

FLAGSTONE POINT

Thank you for your interest in Flagstone Point. The full application package can be submitted:

- In person at the temporary leasing office at Eagle View Trail, 401 Copper Rd, Woolwich Twp, NJ 08085
- By Mail at P.O. Box 185, Clarksboro, NJ 08020
- By Email to FlagstonePoint@coniferllc.com

The following items are required with your rental application.

- **Application**
 - All fields and questions must be completed
 - Only one-color ink may be used – blue or black color only
 - No white out may be used on the documents
 - Must be signed by all household members 18 years old and older – no electronic signatures
- **Non-Refundable Application Fee**
 - \$35.00 application fee
 - Accepted forms of payment: money order, certified check or cashier check made out to “Flagstone Point” for all household members 18 years old and older
 - No cash, cards or personal checks will be accepted
- **Identification**
 - Photo ID and Social Security Cards for all household members 18 years old or older
- **Proof of Income**
 - Four most recent consecutive paystubs
 - Current statements dated within 30 days
 - social security award letter, TANF award letter, pension, annuity, or VA benefit statement, current print out for unemployment payments, child support print out showing payment history and obligation (we do not accept bank statements to verify income)

a conifer community

www.flagstonepoint.com

129 WEST COHAWKIN ROAD, CLARKSBORO, NJ 08020

[E] flagstonepoint@coniferllc.com [P] (856) 477-0060 [F] (856) 477-0061 [TTY] 1 (800) 852-7899



FOR OFFICE USE ONLY

DATE AND TIME STAMP: _____

RECEIVED BY: _____

Flagstone Point
129 W. Cohawkin Rd, Clarksboro, NJ 08020
Phone: 856-477-0060 Fax: 856-477-0061 Email: flagstonepoint@coniferllc.com

RENTAL APPLICATION

APPLICANT NAME	STREET ADDRESS (Present)
PHONE ()	CITY, STATE, ZIP
REASON FOR MOVING	EMAIL
HOW DID YOU HEAR ABOUT US? PLEASE DESCRIBE:	
WHAT SIZE APARTMENT ARE YOU APPLYING FOR? Check all that apply: <input type="checkbox"/> STUDIO <input type="checkbox"/> 1 BEDROOM <input type="checkbox"/> 2 BEDROOM <input type="checkbox"/> 3 BEDROOM <input type="checkbox"/> OTHER Please note: applicants may go on more than one bedroom size waitlist if they are eligible or need a reasonable accommodation for another bedroom size	

REASONABLE ACCOMMODATION: If you are an individual with disabilities, you may make a request for a reasonable accommodation. If you would like more information on how to make a request for a reasonable accommodation, please ask the Community Manager.

Please list all household members that are applying to live in the apartment with you. Also list any new members that you anticipate will be living in the apartment in the next 12 months.

FOR THE HEAD OF HOUSEHOLD:

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD: <p style="text-align: center;">HEAD</p>	STATES LIVED IN:
BIRTHDATE (MM/DD/YY):	SOCIAL SECURITY NUMBER:	STUDENT DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
INCOME SOURCE(S): EMPLOYMENT <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A SOCIAL SECURITY: <input type="checkbox"/> SS <input type="checkbox"/> SSI <input type="checkbox"/> SSP <input type="checkbox"/> DISABILITY UNEMPLOYMENT <input type="checkbox"/> YES <input type="checkbox"/> NO OTHER _____ TOTAL MONTHLY GROSS INCOME: _____		
ASSET SOURCE: CHECKING <input type="checkbox"/> FUNDED DEBIT CARD <input type="checkbox"/> SAVINGS <input type="checkbox"/> OTHER _____ TOTAL VALUE OF ASSETS: _____		

FOR ADDITIONAL HOUSEHOLD MEMBERS:

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD:	STATES LIVED IN:
BIRTHDATE (MM/DD/YY):	SOCIAL SECURITY NUMBER:	STUDENT DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
INCOME SOURCE(S): EMPLOYMENT <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A SOCIAL SECURITY: <input type="checkbox"/> SS <input type="checkbox"/> SSI <input type="checkbox"/> SSP <input type="checkbox"/> DISABILITY UNEMPLOYMENT <input type="checkbox"/> YES <input type="checkbox"/> NO OTHER _____ TOTAL MONTHLY GROSS INCOME: _____		
ASSET SOURCE: CHECKING <input type="checkbox"/> FUNDED DEBIT CARD <input type="checkbox"/> SAVINGS <input type="checkbox"/> OTHER _____ TOTAL VALUE OF ASSETS: _____		



FOR ADDITIONAL HOUSEHOLD MEMBERS:

