



**Summer Hill of Wayne**  
 A Christian Health Community

2100 Summer Hill Road  
 Wayne, New Jersey 07470  
 (201) 848-5848  
 ChristianHealthNJ.org

Dear Prospective Applicant,

Thank you for your interest in Summer Hill, a Christian Health Community in Wayne. Enclosed is a general description of Summer Hill, an application and the tenant selection plan for our apartments.

Please keep in mind the following as you review the information:

- All applicants must be 55 or older in order to apply, regardless of any disability.
- Complete the application in its entirety. Incomplete applications will be returned.
- Rental prices include heat and hot water.

- Affordable gross annual income limits:
 

Single Occupancy	\$55,320
Double Occupancy	\$63,180
Triple Occupancy	\$73,710

- Current rental rates and wait times:
 

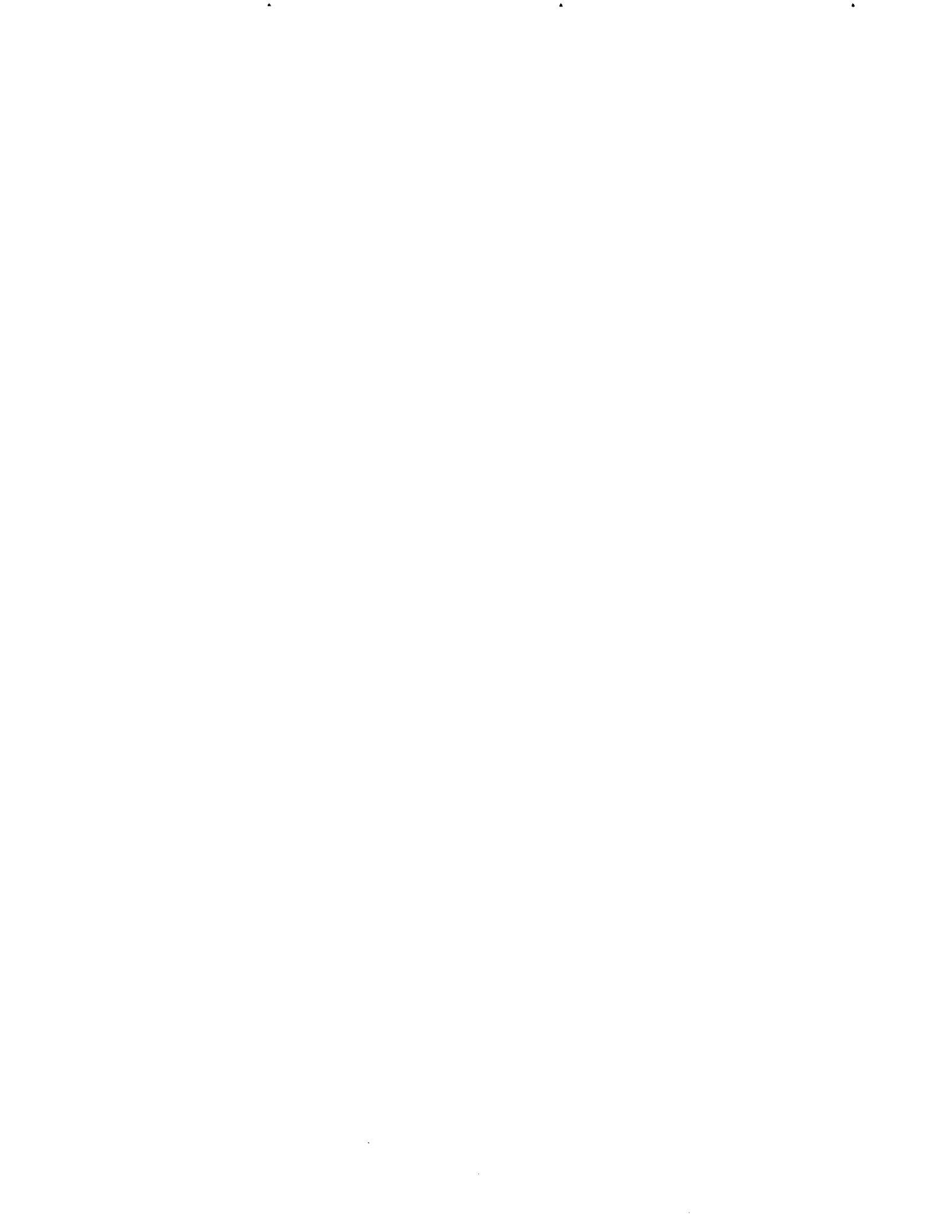
<u>Affordable</u>	<u>Rent</u>	<u>Estimated Wait Time</u>
One-bedroom	\$1350	18-24 months
Two-bedroom	\$1650	18-24 months

If you have any questions or need additional information, please don't hesitate to contact me at (201) 897-5320.

