

Bradford Pointe Apartments

800-A Bradford Court

Bordentown, NJ 08505

Phone: (609) 424-0411/ Fax: (609) 424-0414

Dear Future Resident:

Thank you for your interest in **Bradford Pointe Apartments!** We pride ourselves on being the best apartment community in the **Bordentown** area.

Bradford Pointe Apartments knows that home is much more than a place to hang your hat and rest your head. It's where life unfolds and should be special in every way. Our philosophy toward apartment living is to offer our residents quality housing and excellent management services.

Location is another important aspect of an outstanding community. **Bordentown Township/ City Offers: Local Restaurants, Specialty Shops, Churches, Banks, Post Office, and Local Fire Company. Bordentown schools are excellent and have many Sports and After School Programs available. Our complex is within fifteen minutes from Hamilton Marketplace Shopping Center, the Burlington Center Mall, and conveniently located near the ACME Commons. US Route 130 provides easy access to major highways, including Interstate 295 and the NJ Turnpike. Public Transportation is also available from Bradford Pointe Apartments via NJ Transit #409 and the River Line from Bordentown City.**

We hope you will consider making **Bradford Point Apartments** your next home address.

All applicants 18 years of age and older must include a \$40.00 money order made payable to Bradford Pointe Apartments. This is a non-refundable application-processing fee.

Bradford Pointe is a Low Income Tax-Credit Property. Please be advised that eligibility is determined by household size and **Maximum** annual gross income, illustrated as followed:

# Of People	Minimum	Maximum
1	\$29,100	\$33,850
2	\$32,000	\$38,650
3	\$36,250	\$43,500
4	\$38,950	\$48,300
5	\$42,850	\$52,200
6	\$45,700	\$56,050

RENT and SECURITY DEPOSIT

2 Bedrooms: \$990.00 Security Deposit \$1,485.00

3 Bedrooms: \$1,130.00 Security Deposit \$1,680.00

If you have any questions regarding the applications, please feel free to contact us at **609-424-0411**. Applications not completed in their entirety will not be processed.

Yours truly,

Bradford Pointe Apartment Staff

BRADFORD POINTE APPLICATION FOR HOUSING

DATE: _____

TIME: _____

Applications are placed in order of date received. An applicant may be interviewed only after the receipt of this tenant application, which must be fully completed and signed by all family members 18 of age and older. **Please answer every question! Partially filled out applications will be returned for completion.**

How did you learn about this property?

PLEASE PRINT CLEARLY

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____

Street

Apt.#

City

State

ZIP

Daytime Phone: _____

Evening Phone: _____

No. of BR's in current
unit: _____

Do you RENT or OWN or Live w/family

Amount of current monthly
rental or mortgage payment \$ _____

Do you currently reside at a HUD property and do you
receive a subsidy? Yes No

If owned, do you receive monthly rental income from property?

Yes No

Check utilities paid by you:

Heat

Electricity

Gas

Other (specify) _____

Approximate monthly cost of utilities paid by you (excluding phone and cable TV):

\$ _____

Bedroom size requested:

Two BR

Three BR

Do you or any member of your household need any specific unit designs, such as wheelchair accessibility, visual aids (Braille) or apparatus for hearing assistance? Yes No.

If Yes, describe: _____

If a member of a 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.

Will you be making any reasonable accommodation requests for any members of your household?

Yes

No

Describe: _____

The owner and management do not discriminate against applicants on the basis of limited access or any other reason.



B. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List the head of household first.

	Name	Relationship to head	Marital Status D-divorced S-single L-legal separation E-estranged	Birth Date	Age	SS#	Full or Part Time Student Y/N
Head							
Co-T							
3.							
4.							
5.							
6.							
7.							
8.							

Are you enrolled as a student in an institute of higher education? Yes No
(Institutions of higher education include post-secondary and vocational institutions)

Have you or will you be a full time student for at least 5 months this calendar year? Yes No

(Five calendar months do not need to be consecutive)

Do you anticipate any additions to the household in the next twelve months? YES NO

If yes, explain

Will all of the persons in the household be full-time students this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?

Yes No

IF YES, ANSWER THE FOLLOWING QUESTIONS: (Please mark/check the correct answer)

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) an AFDC or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependent on another's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have any full-time students previously been in foster care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, **cross out** or write **N/A**.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	401-K	\$
	Veteran's Benefits (list claim #)	\$
	Reverse Mortgage Income	\$
		\$
	Unemployment Compensation	\$
	Long Term Insurance	\$
	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
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Self-Employment amount	\$
	Description:	
	How long has applicant been self-employed doing this work?	
	Alimony	
	Are you <i>entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list amount you receive.	\$
	Child Support	
	Is your child support court - ordered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	If entitled but do not receive, what attempts have been made to collect?	
	Other Income	\$
	Other Income	\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:		
MISCELLANEOUS:		
Do you have a voucher from DCA or the housing authority?		<input type="checkbox"/> Yes <input type="checkbox"/> No

D. ASSETS

If your assets are too numerous to list here, please request an additional form.

