

# CHRIST CARE SENIOR HOUSING 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: \_\_\_\_\_



**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?

Yes

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
	<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? <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. \$	
	<b>Child Support</b> 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, <b>what attempts have been made to collect?</b>	
	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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, explain:</b>		
<b>MISCELLANEOUS:</b>		

Do you have a voucher from DCA or the housing authority?

Yes  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.): <b>Do you own any property?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes,</b> Type of property	
Market value when sold/dispensed	\$
Amount sold/dispensed 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.) <b>for less than fair market value?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes,</b> 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
<b>If yes, please list:</b>	

**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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Have you ever experienced a fire in your apartment?

Yes  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 #:

<b>G. VEHICLE INFORMATION</b> (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



## **APPOINTMENT LIST**

The following is the list of documentation that must be brought with you to your eligibility interview for housing at **Bradford Pointe Apartments**. Please bring all papers that pertain to your household income.

**ALL household members 18 years of age and older must attend this appointment.**

### **IDENTIFICATION INFORMATION**

1. Birth Certificate for all household members.
2. Social Security Cards for all household members.
3. Drivers license and/or photo ID for all household members 14 years of age and older
4. Vehicle registration and insurance.
5. Picture of all members of the household.

### **INCOME VERIFICATION**

1. Four (4) recent, consecutive pay stubs if currently employed or unemployment stubs.
2. Social Security benefits award letter for current year.
3. Veteran's and/or other pension award letter.
4. Court order(s) showing child support and/or alimony payments.
5. Welfare benefits or other assistance letter(s).
6. 1040 Federal Tax Return for most recent year and W-2.
7. All other information concerning household income.

### **ASSET INFORMATION**

1. Checking account statements for the last Six (6) months.
2. Savings accounts statement current month.
3. IRAs, 401K, CDs, stocks, bonds most recent dividend statement.
4. Real Estate broker's assessment of any property owned.
5. Mortgages or real estate transactions for the past two (2) years.
6. All other information concerning any assets of the household.



NATIONAL TENANT NETWORK

# 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)												City				State				Zip Code			
Previous Street Address								City				State				Zip Code				Co-Applicant Previous Address (if different)												City				State				Zip Code			
Length of Residence at Current Address								Ever Filed for Eviction?				Own or Rent?				Length of Residence at Current Address								Ever Filed for Eviction?				Own or Rent?															
___ months								<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Own <input type="checkbox"/> Rent				___ months								<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Own <input type="checkbox"/> Rent															

## 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		Monthly Rent		Reason for Leaving				Length of Rental		Monthly Rent	
				___ months								___ months			

## 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			

## Banking Information

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

Submit above information to NTN

Phone: (800) 422-8299 Fax: (888) 885-7528 Web: [www.ntnonline.com](http://www.ntnonline.com)

### **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/>.

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](http://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, 3<sup>rd</sup> Floor  
Newark, NJ 07102

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

1601 Atlantic Avenue, 6<sup>th</sup> Fl.  
Atlantic City, NJ 08401

140 East Front Street, 6<sup>th</sup> Floor  
Trenton, NJ 08625

\_\_\_\_\_  
Housing Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Prospective Tenant Signature

\_\_\_\_\_  
Date

## **Declaración de divulgación:**

Ley de Equidad en la Vivienda de Nueva Jersey, N.J.S.A. 46:8-52 a 64 (FCHA), limita la capacidad de un proveedor de vivienda para considerar los antecedentes penales de una persona al decidir si extiende una oferta o si alquila una casa después de extender una oferta.

Antes de hacer una oferta condicional de vivienda, AAH Management Co., Inc. solo puede considerar si un solicitante tiene una condena por fabricación o producción de metanfetamina en instalaciones de vivienda con asistencia federal, o si un solicitante tiene un requisito de registro de por vida bajo un programa estatal de registro de agresores sexuales. AAH Management Co., Inc. no considerará, ni solicitará a un solicitante o cualquier otra persona o entidad, ninguna otra información sobre los antecedentes penales de un solicitante como parte del proceso de solicitud hasta que se haya realizado una oferta condicional de vivienda.

Después de extender una oferta condicional de vivienda, AAH Management Co., Inc. pretende revisar y considerar los antecedentes penales del solicitante para determinar si alquila una casa, de acuerdo con la FCHA y las reglamentaciones adjuntas.