Sincerely,

*Isabel Galindo*

Isabel Galindo  
 Occupancy Specialist





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**Summer Hill** of Wayne  
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## About Summer Hill

Summer Hill is a complex of 163 apartments for active, independent seniors over age 55. Our residents are able to live on their own and do not need daily assistance, but still enjoy the lifestyle, security, and conveniences of community living.

The apartments are one- and two-bedroom units, all featuring a full kitchen, full bath with handrails, cable-ready living room with a picture window, dining area, and walk-in closets. Emergency pull cords are located in both the bedroom and bathroom. Heating and air conditioning are individually controlled. Gas, heat, and hot water are included in rent.

A variety of services and conveniences are available at Summer Hill.

- Indoor and outdoor maintenance service
- Transportation to shopping centers Monday to Friday
- Physical examination/consultation rooms
- Library
- Community Room
- Activity rooms
- Beauty salon
- Laundry facilities

Beautifully situated on 10 acres of gently sloping woods, Summer Hill offers residents modern living in a serene natural setting, within easy proximity to municipal services and downtown amenities.

***Fill out an application today and discover the enjoyment of living at Summer Hill!***





Please complete all sections; mark anything that does not pertain to you as N/A. Please print legibly.

1. What type of apartment are you interested in?

- 1 bedroom (approximately 550 square feet)       2 bedroom (approximately 775 square feet)

2. How did you hear about Summer Hill?

\_\_\_\_\_

3. Applicant Name \_\_\_\_\_  
(First) (MI) (Last)

Social Security Number \_\_\_\_\_

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

Check:  Female     Male     Do not wish to respond

Marital Status     Married                       Divorced                       Widowed                       Single

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone Number (\_\_\_\_\_) \_\_\_\_\_ Cell Phone Number (\_\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

4. Check the appropriate box (voluntary).

- |   |  |
|---|--|
| <input type="checkbox"/> White                            | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian                                     |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Other                                     |

Check the appropriate box (voluntary):

- Hispanic                                       Non-Hispanic



5. Co- Applicant Name \_\_\_\_\_  
(First) (MI) (Last)

Social Security Number \_\_\_\_\_

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

Check:  Female  Male  Do not wish to respond

Marital Status  Married  Divorced  Widowed  Single

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_ Cell Phone Number (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

6. Check the appropriate box (voluntary):

- |   |  |
|---|--|
| <input type="checkbox"/> White                            | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian                                     |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Other                                     |

Check the appropriate box (voluntary):

- |                                   |                                       |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Non-Hispanic |
|-----------------------------------|---------------------------------------|

7. Other Contact Information – *In order for us to communicate verbally or in writing with a family member(s) or friends(s) regarding this application, this section must be completed:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_ Cell Phone Number (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_



8. Income

This section MUST be completed by the applicant and co-applicant in order to process this application. List all gross monthly income. If you do not have the income, write N/A on the line provided.

	Applicant	Co-Applicant
Social Security Income	\$ _____	\$ _____
Supplemental Security Income (SSI)	\$ _____	\$ _____
Pension	\$ _____	\$ _____
PAAD Lifeline Electric Assistance	\$ _____	\$ _____
Employment	\$ _____	\$ _____
Unemployment Income	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Business Net Income	\$ _____	\$ _____
Trust Fund	\$ _____	\$ _____
Disability Payments	\$ _____	\$ _____
I-864 Immigration Sponsor Contributions to Household (legal non-citizens only)	\$ _____	\$ _____
Does any family member/friend give money to you or pay your bills? If yes, please list monthly amount.	\$ _____	\$ _____

Have you taken any "regular or predictable" distributions (monthly, twice a year, quarterly, and annually) from any of the following investment accounts? Required Minimum Distributions from a retirement account is considered income. List the amount and specify whether it was monthly, quarterly, yearly, or other.

	Applicant	Co-Applicant	Frequency
Brokerage Account	\$ _____	\$ _____	Monthly/Quarterly/Yearly
IRA	\$ _____	\$ _____	Monthly/Quarterly/Yearly
Annuity	\$ _____	\$ _____	Monthly/Quarterly/Yearly
Other	\$ _____	\$ _____	Monthly/Quarterly/Yearly



9. Assets

This section MUST be completed by the applicant and co-applicant. Provide the monetary value of your assets and the anticipated income. If you do not have the asset, write "N/A" on the line provided.

