

RUNSEN HOUSE AMENITIES

Spacious 1 Bedroom Apartments

Fully Equipped Galley Kitchen with Oak Cabinets

Laminate Plank Flooring in Kitchen and Bathroom

Wall to Wall Carpeting

Four (4) Spacious Closets – Foyer, Bedroom, Hallway and Linen

A Controlled Building Entry System

Fire Sprinkler and Carbon Monoxide Detection System

ADA Compliant for Wheelchair Accessibility on All Floors

Clean and Safe Laundry Facilities on Each floor

Clean and Locked Trash Room on Each floor

Large Sitting Area on Each Floor

Attractive and Functional Elevators

Heat, Air Conditioning, Water and Sewer included

Large Commons Room for Tenant Activities, Guest Speakers or Get-Togethers

Exercise Classes to practice Physical Fitness and Preserve your Health.

Accessible Back Patio with Café Lighting, Comfy Patio Seating and Bistro

Community Gardens to Participate or just Sit and Enjoy

Accessible Walking Path in Back of Building with Bench Seating

Activities and Entertainment - Movies, Wii Bowling, BINGO and Game Nights

Non-Denominational Prayer Group and Weekly Bible Study

Runsen House Community Outreach Committee

On-Site Parking for Tenants

Boro of Runnemede Transport - Pick Up at Building Entrance.

Easy Access to New Jersey Transit Bus

On-Site Professional Management

Interior and Exterior Maintenance Provided

24 Hour Emergency Maintenance

Make your life easier and enjoy a Safe and New Independent Way of Living.

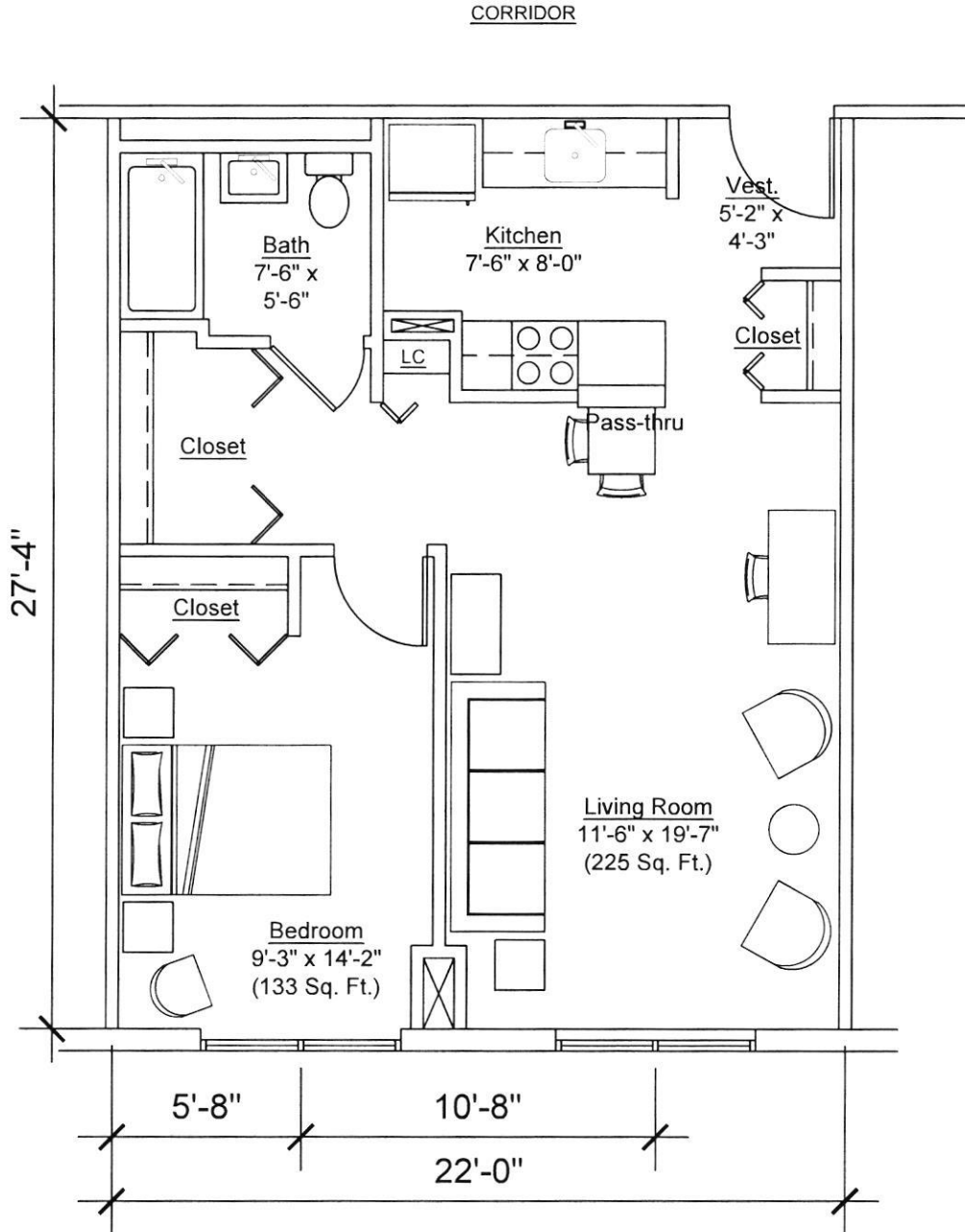
Please visit our website at Runsenhouse.com