If a section doesn't apply, cross out or write NA.

Cash	#	Bank	Balance \$	
Checking Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Accounts	#	Bank	Balance \$	
IRA Accounts	#	Where?	Balance \$	
Certificates of Deposit	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	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 \$
	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.): Do you own any property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, 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/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Type of property	
Market value when sold/disposed	\$
Amount sold/disposed for	\$
Date of transaction	

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

E. ADDITIONAL INFORMATION

Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your family ever been evicted from any housing or denied subsidy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, describe

Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, describe

Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Briefly describe your reasons for applying:

Have you ever experienced a fire in your apartment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so what was your address at the time and who was your landlord?		

F. REFERENCE INFORMATION

Current Landlord	Name of Landlord:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
	Applicants Address:	
Prior Landlord	Name of Landlord:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
	Applicants address when renting from this landlord:	
Prior Landlord	Name of Landlord:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
	Applicant's address when renting from this landlord:	
Personal Reference:		
Address:		
Relationship:		Phone #:

In case of emergency notify:

Address:

Relationship:

Phone #:

G. VEHICLE INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.

Type of Vehicle:

License Plate #:

Year/Make:

Color:

Type of Vehicle:

License Plate #:

Year/Make:

Color:

CERTIFICATION

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

Any changes in family household income or student status changes are required to be reported to the management office within 10 days of the change.

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

SIGNATURE (S):

(Signature of Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

AAH Management Co., Inc. may withdraw a conditional offer based on your criminal record if AAH Management Co., Inc. determines, by a preponderance of the evidence, that the withdrawal is necessary to fulfill a substantial, legitimate, and nondiscriminatory interest.

If AAH Management Co., Inc. utilizes any vendor or outside person/entity to conduct a criminal record check on their behalf, AAH Management Co., Inc. will take reasonable steps to ensure that the vendor or outside person/entity conducts the criminal record check consistent with the requirements of the FCHA and rules. Specifically, if AAH Management Co., Inc. receives a criminal history inquiry conducted by a vendor or outside person or entity that is conducted in violation of the FCHA in that it reveals a record that is not permitted to be considered under the FCHA, AAH Management Co., Inc. must show that it did not rely on that information in making a determination about your tenancy.

If you are subjected to the withdrawal of a conditional offer of housing due to criminal history, you have the right to request and receive the materials relied upon by AAH Management Co., Inc. in making this determination.

You have the right to dispute, within ten (10) days of receiving this statement, the relevance and accuracy of any criminal record, and to offer evidence of any mitigating facts or circumstances, including but not limited to your rehabilitation and good conduct since the criminal offense. You may also provide evidence demonstrating inaccuracies within aspects of your criminal record which may be considered under the FCHA, or evidence of rehabilitation or other mitigating factors to AAH Management Co., Inc. at any time, including after the ten days.

Any action taken by AAH Management Co., Inc. in violation of the process laid out in this statement may constitute a violation of the FCHA. If you believe that any owner, agent, employee, or designee of AAH Management Co., Inc. has violated any of the above requirements, you may contact the New Jersey Division on Civil Rights at www.NJCivilRights.gov 1-866-405-3050). A complaint must be filed with DCR within 180 days of the allegedly discriminatory conduct. You cannot be subjected to retaliation for filing a complaint or for attempting to exercise your rights under the FCHA. DCR has several fair housing fact sheets available at <https://www.nj.gov/oag/dcr/housing.html>, or available for pickup in any of DCR's four (4) regional offices.

31 Clinton Street, 3rd Floor
Newark, NJ 07102

5 Executive Campus
Suite 107, Bldg. 5
Cherry Hill, NJ 08002

1601 Atlantic Avenue, 6th Fl.
Atlantic City, NJ 08401

140 East Front Street, 6th Floor
Trenton, NJ 08625

Housing Provider Signature

Date

Prospective Tenant Signature

Date

Disclosure Statement:

New Jersey's Fair Chance in Housing Act, N.J.S.A. 46:8-52 to 64 (FCHA), limits a housing provider's ability to consider a person's criminal history in deciding whether to extend an offer or whether to rent a home after extending an offer.