	Current Balance	Annual Income
Checking Account	\$ _____	\$ _____
Savings Account	\$ _____	\$ _____
Money Market Account	\$ _____	\$ _____
Certificate of Deposit (CD)	\$ _____	\$ _____
Mutual Funds	\$ _____	\$ _____
Stocks	\$ _____	\$ _____
Bonds (tax-exempt, savings)	\$ _____	\$ _____
Social Security Debit Card	\$ _____	\$ _____
Brokerage Account	\$ _____	\$ _____
Annuity and/or Profit-sharing	\$ _____	\$ _____
Whole-life Insurance Policy	\$ _____	\$ _____
Revocable Trust Fund	\$ _____	\$ _____
Revocable Pre-paid Funeral	\$ _____	\$ _____
Cash Held at Home or in a Safe-deposit Box	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

Federal Tax Return for Prior Year  YES  NO

Has any household member disposed of (given away) any assets for less than fair-market value in the past two years?

YES  NO

IF yes, please provide the following information:

Description of Asset \_\_\_\_\_

Date Disposed of \_\_\_\_\_

Value of Asset \$ \_\_\_\_\_





10. Do you currently own a home/real estate?  YES  NO

If yes, provide the address.

Street Address \_\_\_\_\_

City, State, and Zip \_\_\_\_\_

Do you currently live at that address?  YES  NO

If no, do you currently rent the property for income?  YES  NO

If yes, list amount of monthly rent. \$ \_\_\_\_\_

Appraised Value of Home \$ \_\_\_\_\_

Balance of Mortgage, if Applicable \$ \_\_\_\_\_

11. Do you rent?  YES  NO

If yes, provide the following information:

Currently Living With \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Current Landlord's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, and Zip \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

How long have you lived there? \_\_\_\_\_ Monthly Rent \_\_\_\_\_

Approximately how much notice do you need to give to your current landlord?

30 days  60 days  None  Other \_\_\_\_\_

12. Do you live with a family member?  YES  NO

If yes, what is the relationship? \_\_\_\_\_

13. Do you have a pet, or service or assistance animal?  YES  NO



Summer Hill tenants are permitted pets. Weight limit is 30 lbs. Pets must be licensed and vaccinated. A \$300 pet deposit is required. Assistance or service animals are not subject to all requirements of the facility Pet Policy.

Type of Animal \_\_\_\_\_

14. Do you currently have a Section 8 Housing Voucher?  YES  NO

Amount of Voucher: \$ \_\_\_\_\_

Are you now living in federally assisted housing?  YES  NO

If yes, complete the following:

Name of Complex \_\_\_\_\_

Name of Manager \_\_\_\_\_ Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

Has your rental assistance ever been terminated for fraud, non-payment of rent, failure to re-certify, or any other reason?

YES  NO If yes, explain. \_\_\_\_\_

15.

A. Have you or any member of your household ever been convicted of drug-related criminal activity for the manufacture or production of methamphetamines on the premises of federally assisted housing?  YES  NO

B. Are you or any member of your household subject to registration under a lifetime state sex offender registration requirement in any state?  YES  NO

If yes, list all state(s) in which requirements applies: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co- applicant Signature

\_\_\_\_\_  
Date

For Office Use Only:



*David Sheridan*

*February 2022*

## Summer Hill

### *Tenant Selection Plan*

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Summer Hill has formulated a Tenant Selection Plan which meets all Housing and Urban Development (HUD) and New Jersey Housing and Mortgage Finance Agency (NJHMFA) requirements. This plan establishes a set policy, which can be consistently applied to all applicants. Summer Hill will adhere to and utilize affirmative Fair Housing Laws.

#### *Applying for an Apartment*

Available units will be targeted for eligible applicants aged 55 and older with income not exceeding the market income limits. Most apartments (80%) need applicants who meet the 60% AMI (moderate income) income limits. Income limits are based on the area's median gross household income established by HUD and are adjusted annually. The household's annual gross income may not exceed the applicable income limit for the family size. Applicants must agree to pay the rent required by the program under which they receive assistance. Applicant's gross income must not exceed the HUD established income limit for the property.

#### *Applying for an Apartment*

- a) Applicants will fill out an Application, which they may receive by either mail, e-mail, website or pick up in person from the office located at 2100 Summer Hill Road, Wayne New Jersey 07470.
- b) Applications need to be completed in full. Leasing Manager will return to applicant if incomplete. Applicants may request assistance in completing the application. The policy is to assist whenever possible, especially in the accommodation of requests by persons with disabilities.
- c) Applications when received via mail, fax, e-mail or hand delivered during office hours to be dated and placed on the wait list in chronological order as they are received.
- d) Applicants will be notified in writing once they are added to the waiting list.
- e) Applications will not be distributed when the waiting list is closed.
- f) Applicants must meet financial, credit, criminal, rental history and demonstrated capability to meet the minimum terms of the Lease.
- g) Any changes to phone numbers, address or e-mail of the applicants must be sent in writing to the Leasing Manager. If the applicant cannot be reached by the Leasing Manager due to unreported changes, the applicant will be removed from the waiting list.

