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	Yes ___ No ___

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	If yes, list amount you receive.	\$
	<b>Child Support</b>	
	Are you <i>entitled</i> to receive child support?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, list the amount you receive.	\$
	Other Income (lottery winnings, etc.)	\$
	Other Income	\$
	Other Income	\$
<b>TOTAL GROSS ANNUAL INCOME</b> (Based on the monthly amounts listed above x 12)		\$
<b>TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR</b>		\$
Do you anticipate any changes in this income in the next 12 months?		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If yes, explain:</b>		
<b>MISCELLANEOUS EXPENSES:</b>		
Do you pay for any day care costs out of your pocket?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, who is the expense paid to:		
Do you pay for any medical expenses out of your pocket?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, who is the expense paid to:		

**Assets - List all asset information requested below. If a section does not apply, cross out or write N/A:**

Cash			Balance \$
Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Trust Accounts	#	Bank	Balance \$
IRA Accounts	#	Where?	Balance \$
Certificates of Depos	#	Bank	Balance \$
	#	Bank	Balance \$

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	#	Bank	Balance \$	
	#	Bank	Balance \$	
401(k)/Retirement Accounts	#	Where?	Balance \$	
Credit Union	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy	#		Cash Value \$	
Life Insurance Policy	#		Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property			Appraised Value \$	
Real Estate (home, land, camp, mobile home, etc.): <b>Do you own any property?</b>			___ Yes ___ No	
<b>If yes</b> , Type of property				
Location of property				
Appraised Market Value			\$	
Mortgage or outstanding loans balance due			\$	
Amount of annual insurance premium			\$	
Amount of most recent tax bill			\$	

Have you sold/dispensed of any property in the last 2 years?		___ Yes ___ No
<b>If yes</b> , Type of property		
Market value when sold/dispensed		\$
Amount sold/dispensed for		\$
Date of transaction		

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Has anyone in the household disposed of any other assets in the last 2 years (Example: given away money, sold property to a relative for less than fair market value, set up Irrevocable Trust Accounts, etc.)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe the asset</i>		
Date of disposition		
Amount disposed		\$

Do you have any other assets not listed above or are you holding jewelry, coins, stamps, etc. as an investment (excluding personal property)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please list:</i>		

**Senior Citizens and/or Disabled Applicants to complete Medical Information:**

Outstanding Medical \$ \_\_\_\_\_ (enclose receipts for bills you still owe)  
 Current Prescription Costs \$ \_\_\_\_\_ (please list all prescriptions below)

Name of Prescription	Cost	# of times refilled each year

Medical Insurance Coverage \_\_\_\_\_  
 Cost per year \$ \_\_\_\_\_

**Additional Information:**

Are you or any member of the household currently using an illegal substance?  
 Yes  No      If yes, explain \_\_\_\_\_

Have you or any member of the household ever been convicted of a felony?  
 Yes  No      If yes, explain \_\_\_\_\_

Have you or any member of the household ever been evicted from housing?  
 Yes  No      If yes, explain \_\_\_\_\_

Have you ever filed for bankruptcy?  
 Yes  No      If yes, explain \_\_\_\_\_

Will you take an apartment when one is available?       Yes  No  
 Briefly describe your reasons for applying \_\_\_\_\_

\_\_\_\_\_

**Vehicle Information – List any cars, trucks, or other vehicles owned:**

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Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:

Applicant's Drivers License # \_\_\_\_\_  
 Spouse/Co-Applicant's Drivers License # \_\_\_\_\_

**Certification**

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We certify that this will be my/our permanent and primary residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my/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 Residential Rental Application as well as my/our credit, landlord, criminal background and personal references.

I/We further consent to release wage matching data to USDA, Rural Development and the Owner/Management.

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

\_\_\_\_\_  
 Applicant Date

\_\_\_\_\_  
 Spouse/Co-Applicant Date

\_\_\_\_\_  
 Co-Applicant Date

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating 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, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

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**Ethnicity (please mark one):**

Hispanic or Latino: \_\_\_\_\_

Not Hispanic or Latino: \_\_\_\_\_

**Race (please mark one or more, as appropriate):**

American Indian/Alaska Native: \_\_\_\_\_

Asian \_\_\_\_\_

Black or African American \_\_\_\_\_

Native Hawaiian or Other Pacific Islander \_\_\_\_\_

White \_\_\_\_\_

**Gender:**

Male \_\_\_\_\_

Female \_\_\_\_\_

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