

**Lena and David T. Wilentz**  
**Senior Residence**

360 DeMott Lane  
Somerset, NJ 08873  
(732) 873-3888

**Tenant**

**Preliminary Application**

Name

Date Received

Time Received

# Lena and David T. Wilentz Senior Residence

## TENANT PRELIMINARY APPLICATION

The following information is required before your interview.

Your Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Male  Female

Present Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Area Code

Cell # ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Are you: Single  Married  Widowed  Divorced  Separated

Are you an American Citizen? Yes  No

Will anyone be occupying apartment with you? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Co/Applicant \_\_\_\_\_ Relationship \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Social Security No. \_\_\_\_\_

Is Co/Applicant an American Citizen? Yes  No

Do you live in: A House  Apartment  Boarding House  Rooming House

Are you presently receiving a rent subsidy? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you hear about Somerset Residence/Wilentz Senior Residence?

Advertisement  Internet  Agency  Other  \_\_\_\_\_

Do you need the special features of a handicapped unit? Yes \_\_\_\_\_ No \_\_\_\_\_

# EMPLOYMENT

Are you presently employed? Yes  No  Self employed? Yes  No

If yes to above, name of firm \_\_\_\_\_

Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Occupation \_\_\_\_\_

## FINANCIAL INFORMATION

This section must be completed in full for your application to be processed.

	Monthly		Annually	
	Applicant	Co/Applicant	Applicant	Co/Applicant
Salary	_____	_____	_____	_____
Social Security	_____	_____	_____	_____
Supp. Security Income (SSI)	_____	_____	_____	_____
Pension, including Overseas	_____	_____	_____	_____
Reparations	_____	_____	_____	_____
Rental Property	_____	_____	_____	_____
Deed or Trust or Mortgages Held	_____	_____	_____	_____
Savings Account Interest	_____	_____	_____	_____
Certificates of Deposit Interest	_____	_____	_____	_____
Money Market Fund Interest	_____	_____	_____	_____
Bond Interest	_____	_____	_____	_____
Stock Dividends	_____	_____	_____	_____
IRA/Annuity Distributions	_____	_____	_____	_____
Other Investments or Income	_____	_____	_____	_____
Support From Children, Relatives	_____	_____	_____	_____
Total Income	_____	_____	_____	_____

Do you own real estate? Yes  No

If yes, market value \_\_\_\_\_

Names and addresses of children, or authorized agents

Name	Address	Telephone (Home)	Telephone (Business)	Relation

In order to determine how effective our affirmative fair market plan, as approved by HUD, has been, please circle one of the following:

- White      Black/African American      American Indian/Alaska Native      Asian      Pacific Islander/Native Hawaiian**
- AND**
- Hispanic/Latino      Non-Hispanic/Latino**

I/we understand that this is only a preliminary application for an apartment in Lena and David T. Wilentz Senior Residence. It is not a lease or a promise by Wilentz Senior Residence Corporation that an apartment will be made available to me.

I/we certify that the information contained on this form is true and complete to the best of my knowledge. I authorize Wilentz Senior Residence Corporation to make inquiries to verify the statements made herein.

Date	Signature of Applicant
Date	Signature of Applicant

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making a false statement to any department of the United States Government.  
Use of the information collected based on the verification form is restricted to the purposes cited above.



The Oscar and Ella Wilf Campus for Senior Living  
[www.wilficampus.org](http://www.wilficampus.org)