Contact us by email runsenhouse@comcast.net or call 856-939-6564.

*Mail * 825 E. Clements Bridge Road * Suite 1* Runnemede* NJ* 08078*



Runsen House Senior Housing



1 Typical Unit Plan
 A-2 Scale: 3/16"=1'-0"
 601 Sq. Ft. Net

825 E. Clements Bridge Road
 Suite 1
 Runnemede, NJ 08078

RUNSEN HOUSE
LOW INCOME SENIOR APARTMENTS
825 E. CLEMENTS BRIDGE ROAD
SUITE 1
RUNNEMEDE, NEW JERSEY 08078
856-939-6564 phone
856-939-4090 fax
runsenhouse@comcast.net email

Preliminary Rental Application Procedure: Thank you for your interest in Runsen House.

The Preliminary Application must be **completed, signed and dated** by the Applicant(s) and submitted either in person to the office or via mail to the office – We cannot accept applications without original signatures. The application will be used to determine initial eligibility. Applicants may request assistance in completing the application if necessary. While the Management Office will track all applications and requests for additional information, no application will be placed on the waiting list until it is complete.

When a completed application is received or the requested information received subsequently to make it complete, the application will be logged by date and time received. All Applicants who submit a completed application (or when an application becomes complete) will be notified of waiting list status or subsequent Tenant selection or rejection.

It is the responsibility of the Applicant to contact Runsen House every 3-4 months to remain current on the waiting list. Applicants on the waiting list are required to submit a revised application reflecting any changes in income to remain on the waiting list.

If your Preliminary Application is eligible you will be placed on our Waiting List. If a vacancy at the property exists, or is expected within the next ninety (90) days, the verification-selection process will begin immediately. Applicants will be selected from our Waiting list for processing. This process will include a Personal Interview, 3rd Party Verification of Income, Assets, Credit Checks, Criminal Background Checks and the **Managing Agent's** references for selection or rejection. At initial processing time a Non-Refundable Application Processing Fee of **\$50.00** will be due before the application process can begin. This Processing Fee will cover the cost of the Credit Check, Criminal Background Check and other actual expenses related to processing your application and the Third Party Verification Process.

THANK YOU FOR YOUR CONSIDERATION

PRELIMINARY APPLICATION FOR RUNSEN HOUSE

PLEASE READ ALL INSTRUCTIONS. IMPROPER OR INCOMPLETE APPLICATIONS WILL BE RETURNED TO YOU. YOU MUST COMPLETE BOTH SIDES TO BE CONSIDERED A CANDIDATE FOR RESIDENCY