NAME: (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD:	STATES LIVED IN:
BIRTHDATE (MM/DD/YY):	SOCIAL SECURITY NUMBER:	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO
INCOME SOURCE(S): EMPLOYMENT <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A SOCIAL SECURITY: <input type="checkbox"/> SS <input type="checkbox"/> SSI <input type="checkbox"/> SSP <input type="checkbox"/> DISABILITY UNEMPLOYMENT <input type="checkbox"/> YES <input type="checkbox"/> NO OTHER _____ TOTAL MONTHLY GROSS INCOME: _____		
ASSET SOURCE: CHECKING <input type="checkbox"/> FUNDED DEBIT CARD <input type="checkbox"/> SAVINGS <input type="checkbox"/> OTHER _____ TOTAL VALUE OF ASSETS: _____		

FOR ADDITIONAL HOUSEHOLD MEMBERS:

NAME: (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD:	STATES LIVED IN:
BIRTHDATE (MM/DD/YY):	SOCIAL SECURITY NUMBER:	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO
INCOME SOURCE(S): EMPLOYMENT <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A SOCIAL SECURITY: <input type="checkbox"/> SS <input type="checkbox"/> SSI <input type="checkbox"/> SSP <input type="checkbox"/> DISABILITY UNEMPLOYMENT <input type="checkbox"/> YES <input type="checkbox"/> NO OTHER _____ TOTAL MONTHLY GROSS INCOME: _____		
ASSET SOURCE: CHECKING <input type="checkbox"/> FUNDED DEBIT CARD <input type="checkbox"/> SAVINGS <input type="checkbox"/> OTHER _____ TOTAL VALUE OF ASSETS: _____		

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BIRTHDATE (MM/DD/YY):	SOCIAL SECURITY NUMBER:	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO
INCOME SOURCE(S): EMPLOYMENT <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A SOCIAL SECURITY: <input type="checkbox"/> SS <input type="checkbox"/> SSI <input type="checkbox"/> SSP <input type="checkbox"/> DISABILITY UNEMPLOYMENT <input type="checkbox"/> YES <input type="checkbox"/> NO OTHER _____ TOTAL MONTHLY GROSS INCOME: _____		
ASSET SOURCE: CHECKING <input type="checkbox"/> FUNDED DEBIT CARD <input type="checkbox"/> SAVINGS <input type="checkbox"/> OTHER _____ TOTAL VALUE OF ASSETS: _____		

FOR ADDITIONAL HOUSEHOLD MEMBERS:

NAME: (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD:	STATES LIVED IN:
BIRTHDATE (MM/DD/YY):	SOCIAL SECURITY NUMBER:	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO
INCOME SOURCE(S): EMPLOYMENT <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A SOCIAL SECURITY: <input type="checkbox"/> SS <input type="checkbox"/> SSI <input type="checkbox"/> SSP <input type="checkbox"/> DISABILITY UNEMPLOYMENT <input type="checkbox"/> YES <input type="checkbox"/> NO OTHER _____ TOTAL MONTHLY GROSS INCOME: _____		
ASSET SOURCE: CHECKING <input type="checkbox"/> FUNDED DEBIT CARD <input type="checkbox"/> SAVINGS <input type="checkbox"/> OTHER _____ TOTAL VALUE OF ASSETS: _____		



General Information:

Would you benefit from any of the below special features of an accessible apartment?	
WHEELCHAIR ACCESSIBLE	<input type="checkbox"/> YES <input type="checkbox"/> NO
VISUALLY IMPAIRED	<input type="checkbox"/> YES <input type="checkbox"/> NO
HEARING IMPAIRED	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will you or any adult household member require a live-in care attendant to live independently? If YES, Name and Relationship of caretaker: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other General Information	
Do you own a pet? Type _____ Breed _____ Weight _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has anyone 18 or older listed on this application been convicted of a felony? If yes, Date of conviction: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has anyone 18 or older listed on this application been convicted for manufacturing of a controlled substance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is anyone 18 or older listed on this application subject to any state lifetime sex offender registration requirement?	<input type="checkbox"/> YES <input type="checkbox"/> NO

A. Household Composition:

If applicable, do all of the children in the household live with you 50% or more of the time?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there any absent household members who under normal conditions would live with you?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Signature Clause:
My/Our signature(s) below serves as written permission to obtain a Criminal Background/Sex Offender Check, Consumer Report (credit history) and other references deemed necessary. I understand that management is relying on this information to prove my household's eligibility for an apartment. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. The Resident acknowledges that the Owner is also relying on information provided by the Resident, or by employers and others on the Resident's behalf, and the Resident agrees that if any information relied on by the Owner in approving residency, regardless of its source, including, without limitation, any information contained in the Application or the Certification or any re-certification, is incorrect or untrue, this constitutes a material breach of the Lease and the Owner may evict the Resident from the premises and exercise any other remedies permitted by law. I also understand that such action may result in criminal penalties. I understand that my occupancy is contingent upon meeting management's resident selection criteria and the Housing Program requirements. I understand the responsibility to report to management any changes in family composition for the changes in eligibility, income and assets they represent, whenever they occur. Submission of false statements of information are punishable under Federal Law and could result in the cancellation of a lease agreement.

