

MEND

*A BEACON for Affordable Housing
in Burlington County
since 1969*

MEND, INC. • MEND I, INC. • MEND GP • MEND LP • FROG HOLLER FARMS, INC. • MEND BURLINGTON LLC • MEND CINNAMINSON LLC • MEND DEPTFORD LLC
MEND EGG HARBOR CITY LLC • MEND EVESHAM LLC • MEND FLORENCE LLC • MEND MEDFORD LLC

P.O. Box 828 • 99 East Second Street • Moorestown, New Jersey 08057 • 856-722-7070 • fax 856-722-7577

Dear Applicant:

Thank you for your interest in housing with MEND, Inc.! Please read the entirety of this letter prior to filling out your application as it is designed to outline the application process.

MEND will only accept completed applications. This entails:

- Proof of all income
 - Page 2 of the application outlines what paperwork is acceptable
 - Paystubs must have the pay period date, gross income, net income, and taxes taken out visible
 - MEND will not accept copies of tax returns
 - If you do not have a minimum of 4 paystubs MEND will accept a letter from your employer as long as it:
 - Is printed on the company's letterhead
 - Clearly states how much you're paid per hour
 - States the amount of hours you're expected to work a week
 - Is signed
- Application filled out to its entirety

If the application you submit is missing any of this information then it will be sent back as incomplete. Copies of applications, faxed applications, or digital applications are not accepted. Incomplete applications will not be considered for the waitlist.

In order to qualify you must meet the minimum income requirements. A yellow post-card will be mailed out the following week stating whether or not you were approved for and placed on our waitlist.

The waitlist for any efficiency, one or two bedroom unit is about six months to one year. The waitlist for our three bedroom units exceeds three years. MEND does not have any units for show as they are all lived in.

At the time of applying you must be willing, ready, and able to move. MEND will not hold units and will move on to the next applicant if you are unable to take the unit. It will count as a first refusal. If you refuse two units then you will be removed from our waitlist and must wait one full year before you can reapply.

Once you agree on an apartment, the final step in the process will be to complete a background check. The Property Manager will ask you to submit a money order for \$30 per person over the age of 18 on the application. The results of the background check will be the determining factor in the application process.

Thank you.

MEND, Inc.

FOUNDING CHURCHES

*Bethel A.M.E. Church • Friends Meeting of Moorestown • First Baptist Church • First Presbyterian Church • First United Methodist Church
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Moorestown & Delanco Properties

Because MEND receives funding from the State and Federal government, our rents must be affordable to low and moderate income applicants. MEND limits occupancy based on family composition and income. The minimum income guidelines are listed below.

Minimum Income Requirements for Multi-Family

Bdr. Size	Max. Occupancy	Min. Income
1 Bdr. Apt.	Up to 2 People	\$22,000
2 Bdr. Apt.	Up to 4 People	\$25,000
3 Bdr. Apt.	Up to 6 People	\$27,000
3 Bdr. Hse.	Up to 6 People	\$35,000

**Note: Rent and Utilities should not exceed
40% of Gross Annual Income**

Minimum Income Requirements for Senior Citizens and Persons w/Disabilities

Bdr. Size	Max. Occupancy	Min. Income
Efficiency	One Person	\$14,500
1 Bdr. Apt.	Up to 2 People	\$15,500

**Note: Rent and Utilities should not exceed
40% of Gross Annual Income**

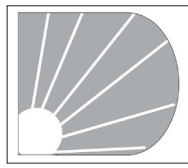
The Minimum Income Guidelines listed above are subject to change based on State and Federal regulations. If you have any questions regarding the MEND application process, please contact the MEND office at 856-722-7070.

Thank you for applying for housing with MEND.

MEND is an Equal Opportunity Housing Provider

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MEND Tenant Selection Plan Statement of Rental Policy

(Updated June 24, 2021)

MEND is an equal opportunity housing provider. We fully comply with the Federal Fair Housing Act. We do not discriminate against any person because of race, color, religion, sex, handicap or disability, familial status, or national origin and strive to improve housing opportunities in Burlington County. We also comply with all state and local fair housing laws.