1a HEAD OF HOUSEHOLD INFORMATION										
APPLICANT (Last, First , Middle name)										
CURRENT ADDRESS										
CITY			STATE			ZIP		COUNTY		
HOME TELEPHONE			CELL PHONE			EMAIL				
SOCIAL SECURITY #			DATE OF BIRTH			DRIVER'S LICENSE#/STATE				
2a HEAD OF HOUSEHOLD RESIDENCE INFORMATION										
HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS?					DO YOU OWN OR RENT?			MONTHLY PMT		
NAME OF PRESENT LANDLORD / MORTGAGE COMPANY					LANDLORD NAME			TELEPHONE #		
ADDRESS OF PRESENT LANDLORD / MORTGAGE COMPANY										
PREVIOUS ADDRESS					HOW LONG?		TELEPHONE#			
1b CO-TENANT INFORMATION										
APPLICANT (Last, First , Middle name)										
CURRENT ADDRESS										
CITY			STATE			ZIP		COUNTY		
HOME TELEPHONE			CELL PHONE			EMAIL				
SOCIAL SECURITY #			DATE OF BIRTH			DRIVER'S LICENSE#/STATE				
2b CO-TENANT RESIDENCE INFORMATION										
HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS?					DO YOU OWN OR RENT?			MONTHLY PMT		
NAME OF PRESENT LANDLORD / MORTGAGE COMPANY					LANDLORD NAME			TELEPHONE #		
ADDRESS OF PRESENT LANDLORD / MORTGAGE COMPANY										
PREVIOUS ADDRESS					HOW LONG?					
3 HOUSEHOLD COMPOSITION/CURRENT GROSS ANNUAL INCOME FROM ALL SOURCES PENSION, SOCIAL SECURITY, ASSET INCOME SUCH AS DIVIDENDS/INTEREST, INVESTMENTS, ETC. SEE #4 TO LIST ASSETS										
NAME (First and Last)				DATE OF BIRTH MO DAY YR		SEX M/F	CURRENT GROSS ANNUAL INCOME			
1 HEAD							\$			
2 CO TENANT							\$			

PRELIMINARY APPLICATION FOR RUNSEN HOUSE - continued

4 TYPE OF ASSET Savings/ Checking Accts, CD, Stocks, Bonds, Real Estate, Annuity, IRA, ETC	CURRENT MARKET VALUE	ESTIMATED ANNUAL INCOME FROM ASSET	ANNUAL INTEREST %
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

5a EMPLOYMENT HEAD OF HOUSEHOLD (for additional information, please attach additional sheets)

EMPLOYED BY		JOB TITLE	
CONTACT NAME AND TITLE			
ADDRESS			
CITY		STATE	ZIP
MONTHLY GROSS INCOME \$	YEARS AT JOB	FULL TIME PART TIME	WORK #

5B EMPLOYMENT CO-TENANT (for additional information, , please attach additional sheets)

EMPLOYED BY		JOB TITLE	
CONTACT NAME AND TITLE			
ADDRESS			
CITY		STATE	ZIP CODE
MONTHLY GROSS INCOME \$	YEARS AT JOB	FULL TIME PART TIME	WORK #

Certification of Accuracy and Release of Authorization

I hereby declare and certify that the information provided by me in making this application is true, correct and complete to the best of my knowledge. I understand and acknowledge that if any misstatement or omission of fact on this application will be grounds for denial of residency. I grant consent for all persons named in connection with this application to be contacted and further acknowledge and authorize my prospective landlord to utilize any investigative suppliers or sources it may deem necessary in determining my suitability for residency, which may include: credit report agencies, public records repositories, and investigative agencies for the purpose of a criminal records search. I also hereby indemnify Runsen Associates, Inc., Runsen Associates, LP and Runsen House or any prospective landlords against all damages, potential or otherwise, stemming from the release of any negative information contained in the requested investigative report.

HEAD OF HOUSEHOLD SIGNATURE	DATE
CO-TENANT SIGNATURE	DATE

DATE RECEIVED	TIME RECEIVED
RECEIVED BY	

RUNSEN HOUSE APPLICANT – INCOME & ASSET WORK SHEET

Listed below are questions that must be answered in regards to the entire household. If you answer **YES** to any question, provide a full explanation and the amount you receive. Answer all questions as true and complete to the best of your knowledge. Any false statements or misrepresentation is punishable under Federal Law.

The next step - **Third Party Application Verification Process** - it will be your responsibility to provide Runsen House with the proof of all Income & Assets you listed below. You will need to record all balances; copy all statements or other pertinent information.

