

APPLICATION FOR ADMISSION

This application is for residency at the following location(s): *(check all that apply)*

- Millville, NJ
 Hammonton, NJ
 Egg Harbor Township, NJ

Name: _____ Day Phone: (____) _____ Evening Phone: (____) _____

Address: _____
Street City State Zip

How long have you resided here? _____ to _____ Reason for moving: _____

Does your current housing meet basic standards of health and safety? Yes No

EMERGENCY CONTACT INFORMATION:

Name: _____ Phone Number: (____) _____

Address: _____

Email Address: _____

Does this person have Power of Attorney for the applicant? Yes* No

****Legal documents showing Power of Attorney must be submitted with this application and retained on file for any applicant information to be released to the person listed above.***

List **ALL** persons who will live in the apartment. List Head of Household first.

***Race Code:** 1-White, 2-Black, 3-Native Hawaiian/Other Pacific Islander, 4-Asian, 5-American Indian/Alaska Native

Last Name	First Name	MI	Relationship To Head of Household	Date of Birth	Student?	US Citizen?	*Race?	Hispanic? (Y/N)	Social Security Number
			Head						

AT LEAST ONE MEMBER OF THE HOUSEHOLD HAS A SOCIAL WORKER/CASE MANAGER: Yes No

SW/CM Contact Name: _____ SW/CM Contact Phone Number: (____) _____

SW/CM Contact Email: _____ SW/CM Facility: _____

INCOME & ASSET INFORMATION

GROSS MONTHLY AMOUNTS

TYPE OF INCOME	HEAD	CO-HEAD
Wages	\$	\$
Unemployment	\$	\$
Social Security	\$	\$
Public Assistance	\$	\$
Pensions/Annuity	\$	\$
Disability/SSI	\$	\$
Child Support/Alimony	\$	\$
Other	\$	\$

TOTAL VALUE

TYPE OF ASSET	HEAD	CO-HEAD
Savings Account(s)	\$	\$
Checking Account(s)	\$	\$
CDs, IRA, 401k, Etc.	\$	\$
Stocks & Bonds	\$	\$
Real Property	\$	\$
Cash on Hand	\$	\$
Any Other	\$	\$

APPLICATION FOR ADMISSION



EQUAL HOUSING OPPORTUNITY

HANDICAPPED ACCESSIBLE

Is the applicant **EITHER** currently enrolled in Medicaid OR intending to enroll in Medicaid in the next six (6) months? Yes No

Does the applicant qualify* for assisted living and/or already live in an assisted living facility? Yes No

*All applicants will be required to undergo a physical examination no more than 30 days prior to beginning tenancy, in accordance with all rules and regulations set forth by the state of New Jersey Department of Health. Tenancy cannot be offered to applicants refusing a physical examination or those found to physically not qualify for an assisted living facility by standards set forth by NJDOH.

Have you or any member of the household ever been convicted of a felony? Yes No

If yes, explain:

Are any members of the household subject to a lifetime sex offender registration requirement in any state? Yes No

Your signature(s) below serves as written permission for New Standard Senior Living to obtain a criminal background report for all applicants over the age of 18. The applicant(s) affirms that all information in this application is true and complete. The applicant(s) also understands that a personal interview must be held, and assets and income verified and approved. All information received is confidential. This application creates no obligation for the Landlord or applicant. After the application process is approved, a lease agreement must be signed by all applicants of legal age. If accepted, Applicant(s) certify this apartment will be their sole residence. The undersigned makes the foregoing representation knowing that if any of such proves false, New Standard Senior Living may cancel and annul any lease given in reliance upon such information.

ALL APPLICANTS WILL BE CHARGED \$35.00 FOR THE PROCESSING OF A NATIONAL CRIMINAL BACKGROUND CHECK. PAYMENT CAN BE MADE BY CHECK OR MONEY ORDER, MADE PAYABLE TO "NEW STANDARD SENIOR LIVING". APPLICANTS REFUSING A NATIONAL CRIMINAL BACKGROUND CHECK WILL BE AUTOMATICALLY DENIED.

All Applicants age 18 and older **MUST** sign this application.

Applicant Signature: _____

Date: _____

Applicant Signature: _____

Date: _____

If a portion or all of the application is completed by someone other than the applicant, the following statement must be completed. I/We have completed all or part of this application at the request of the applicant(s):

Signature: _____

Date: _____

Signature: _____

Date: _____

PLEASE RETURN THIS FORM TO:

New Standard Senior Living

1125 Village Drive, Millville, NJ 08332

Phone: 856-469-8192

Fax: 856-300-5899

All applications are subject to criminal background checks. In the case of rejection, applicant will be provided notice of such rejection in writing within 2 weeks of submitting the application to New Standard Senior Living. Applicant is afforded 10 business days following notification of rejection to request an appeal, in writing, of the rejection decision.