Before making a conditional offer of housing, AAH Management Co., Inc. may consider only whether an applicant has a conviction for the manufacture or production of methamphetamine on the premises of federally assisted housing, or whether an applicant has a lifetime registration requirement under a State sex offender registration program. AAH Management Co., Inc. will not consider, or request from an applicant or any other person or entity, any other information about an applicant's criminal history as part of the application process until and unless a conditional offer of housing has been made.

After extending a conditional offer of housing, AAH Management Co., Inc. intends to review and consider an applicant's criminal record in determining whether to rent a home, in accordance with the FCHA and its accompanying rules.

AAH Management Co., Inc. will not, either before or after the issuance of a conditional offer, evaluate or consider any of the following criminal records:

- (1) arrests or charges that have not resulted in a criminal conviction;
- (2) expunged convictions;
- (3) convictions erased through executive pardon;
- (4) vacated and otherwise legally nullified convictions;
- (5) juvenile adjudications of delinquency; and
- (6) records that have been sealed.

AAH Management Co., Inc. may consider, after the issuance of a conditional offer, a criminal record that:

- Resulted in a conviction for murder, aggravated sexual assault, kidnapping, arson, human trafficking, sexual assault, endangering the welfare of a child in violation of N.J.S.2C:24-4(b)(3);
- Resulted in a conviction for any crime that requires lifetime state sex offender registration;
- Is for any 1st degree indictable offense, or release from prison for that offense, within the past 6 years;
- Is for any 2nd or 3rd degree indictable offense, or release from prison for that offense, within the past 4 years; or
- Is for any 4th degree indictable offense, or release from prison for that offense, within the past 1 year.

For more information about how these rules apply, please refer to the resources at <https://www.njoag.gov/about/divisions-and-offices/division-on-civil-rights-home/fcha/>.



Rental Application Form

Applicant Information

Last Name			First Name			M.I.			Co-Applicant Last Name			First Name			M.I.					
Date of Birth			Social Security Number			Home Telephone			Date of Birth			Social Security Number			Home Telephone					
Current Street Address						City			State			Zip Code			Co-Applicant Current Address (if different)					
Previous Street Address						City			State			Zip Code			Co-Applicant Previous Address (if different)					
Length of Residence at Current Address __ months						Ever Filed for Eviction? <input type="checkbox"/> Yes <input type="checkbox"/> No			Own or Rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent			Length of Residence at Current Address __ months								

Present Housing Information

Landlord or Agent Name			Landlord Telephone Number			Co-Applicant Landlord or Agent Name			Landlord Telephone Number								
Reason for Leaving			Length of Rental __ months			Monthly Rent			Reason for Leaving			Length of Rental __ months			Monthly Rent		

Employment Information

Present Employer Name			Position			Co-Applicant Employer Name			Position														
Supervisor Name			Telephone Number			Supervisor Name			Telephone Number														
Employer Address						City			State			Zip Code											
Employed From			To			Salary			per <input type="checkbox"/> month <input type="checkbox"/> year			Employed From			To			Salary			per <input type="checkbox"/> month <input type="checkbox"/> year		

Banking Information

Bank Name			Telephone Number			Name			Telephone Number								
Account Number			Ever Filed for Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No			Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings			Account Number			Ever Filed for Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No			Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings		

Emergency Contact Information

Name			Telephone Number			Name			Telephone Number		
Address			Relationship			Address			Relationship		

Other Information

Car Year / Make / Model / /			License Plate State / Number			Car Year / Make / Model / /			License Plate State / Number		
Other Residents (Names / Ages)						Other Residents (Names / Ages)					

New Jersey's Fair Chance in Housing Act, N.J.S.A. 46:8-52 to 64 (FCHA), limits a housing provider's ability to consider a person's criminal history in deciding whether to extend an offer or whether to rent a home after extending an offer. Full disclosure regarding this law is being made to you in a supplemental notice. Your signature below confirms your receipt of both documents.

Applicant Signature(s)

By signing below, I/we authorize that the above information is correct and complete and authorize Landlord to obtain information it deems desirable in the processing of my application, including; credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, and any other relevant information. If I rent the unit, I understand the information on this form may be maintained in a tenant database for up to 5 (five) years after I vacate the premises. I also understand that the application fee is non-refundable, even if my application is rejected.

Applicant: X Date: Co-Applicant: X Date:

OFFICE USE ONLY

NTN Access Number:		Address/Unit Applied for:		Monthly Rent Amount for unit applicant is applying for: \$	
Date Screened:		Projected Move-In Date:		Apartment / Unit Type:	