APPLICANT NAME:

Date _____

1. DO YOU HAVE ANY OF THE FOLLOWING?	YES	NO	BALANCE/VALUE	INSTITUTION
Checking Account				
Savings Account				
Money Market				
Annuity				
Trust Account				
IRA/KEOGH/Retirement Account				
Stock's/Bonds				
CD's				
Real Estate – Primary Residence				
Equity in a Rental Property				
Personal Property Investment				
Cash in a Safe Deposit Box				
Any Other Accounts Not Listed				
2. DO YOU RECEIVE PERIODIC INCOME SUCH AS:	YES	NO	BALANCE/VALUE	INSTITUTION
Social Security				
Retirement Fund(s)				
Pension Plan(s)				
Disability or Death Benefits				
Alimony/Child Support				
Loan Reimbursements				
Do You Take An RMD? <small>(Required Minimum Distribution)</small>				
Insurance Policies				
Other Not Listed				

3. HAVE YOU RECEIVED ANY LUMP SUM PAYMENTS SUCH AS:	YES	NO	AMOUNT	NOTES	
Inheritance					
Lottery Winnings					
Insurance Settlements					
Capital Gains					
Social Security/Unemployment					
Other Not listed					
4. DO YOU RECEIVE MONETARY GIFTS OR NON CASH CONTRIBUTIONS FROM PERSONS OUTSIDE YOUR HOUSEHOLD FOR:	YES	NO	AMOUNT	NOTES	
Rental Payments					
Utility Bills					
Groceries					
Clothing Miscellaneous					
Household Supplies					
Prescriptions					
Other Not Listed					
5. HAVE YOU DISPOSED OF ANY ASSETS FOR LESS THAN FAIR MARKET VALUE IN THE PAST TWO YEARS?				YES	NO
IF YES, EXPLAIN					
6. ARE ANY ASSETS HELD JOINTLY WITH ANOTHER PERSON?				YES	NO
IF YES, EXPLAIN					
Co owner's name & address					

Should you have any other questions or need clarification, please contact Runsen House Management at 856-939-6564 during business hours or email runsenhouse@comcast.net.

RUNSEN HOUSE SMOKE FREE ENVIRONMENT

Applicant Notice

Purpose of a Smoke Free Policy. Runsen House is a SMOKE FREE Facility (instituted November 1, 2011). The reason to Keep and Maintain this policy is to mitigate (i) the irritation and known adverse health effects of secondhand smoke; (ii) the increased maintenance, cleaning, and redecorating costs from smoking; (iii) the increased risk of fire from smoking; and (iv) the higher costs of fire insurance for a non-smoke free building.

1. **Definitions:** “Smoking” means inhaling, exhaling, burning, or carrying any lighted or heated cigar, cigarette, or pipe, or any other lighted or heated tobacco or plant product intended for inhalation, including hookahs and marijuana, whether natural or synthetic, in any manner or in any form. “Smoking” also includes the use of an electronic smoking device which creates an aerosol or vapor, in any manner or in any form. “Electronic Smoking Device” means any product containing or delivering nicotine or any other substance intended for human consumption that can be used by a person in any manner for the purpose of inhaling vapor or aerosol from the product. The term includes any such device, whether manufactured, distributed, marketed, or sold as an e-cigarette, e-cigar, e-pipe, e-hookah, or vape pen, or under any other product name or descriptor.
2. **Smoke Free Building and Grounds.** Applicant agrees and acknowledges that the premises to be potentially occupied by the Applicant and Applicant’s household are a smoke free living environment. A Tenant and members of Tenant’s household shall not smoke anywhere in the apartment unit rented by a Tenant, all of the common areas of the building where the Tenant’s dwelling is located, including, but not limited to, community rooms, community bathrooms, lobbies, reception areas, hallways, laundry rooms, stairways, offices, and elevators; or in any of the common areas or adjoining grounds of such building or other parts of the rental community, including entryways, patios, and yards, nor shall Tenant permit any guests or visitors under the control of Tenant to do so.

I have read and understand the Smoke Free Environment Notice provided at the time of application for residency at Runsen House.

Date

Applicant Signature

Date

Management Signature

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 contact the Division on Civil Rights at (609) 984-3138 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 contact the Division on Civil Rights, Multiple Dwelling Unit at 609-984-3138 between the hours of 9:00 to 5:00 Monday through Friday, or e-mail the MDRR unit at DCRMDRR@njcivilrights.org