PROGRAM ELIGIBILITY REQUIREMENTS

Applicants must meet the following requirements to be eligible for occupancy and/or housing assistance:

1. The family's annual income must not exceed program income limits.
2. Applicants must provide copies social security cards for all family members are least six years of age and older. If no social security number has been assigned to a particular family member the applicant must sign a certification stating that no social security number has been assigned.
3. All adult applicants must sign an Authorization for Release of Information prior to receiving assistance annually thereafter.
4. The unit for which the family is applying must be the family's only residence.
5. Applicants must agree to pay the rent required by the program under which the applicant will receive any assistance (if any).
6. Only U.S. citizens or eligible non-citizens who have eligible immigration status as determined by HUD may receive assistance under Section 8 Programs.
7. All information submitted by an applicant is subject to verification.
8. Various programs may impose additional occupancy restrictions.

APPLICATION PROCESS

We evaluate every apartment application in the following manner:

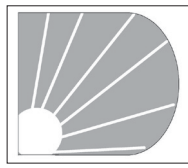
Applicants must submit a rental application and answer all questions on the forms. There will be a \$30 processing fee per adult (no charge for Section 8) as the final step of the application process. A background check will only be run once you have been shown an apartment and agreed to continue with the housing process. We will send your application to our credit service which will check your credit report and rental references to confirm that they meet our rental criteria. We will also check your criminal history with the New Jersey State Police. We will determine, from your response to the application questions as well as the results of the background check, whether you qualify for the size and type of apartment in which you are applying. The results of the background check will be the determining factor in the housing process.

WAITING LIST

All applications are time and date stamped, and initialed. About 30 days prior to a unit becoming available the next person on the list is notified. An appointment will be then be made to show the unit. From there we will then verify all income and assets to be sure you qualify for the program. We will rent available apartments to applicants in the order that their applications are approved. When you have agreed to rent the apartment offered to you, a security deposit equal to one and a half months rent is due. This deposit will hold the apartment until the lease is signed. In the event you refuse two apartments offered to you for any reason, you will be removed from our waitlist. You must wait one entire year from the date you were removed before you can reapply for housing with MEND, Inc.

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OPENING AND CLOSING THE WAITLIST

The waiting list may be closed for one or more unit sizes when the average wait is excessive (e.g. one year or more). When the owner agrees to accept applications again, a notice will be published in area newspapers.

APARTMENT AVAILABILITY POLICY

Apartments become available when they are ready to rent. A vacant apartment will not be deemed available until it has been cleaned, repainted, and prepped for a new resident.

OCCUPANCY GUIDELINES

To prevent overcrowding and undue stress on plumbing and other building systems, we restrict the number of people who may reside in an apartment. In determining these restrictions, we adhere to all applicable fair housing laws.

TRANSFER POLICY

Tenants may apply for a transfer to a different unit after one year of satisfactory occupancy. If a tenant's household size increases or decreases, MEND will consider a transfer based on household size and unit availability. The only time a transfer between units of the same size will be considered is if it's in the case of medical necessity. In-house transfers will take priority over an applicant from the waiting list. Tenant must have satisfactory rental history for six months prior to transfer. Tenant will be responsible for any and all fees associated with the transfer.

STUDENT RULE

For a student to be eligible for Section 8 assistance or Low Income Tax Credit Housing, the following 4 criteria must be met: 1.) Over 23, 2.) Married, 3.) Have a dependent child, 4.) Be a veteran.

RENTAL CRITERIA

To qualify for an apartment at MEND, Inc. you must meet the following criteria:

- A. Income- You must have enough income so that the rent and utilities of the apartment for which you are applying do not exceed 40% of your gross income (see income guidelines). You must be able to prove at least six months of employment at the time of applying. Seniors, those with disabilities, and Section 8 applicants are excluded from this employment provision.
- B. Rental History- You must have a satisfactory rental history for the past four years. If you have ever been evicted or filed on by your landlord for any lease violation, including late payment of rent, we will reject your application.
- C. Credit History- Your credit record must currently be satisfactory. If your credit history shows any bankruptcies they must have been discharged for at least two years otherwise we will reject your application. If you have any unpaid debts, civil judgements, collection accounts, unpaid student loans, State or Federal tax liens, etc. we will reject your application.
- D. Criminal History- If you have been convicted of a felony or any drug charge we will reject your application. If you have been convicted of a misdemeanor involving dishonesty or violence within the past five years we will reject your application. MEND may choose to require criminal background checks during annual re-certifications for all tenants.
- E. Violence Against Women Act (VAWA) - The VAWA protects domestic violence victims by prohibiting apartment firms from evicting residents and/or rejecting applications based on acts of such violence against them. The law allows housing providers to require residents/applicants to complete HUD-50066 certifying that the resident/applicant is a domestic violence victim in order to claim protection under law.

