

# Stafford Park

## APARTMENTS



**Thanks for your interest in Stafford Park Apartments!!!**

Please review the enclosed affordable housing information. If you come within the income level requirements (Region 4), you may be available for an apartment, depending on household composition and regulations by COAH, Council of Affordable Housing and LIHTC, Low Income Housing Tax Credit program.

Please fill out the preliminary application and other documents with the \$22.00 application fee(s) made payable to **Stafford Park Apartments**. The application fee is applicable to those over the age of 18 years old. These documents must be sent to:

Stafford Park Apartments  
321 Cook Road  
Manahawkin, NJ 08050

There is a one year waiting list for the one bedroom apartments. You may still submit an application to be placed on waiting list. Applicants will be picked in random selection and called for further income verification information.

If you have any questions, please don't hesitate to call the Stafford Park Apartments at 609-597-3000.

Once again, Thank you for your interest in Stafford Park Apartments!



# Stafford PARK APARTMENTS

I hereby consent to allow Stafford Park Apartments, through its designated agent and its employees, to obtain and verify my credit information (including a background check) for the purpose of determining whether or not to lease to me an apartment. I understand that should I lease an apartment, Stafford Park Apartments, and its agent shall have a continuing right to review my credit information, rental application, criminal background, payment history and occupancy history for account review purposes and for improving methods.

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Applicant Name

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Applicant Name

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Applicant Signature                      Date

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Applicant Signature                      Date

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Co-signor Name

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Co-Signor Signature                      Date

**PRELIMINARY APPLICATION FOR AFFORDABLE HOUSING**

Please read enclosed directions carefully.  
 Incomplete applications will be returned to you.



321 Cook Road  
 Manahawkin, NJ 08050  
 609-597-3000  
 Fax no. 609-597-3630  
 www.staffordparkapts.com

**PLEASE PRINT**

**HEAD OF HOUSEHOLD INFORMATION**

FIRST AND LAST NAME		EMAIL Address:
ADDRESS, CITY STATE, ZIP CODE		COUNTY:
PHONE NUMBERS: HOME	CELL NUMBER:	ALTERNATE PHONE NUMBER:

**HOUSEHOLD COMPOSITION AND INCOME (LIST ALL PERSON TO LIVE IN HOME)**

Name (First and Last)	Head of Household	Date of Birth	Gender(M/F)	Current Gross* Annual Income

\*Income includes, but is not limited to: gross wages, salaries, tips, commissions, overtime, alimony, child support, pensions, and social security and disability benefits.

**ASSETS (SAVINGS, CDS, STOCK, REAL ESTATE, OTHER INVESTMENTS, ETC.)**

Type of Asset	Current Market Value	Yearly Interest or Dividends

Include interest and dividends from assets such as savings, checking, CDs Money market money accounts, mutual funds,

stocks and bonds.

I certify that the information provided herein is true and complete and that any misrepresentation of income or household size reported Herein shall be cause for program disqualification. I also understand that this information is to be used only for determining my preliminary eligibility for referral to an affordable housing unit and does not obligate me in any way.

PRINTED NAME OF HEAD OF HOUSEHOLD

SIGNATURE

DATE



**Stafford Family Apts**  
 Tel: (609) 607-9500 • Fax: (609) 607-9550  
**Applicant Screening Authorization Form**  
**Applicant Information**

Last Name		First Name		M.I.
Date of Birth / /		Social Security Number - -	E-mail Address	
Current Street Address		City	State	Zip Code Length of Residence __ months
Previous Street Address		City	State	Zip Code Length of Residence __ months
Current Employer	Position	Length of Employment __ months	Salary per <input type="checkbox"/> month <input type="checkbox"/> year	

**Co-Applicant Information**

Last Name		First Name		M.I.
Date of Birth / /		Social Security Number - -	E-mail Address	
Current Street Address		City	State	Zip Code Length of Residence __ months
Previous Street Address		City	State	Zip Code Length of Residence __ months
Current Employer	Position	Length of Employment __ months	Salary per <input type="checkbox"/> month <input type="checkbox"/> year	

**Applicant Signature(s)**

*By signing below, I/we authorize that the above information is correct and complete and hereby authorize Landlord to obtain information it deems desirable in the processing of my application, including; credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, and any other relevant information. If I rent the unit, I understand the information on this form may be maintained in a tenant database for up to 5 (five) years after I vacate the premises.*

Applicant: X \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant: X \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

NTN Access Number:	Address/Unit Applied for:	Monthly Rent Amount for unit applicant is applying for: \$
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Submit above information to NTN