- h) Any application may be rejected if there is a reasonable case to believe that the applicant's behavior may interfere with the health, safety and right to peaceful enjoyment by other residents.
- i) Eligible residents are to be U.S. Citizens or nationals and non-citizens who have eligible immigration status as determined by HUD.

*Resident Selection Criteria*

The process for selecting residents at Summer Hill complies with Section 504 of the Rehabilitation Act of 1973, which prohibits discrimination on the basis of disability in any program or activity receiving federal financial assistance from HUD. This Selection Plan also complies with Title VI of the Civil Rights Act of 1964 and all of its Related Program Requirements and Section 2: Nondiscrimination Requirements under the Fair Housing Act, which prohibits discrimination in housing on the basis of race, color, religion, sex, disability, familial status, or national origin. This Tenant Selection Plan complies with regulations established by the rule Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (77 FR 5662), which prohibits resident selection based on sexual orientation, gender or marital status. This Plan also complies with the Violence Against Women Act (VAWA) of 2005 and the Violence Against Women Reauthorization Act of 2013, which prohibits discrimination against individuals applying for or living in federally subsidized housing due to their status as domestic violence, dating violence or stalking.

- a) For tax credit units, the applicant or applicant's annual income must not exceed program income limits of 60% AMI (moderate income) income limits.
- b) All residents must provide their Social Security number and adequate documentation that the Social Security number is accurate.
- c) The unit will be the applicant(s) *only* place of residence. No additional person can occupy your unit without prior approval by Management. Subletting of apartments is not permitted.
- d) The applicant must comply with all requirements of HUD, NJHMFA and Low Income Housing Tax Credit (LIHTC) programs to determine their eligibility

*Applicant Screening and Rejection Criteria*

This Plan complies with the New Jersey Fair Chance in Housing Act which went into effect on January 1, 2022.

- a) All applicants must sign an authorization form. The tenant screening and rejection criteria applies to all applicants including all adult members of the applicant's household who are expected to reside in the unit.
- b) An applicant and or household can be rejected for the following:
  - i. If an applicant fails to meet one or more of the established eligibility criteria.
  - ii. If the applicant submits false information about themselves or any household member.
  - iii. If the applicant is unable to produce and/or verify the social security number of all household members. If a household member does not have a social security number, the applicant must sign a certification to that fact.
- e) An applicant and or household can be rejected for poor credit history which is indicated by:
  - i. Any credit rating reflecting a payment history of two instances of over ninety (90) days or more past due or one instance of over on hundred twenty (120) days past due.
  - ii. Any applicant, spouse or co applicant who has filed for bankruptcy within the last five years or is repaying any debts under the wage earner plan or similar arrangements. OR
  - iii. Any credit history that is an indication of irresponsible behavior that indicates future problems for the development.
- f) An applicant and or household can be rejected for poor landlord reference which would be indicated when a previous landlord shows the applicant to be:
  - i. Continually late in payment of rent. OR
  - ii. A source of conflict with management and or other residents. OR
  - iii. Destructive to his/her apartment or other public areas. OR
  - iv. In violation of previous lease agreements. OR
  - v. Police activity. OR
  - vi. Poor housekeeping habits is grounds for rejection
- g) Applicants will be provided with a conditional offer provided they meet the initial qualification criteria.
- h) Upon a conditional offer, the applicant's criminal history will be reviewed. Certain criminal convictions will be considered during this review including 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), or any crime that resulted in a

lifetime sex offender registration requirement. In addition, any convictions for 1<sup>st</sup> -4<sup>th</sup> degree indictable offenses will also be reviewed.