AAH Management Co., Inc. no evaluará ni considerará ninguno de los siguientes antecedentes penales, ni antes ni después de la emisión de una oferta condicional:

- (1) arrestos o cargos que no hayan dado lugar a una condena penal;
- (2) condenas suprimidas;
- (3) condenas eliminadas mediante el indulto ejecutivo;
- (4) condenas anuladas o invalidadas legalmente de otro modo;
- (5) sentencias juveniles por delincuencia; y
- (6) antecedentes expurgados.

Después de la presentación de una oferta, AAH Management Co., Inc. puede considerar un antecedente penal que:

- Haya resultado en una condena por asesinato, agresión sexual agravada, secuestro, incendio provocado, trata de personas, agresión sexual, poner en peligro el bienestar de un niño en infracción de N.J.S.2C:24-4(b)(3);
- Haya resultado en una condena por cualquier delito que requiera el registro estatal de por vida de agresores sexuales;
- Sea procesable por cualquier delito en primer grado, o liberación de prisión por ese delito, dentro de los últimos 6 años;
- Sea procesable por cualquier delito de segundo o tercer grado, o liberación de prisión por ese delito, dentro de los últimos 4 años; o
- Sea procesable por cualquier delito de cuarto grado, o liberación de prisión por ese delito, dentro del último año.

Para obtener más información sobre cómo se aplican estas reglamentaciones, consulte los recursos en <https://www.njoag.gov/about/divisions-and-offices/division-on-civil-rights-home/fcha/>.

AAH Management Co., Inc. puede retirar una oferta condicional basada en sus antecedentes penales solo si AAH Management Co., Inc. determina, por preponderancia de la evidencia, que esta acción es necesaria para satisfacer un interés sustancial, legítimo y no discriminatorio.

Si AAH Management Co., Inc. utiliza a cualquier proveedor o persona/entidad externa para realizar una verificación de antecedentes penales en su nombre, AAH Management Co., Inc. tomará medidas razonables para garantizar que el proveedor o la persona/entidad externa realice la verificación de antecedentes penales de acuerdo con los requisitos de la FCHA y las reglamentaciones. Específicamente, si AAH Management Co., Inc. recibe una investigación de antecedentes penales realizada por un proveedor o una persona o entidad externa que se lleva a cabo y no cumple con la FCHA en el sentido de que revela un registro que no puede considerarse según la FCHA, AAH Management Co., Inc. debe demostrar que no se basó en esa información para tomar una determinación sobre su arrendamiento.

Si está sujeto a la retirada de una oferta condicional de vivienda debido a antecedentes penales, tiene derecho a solicitar y recibir los materiales en los que se basa AAH Management Co., Inc. para tomar esta determinación.

Usted tiene derecho a disputar, dentro de los diez (10) días posteriores a la recepción de esta declaración, la relevancia y exactitud de cualquier registro penal, y a ofrecer evidencia de cualquier hecho o circunstancia atenuante, incluidos, entre otros, su rehabilitación y buena conducta desde el delito penal. También puede proporcionar evidencia que demuestre inexactitudes en aspectos de sus antecedentes penales que puedan considerarse según la FCHA, o evidencia de rehabilitación u otros factores atenuantes a AAH Management Co., Inc. en cualquier momento, incluso después de los diez días.

Cualquier acción tomada por AAH Management Co., Inc. en violación del proceso establecido en esta declaración puede constituir una violación de la FCHA. Si cree que algún propietario, agente, empleado o persona designada por AAH Management Co., Inc. no ha cumplido con alguno de los requisitos anteriores, puede comunicarse con la División de Derechos Civiles de Nueva Jersey en [www.NJCivilRights.gov](http://www.NJCivilRights.gov) (1-866-405-3050). Se debe presentar una queja ante la DCR dentro de los 180 días posteriores a la presunta conducta discriminatoria. No puede ser objeto de represalias por presentar una queja o por intentar ejercer sus derechos en virtud de la FCHA.

La DCR tiene distintas hojas informativas sobre equidad en la vivienda disponibles en <https://www.nj.gov/oag/dcr/housing.html>, o puede obtenerlas en cualquiera de las cuatro (4) oficinas regionales de la DCR.

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Atlantic City, NJ 08401

140 East Front Street, 6<sup>th</sup> Floor  
Trenton, NJ 08625

\_\_\_\_\_  
Firma del proveedor de vivienda

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del poible inquilino

\_\_\_\_\_  
Fecha