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NO PETS
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 Moorestown, NJ 08057
 Phone: (856)722-7070 Fax: (856) 722-7577



APARTMENT HOUSING APPLICATION FORM

Applicant Name: _____ Date: _____

Current Address: _____ Apt. #: _____

City/State/Zip: _____

Home Phone #: _____ Work #: _____ Spouse Work #: _____

List names, addresses and phone numbers of 2 relatives or friends who know how to contact you:

1. Name: _____	2. Name: _____
Address: _____	Address: _____
_____	_____
Phone #: _____	Phone #: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

List the Head of Household and any other member(s) who will be living in the unit.

	Full Name	Relationship	Birth Date	Birth Place	Age	Sex	Social Security #
1.		Head					
2.							
3.							
4.							
5.							
6.							

Does anyone currently live with you who is not listed above? Yes No If yes, explain _____

Do you plan to have anyone living with you in the future who is not listed above? Yes No If yes, explain _____

Is the head of this household or your spouse handicapped or disabled? Yes No

Is anyone else in the household handicapped or disabled? Yes No

If yes, please identify any special housing needs _____

Would a second floor unit be acceptable? Yes No

CURRENT HOUSING STATUS:

How many people live in your home now? _____ How many bedrooms do you have? _____

Do you wish to move? Yes No If yes, why? _____

Are you being evicted? Yes No If yes, explain _____

CURRENT HOUSING STATUS - con't

Are you being displaced from your present home? Yes No If yes, explain _____

What is your current monthly rent? \$ _____ What are your monthly costs for all utilities except telephone? \$ _____

Are you currently in a government subsidized unit or project? Yes No

What is the condition of your current housing? Standard Unsafe or Unhealthy

No indoor plumbing or kitchen

Currently without housing

Current Landlord: _____ Phone #: _____

Landlord's Address: _____

INCOME INFORMATION:

For each family member as listed on Page 1, indicate below the **AMOUNT** by source of any income that can be expected during the next 12 months.

Member #	Wages/Salary	Social Security	Pensions	Disability	Unemployment	Welfare	Other
1.							
2.							
3.							
4.							
5.							
6.							
Total							

ASSETS:

List all checking and savings accounts (including IRA's, Keogh accounts, and Certificates of Deposit) for each family member, including amounts disposed of during the past 2 years.

Family Member	Bank or Security Name	Account #	Current Balance

List the value of all stocks, bonds, trusts, pension contributions, or other assets: _____

Please answer each of the following questions. For each "yes" answer, make sure you have provided the details in the above boxes.

Yes No

1. Does any other household member expect to work during the next 12 months?

— —

	<u>Yes</u>	<u>No</u>
2. Does any household member work for someone who pays them in cash?	___	___
3. Is any household member on leave of absence from work due to lay-off, medical, maternity, or military leave?	___	___
4. Does any household member now receive or expect to receive unemployment benefits?	___	___
5. Does any household member now receive or expect to receive child support?	___	___
6. Is any household member entitled to receive child support that he/she is not now receiving?	___	___
7. Does any household member now receive or expect to receive alimony payments?	___	___
8. Is any household member entitled to alimony payments that he/she is not now receiving?	___	___
9. Does any household member receive or expect to receive welfare assistance?	___	___
10. Does any household member receive or expect to receive Social Security benefits?	___	___
11. Does any household member receive or expect to receive income from a pension or annuity?	___	___
12. Does any household member receive regular cash contributions from friends, family or individuals not living in the unit, or from agencies or charities? (Please circle which applies)	___	___
13. Does any household member receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, or income from the rental of property? (Please circle which applies)	___	___
14. Does any household member receive or expect to receive an earned-income tax credit?	___	___
15. Do you own a home or other real estate?	___	___
16. Have you sold or given away real property or other assets in the past two years? If yes, what was the market value of the asset? \$ _____	___	___
17. Have any civil judgments been filed against you or any household member? If yes, which member and date? _____	___	___
18. Have you or any household member ever filed for bankruptcy? If yes, date _____ Was it discharged? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date _____	___	___
19. Have you or any household member ever had a state tax lien filed against them?	___	___
20. Have you or any household member ever been required to register with the National Sex Offender Registry?	___	___
21. Were you ever convicted of manufacturing methamphetamine in federally assisted housing?	___	___
21. Do you own a pet? if yes, please describe _____	___	___
22. Are you a U.S. Citizen? If not, what is your current citizenship status? _____	___	___