- i) Upon review of criminal history, the applicant will be notified that their application is either accepted or declined based on criminal history information.
- j) If any offense(s) are found on the applicant's record, the conditional offer will be withdrawn in writing indicating the specific reasons for the withdrawal. The applicant can request a copy of the information used in making the withdrawal within 30 days of receiving the notice. Applicants can then appeal the decision and can then provide additional information to be re-considered. An individual assessment of the information will then be performed within 30 days.
- k) Adverse police record which would be indicated by the following:
  - i. Any household member has been evicted from federally assisted housing for drug related criminal activity for three years from the date of eviction. If the evicted household member who engaged in drug related criminal activity has successfully completed a drug rehabilitation program or circumstances leading to the eviction no longer exist (household member no longer resides with the applicant household) the Owner may, but is not required to admit the household.
  - ii. Any household member is currently engaging in illegal drug use.
  - iii. Any member of the household is subject to a lifetime registration requirement or is currently registered under a state sex offender registration program. During the admission screening process, the Owner must perform the necessary criminal history background checks in the state where the housing is located and in other states where the household members are known to have resided.
  - iv. The Owner determines that there is reasonable cause to believe that a household member's illegal use or a pattern of illegal use of a drug or alcohol may interfere with the health, safety, or right to peaceful enjoyment of the residents.
  - v. Any member of the applicant's household has been convicted of the manufacture of methamphetamine on the premises of federally subsidized housing (lifetime).
  - vi. Violent criminal activity, which indicates a pattern of violence that may threaten the safety of residents or staff. Violent criminal activity includes sex crimes and crimes against children.

### *VAWA Protections*

- a) The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other “good cause” for termination of assistance, tenancy or occupancy of a victim who is protected from acts under the domestic or family laws of the jurisdiction.
- b) The Landlord may not consider activity directly relating to abuse, engaged in by a member of a tenant’s household or any guest or other person under the tenant’s control, cause for termination of assistance, tenancy or occupancy rights if the tenant or an immediate member of the tenant’s family is the Victim or threatened victim of that abuse.
  - i. The Landlord may request in writing that the victim, or a family member on the victim’s behalf, certify that the individual is a victim of abuse and the Certification of Domestic Violence, Date Violence or Stalking, Form HUD 91066 or other documentation as noted on the certification form, be completed and submitted within 14 business days or an agreed upon extension date to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

### *Verification Procedures*

- a) Upon acceptance of your application to Summer Hill, the following documents and records may be requested as your name approaches the top of the waiting list. Third party verifications will be used to verify income and assets:
  - i. Incomes:
    - 1. Employment (paystubs and W2 forms)
    - 2. Pensions and annuities – latest check stubs from issuing institution
    - 3. Social Security – current award letter
    - 4. SSI – award letter
    - 5. Unemployment compensation
    - 6. Workers compensation
    - 7. Alimony – copy of court order
    - 8. Family support – copy of court order
    - 9. Public assistance – award letter
    - 10. Loans/mortgages
    - 11. Lottery winnings
    - 12. Lump sum payments
  - ii. Assets:
    - 1. Bank statements (checking, savings, CD’s, IRA’s, money market, etc.)

2. Stock/bond certificates
3. US Savings Bonds and Treasury Notes
4. Insurance
5. Mortgage/loan notes
6. Market value of real estate holdings
7. Income Tax Return – federal

**Closing / Opening Wait List**

- a) In order to maintain a balanced application pool the property may suspend application taking and close the waiting list. The waiting list will be closed for one or more unit sizes when the average wait is one year or more. During the period where the waiting list is closed, the property will not maintain a list of individuals to be notified when the waiting list is reopened. A notice will be posted with the local paper.
- b) When the waiting list is re-opened and applications will be accepted again, notice will be published in the local paper. Advertisements will include information about where and when to apply, and will conform to the property's Affirmative Fair Housing Marketing Plan. The property will also update the waiting list annually to remove the names of those who are no longer interested in or no longer qualify for housing.

c) **Occupancy Standards:**

Unit Size	Minimum Occupants	Maximum Occupants
1	1	2
2	1	4

- d) **Transfer Policies** –With the exception of change in family composition or reasonable accommodation due to disability, transfers are not permitted. In order for a request to be considered, there must be a relationship between the disability and the request for a reasonable accommodation. Live in aides are considered to be a reasonable accommodation. A doctor, psychiatrist, other medical practitioner or health care provider must verify that the live in aide is necessary to provide supportive services essential to the care and well-being of the person

Current tenants requiring a unit transfer for the following reasons will be given preference over applicants and those on the waiting list.

- a. A smaller sized unit may be assigned upon request only if the smaller unit will not cause serious overcrowding and will not conflict with local codes.
- b. A larger unit size may be assigned upon request if one of the following conditions exists:



- i. The family needs a larger unit as a reasonable accommodation for a family member who is a person with a disability.
  - ii. The family composition changes in number and the current unit size does not accommodate the current number of occupants based on the occupancy standards above.
- e) Eligibility of Students in the Tax Credit Program.
  - a. One family member in the household cannot be a full time student.

*David Sheridan*  
*February 2022*

