



Homeless Solutions, Inc. Senior Living MT. KEMBLE HOME APPLICATION

Frequently Asked Questions

What is the Mt. Kemble Home? The Mt. Kemble Home is a Single Room Occupancy (SRO), independent living facility established in 1883. Residents must be fully ambulatory and capable of taking care of their physical and financial needs.

Who can live at Mt. Kemble Home? Single women 62 years or older, who can live independently and meet the occupancy requirements.

What does it mean to live independently? Independent living is the level of assistance needed for daily living activities. Just as with regular housing, you can hire in-home help to assist you in an independent living facility. We do not provide assisted living housing options which may require medical assistance or personal care assistance with normal daily activities.

How much is the rent and what are the income limits? The rent is based on 30% of your gross monthly income towards rent. You must meet income requirements for a low income 1 person household.

Are residents required to submit income and asset documents? Applicants applying to live at the Mt. Kemble Home must meet the eligibility criteria. To determine eligibility and the proper rent, applicants will be required to submit information pertaining to their income and assets. In addition, residents will be required to report any changes to income and assets during the year band at lease renewal.

Are there private bathrooms? There are no private bathrooms. However, there are multiple shared bathroom facilities on each floor. Bathrooms are cleaned on a regular basis at no expense to the resident.

Is there a curfew? Mt. Kemble Home does issue keys to the entrance of the front and back doors for safety reasons. The back door is locked at 8:00 pm. After 8:00 pm you must use the front door only. All residents are asked to be in by 9:00 pm. If you are planning to be out past that time you must make pre-arrangements with the **SRSS** to gain access. In addition, residents are required to sign in and out.

Are visitors allowed? Visitors of tenants are welcome between 10:00 am and must leave by 7:00 pm daily. Visitors of tenants must sign in/out and must be accompanied by the tenant at all times while on the property (not exceptions).

Are pets allowed? Residents are not allowed to keep pets in their rooms and cannot bring any animal to any part of the property. Nothing in this provision shall apply to persons with ADA disabilities who own, harbor, or care for a domestic animal.

Is smoking allowed? Mt. Kemble Home is a smoke-free facility. Smoking is prohibited in the rooms and other common area of the property.

Is there a laundry room? Laundry and ironing space are available on the second floor. This facility is for the use of resident's clothing and linen only.

Is there parking? There are limited, assigned parking spaces. However, there may be street parking available. Street parking is for 9:00 am until 6:00 pm, off hours you must have a permit from the town of Morris.





APPLICATION DATA: (For Office Use Only) Date Received: _____ <input type="checkbox"/> Mt. Kemble

MT. KEMBLE HOME-RENTAL APPLICATION
APPLICATIONS CAN BE MAILED/EMAILED TO:
Homeless Solutions Inc.
3 Wing Drive, Suite 245
Cedar Knolls, NJ 07927
Attention: Property Manager
propertymanager@hsinj.org

Name	
Address	
City/State/Zip	
Phone #	
Email Address	
Alternate Contact Information:	
Name	
Phone #	
Email Address	
Relationship	

MBR#	Last Name	First Name	MI	Date of Birth	Last 4 Digits of Social Security
1					

Applicant Questionnaire

Does anyone live with you now who is not listed above?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you expect a change in your household income?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a handicap requiring an accommodation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a veteran?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been evicted in the last 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you lived in any Homeless Solutions Housing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been convicted of manufacturing methamphetamine on the premises of federally assisted housing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you subjected to a lifetime sex offender registration under a State sex offender registration program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answered yes to any question; explain here:		

Do you receive any case management or support services from any other organization? Yes No
If yes, may we contact your case manager? Yes No

Case manager name and phone number: _____

Does any member of your household?	
Work full-time, part-time or seasonally?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not currently working, expect to work for any period during the next year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Work for someone who pays you cash?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Expect a Leave of Absence due to lay-off, medical, maternity or military leave?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Now receive or expect to receive unemployment benefits?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Now receive or expect to receive alimony?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have an entitlement to receive alimony that is not currently being received?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Now receive or expect to receive Public Assistance (welfare/TNAF)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Now receive or expect to receive Social Security or disability benefits?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Now receive or expect to receive income from a Pension or Annuity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Receive income from assets including interest on checking or savings accounts interest and dividends from certificates of deposit, stocks or bonds?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
Own real estate or any assets for which you receive no income?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a checking account, savings account or retirement account?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you sold or given away real property or other assets (including cash) in the past two years?	Yes <input type="checkbox"/> No <input type="checkbox"/>

1. EMPLOYMENT HISTORY

Person	Employer	Phone number	# Years	Supervisor

2. GROSS ANNUAL INCOME

Person	Employment and Wages	Social Security and Pension	Public Assistance	Other Income
Total				

3. ASSETS (list all checking and savings, including IRA, CD, etc., for all household members)

Person	Bank for Financial	Type of Account	Account#	Balance
Total				

4. Are you currently homeless: YES NO?

Landlord Name	Address	Phone #	Email



Mt. Kemble Home Application:

Applicant Certification

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/our eligibility. I 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 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: _____

Print name of Head of Household: _____ Date: _____

We Do Business in Accordance With the Federal Fair Housing Law (The Fair Housing Amendments Act of 1988) and The New Jersey Law Against Discrimination (LAD) • It is Illegal to Discriminate Against Any Person Because of Race, Creed, Color, Religion, Sex, Gender Identity or Expression, Disability/Handicap, Familial Status, or National Origin, Ancestry, Nationality, Marital or Domestic Partnership or Civil Union Status, Affectional or Sexual Orientation, or Source of Lawful Income or Source of Lawful Rent Payment.

Disclosure and Authorization Form to Obtain Consumer Reports for Tenant Purposes

I authorize HSI to obtain and rely upon consumer reports or investigative consumer reports concerning me. By my signature below, I authorize Homeless Solutions, Inc. to obtain any such reports and to share the information received with any person involved in their decision about me.

In connection with my tenant application with you, I understand that consumer reports which may contain public record information may be requested from Homeless Solutions, Inc. These reports may include the following types of information: names and dates of previous employers, public records, credit data, bankruptcy proceedings, eviction and criminal records, etc., from federal, state and other agencies which maintain such records. I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of Homeless Solution, Inc.

Print Name: _____ Maiden Name: _____

Date of Birth: _____ Social Security#: _____

Current Address: _____ City/State/Zip Code: _____

Signature: _____ Date: _____

In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for tenant purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.



VAWA NOTIFICATION

This notice is to inform you of the protections we offer to survivors of domestic violence. These protections are authorized by the Violence against Women and Justice Department Reauthorization Act of 2005 and subsequent acts. These protections apply to all people who are survivors of domestic violence no matter the gender of the survivor or the abuser. These protections apply to all residents and potential residents from the time of application until you leave our housing.

VAWA PROTECTIONS

Homeless Solutions, Inc. and our affiliates will not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.

Homeless Solutions, Inc. and our affiliates will not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse e.

Homeless Solutions, Inc. and our affiliates may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

Applicant

Date

Approved Denied

Reason for denial: Credit Criminal/Sex Offender Landlord/Tenancy

Other: _____

Denial Letter sent: By: _____

Date: _____

Appealed: Yes NO Date: _____

Management Signature: _____

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