EXPENSES:

Do you pay for child care which enables you or another family member to work or go to school? Yes No

If yes, give name and address of child care provider, weekly cost, transportation cost, and name of family member enabled to work. _____

FAMILIES WITH HANDICAPPED MEMBERS ONLY:

Do you pay for a care attendant or for any equipment for the handicapped member(s) of the family necessary to permit that person or someone else in the family to work? Yes No

PREVIOUS RENTAL HISTORY OR OWNERSHIP HISTORY

Name and address of your Present Landlord or Current Address:

Telephone: _____

How long have you lived here? _____

Reason for leaving? _____

Name and address of your Former Landlord or Previous Address:

Telephone: _____

How long did you live there? _____

Reason for leaving? _____

EMPLOYMENT HISTORY

Name and address of Head of Household's present employment:

Telephone: _____

Supervisor's Name? _____

How long have you worked there? _____

Name and address of spouse's or co-head employer:

Telephone: _____

Supervisor's Name? _____

How long have you worked there? _____

APPLICANT CERTIFICATION

I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we 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/we 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 of Head of Household _____ Date: _____

Signature of Spouse/Co-Head _____ Date: _____

Signature of Administrative Agent _____ Date: _____

We Do Business in Accordance With the Federal Fair Housing Law (The Fair Housing Amendments Act of 1988). It is Illegal to Discriminate Against Any Person Because of Race, Color, Religion, Sex, Handicap, Familial Status, or National Origin.



MULTIPLE DWELLING REPORTING RULE TENANT/APPLICANT INQUIRY

The **New Jersey Law Against Discrimination**, *N.J.S.A. 10:5-1 to -49*, makes it unlawful to discriminate in the sale or rental of housing based on a person's race, creed, color, national origin, ancestry, nationality, affectional or sexual orientation, disability, gender, marital status, familial status (whether you have a child, a parent-child relationship with a minor, or you are pregnant), lawful source of income or rental subsidy used for rental payments.

The **New Jersey Division on Civil Rights** is the State agency that is authorized to enforce the Law Against Discrimination. Under the Division's **Multiple Dwelling Reporting Rules**, *N.J.A.C. 13:10-1.1 to -2.6*, the Division requires landlords to collect and record information about applicants for apartment rentals and tenants in apartment complexes throughout New Jersey. The **Multiple Dwelling Reporting Rule** requires landlords to provide a summary of this information to the Division and to retain the information on this form. **The information is used to prevent and eliminate discrimination in housing.** Your cooperation in filling out this form will assist the Division in enforcing the Law Against Discrimination.

Please note that, although landlords must record certain information about the race and ethnicity of applicants and tenants, it is unlawful to record or ask applicants or tenants about other characteristics such as religion, gender, marital status or affectional or sexual orientation.

If you feel you have been denied housing or treated differently for one of the reasons listed above, you may e-mail the Division on Civil Rights at DCRMDRR@njcivilrights.gov for referral to a local Division office for additional information or assistance.



Visit the Division on Civil Rights Web site at: www.NJCivilRights.org

Tenants/applicants: Fold & tear along dotted line and retain top portion for your records

MULTIPLE DWELLING REPORTING RULE TENANT/APPLICANT INQUIRY

If the tenant/applicant chooses not to complete this form, the landlord or the landlord's representative is required to conduct a visual observation of the tenant or applicant and then complete this form as accurately as possible.

This form is not intended to be a part of the rental application process and must be kept separate and apart from rental records.

Tenant Applicant Name: _____

Address: _____

City: _____ State: _____ Zip code: _____ Phone Number: _____

Race/Ethnicity: Please check all that apply to leaseholders (tenants) or applicants.

- Black or African American:** a person having origins in any of the original peoples of Africa
- Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish origin or culture, or a person having a Spanish surname
- Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- American Indian or Alaska Native:** a person having origins in any of the original peoples of North or South America
- Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White or Caucasian:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Date: _____ Completed by: Tenant Applicant Landlord

If you have any questions regarding this inquiry, please e-mail the Division on Civil Rights, Multiple Dwelling Unit at DCRMDRR@njcivilrights.gov