APPLICANT SIGNATURES:
(All Applicants 18 and over)

_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date



WAITLIST PRIORITY & PREFERENCE QUESTIONNAIRE

Certain communities have waitlist and resident selection preferences/priorities for selecting residents, that determines the order in which applications are processed. The questions below help identify any potential priorities or preferences for your household. This information is only for waitlist processing and does not affect your eligibility for housing. A copy of the Resident Selection Plan for this community is available on request.

Would you consider yourself or any other household member frail elderly?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is any household member a person with disabilities?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is any household member enlisted in the US Military or a veteran of the US Military?	
Definition of a Veteran: Those who have served in the armed forces of the United States: (i) for a period of at least 6 months (or any shorter period due to injury incurred in such service) and have been thereafter discharged or released therefrom under conditions other than dishonorable, or (ii) who have been discharged or released from service in the armed forces of the United States on the basis of their sexual orientation, gender identity or expression, consensual sexual conduct or consensual acts relating to sexual orientation, or the disclosure of statements, conduct, or acts by the individual that were prohibited by the armed forces of the United States at the time of discharge, or (iii) are the surviving spouses of either categories (i) or (ii)	
Enlisted	<input type="checkbox"/> YES <input type="checkbox"/> NO
Reserve	<input type="checkbox"/> YES <input type="checkbox"/> NO
Veteran	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is any household member a spouse of a deceased veteran of the US Military?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is any household member a victim of a recent presidentially declared disaster or of a government action? Please explain:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does any household member receive any assistance paying utility bills?	
HEAP	<input type="checkbox"/> YES <input type="checkbox"/> NO
LEAP	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is any household member currently receiving housing assistance from HUD or a Public Housing Authority?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is any household member currently on a Public Housing, subsidized, or other affordable housing program waitlist? Please name the waitlist provider(s): _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is any household member currently homeless or living in a homeless shelter?	<input type="checkbox"/> YES <input type="checkbox"/> NO

APPLICANT SIGNATURES:

_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act §208 (a)(6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. §408 (a)(6), (7) and (8).

DISCLOSURE STATEMENT

Apartments at Three Bridges

New Jersey's Fair Chance in Housing Act, N.J.S.A. 46:8-52 to 64 (FCHA), limits a housing provider's ability to consider a person's criminal history in deciding whether to extend an offer or whether to rent a home after extending an offer.

Before making a conditional offer of housing, we may consider only whether an applicant has a conviction for the manufacture or production of methamphetamine on the premises of federally assisted housing, or whether an applicant has a lifetime registration requirement under a State sex offender registration program. We will not consider, or request from an applicant or any other person or entity, any other information about an applicant's criminal history as part of the application process until and unless a conditional offer of housing has been made.

After extending a conditional offer of housing, we will review and consider an applicant's criminal record in determining whether to rent a home, in accordance with the FCHA and its accompanying rules.

We will not, either before or after the issuance of a conditional offer, evaluate or consider any of the following criminal records:

- (1) arrests or charges that have not resulted in a criminal conviction;
- (2) expunged convictions;
- (3) convictions erased through executive pardon;
- (4) vacated and otherwise legally nullified convictions;
- (5) juvenile adjudications of delinquency; and
- (6) records that have been sealed.

We may consider, after the issuance of a conditional offer, a criminal record that:

- Resulted in a conviction for 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);
- Resulted in a conviction for any crime that requires lifetime state sex offender registration;
- Is for any 1st degree indictable offense, or release from prison for that offense, within the past 6 years;
- Is for any 2nd or 3rd degree indictable offense, or release from prison for that offense, within the past 4 years; or
- Is for any 4th degree indictable offense, or release from prison for that offense, within the past 1 year.

For more information about how these rules apply, please refer to the resources at <https://www.njoag.gov/about/divisions-and-offices/division-on-civil-rights-home/fcha/>.



Revised 1/1/22



We may withdraw a conditional offer based on your criminal record only if it is determined, by a preponderance of the evidence, that the withdrawal is necessary to fulfill a substantial, legitimate, and nondiscriminatory interest.

If you are subjected to the withdrawal of a conditional offer of housing due to criminal history, you have the right to request and receive the materials relied upon in making the determination.

You have the right to dispute, within ten (10) days of receiving this statement, the relevance and accuracy of any criminal record, and to offer evidence of any mitigating facts or circumstances, including but not limited to your rehabilitation and good conduct since the criminal offense. You may also provide evidence demonstrating inaccuracies within aspects of your criminal record which may be considered under the FCHA, or evidence of rehabilitation or other mitigating factors.

If you believe that any owner, agent, employee, or designee of Three Bridges has violated any of the above requirements, you may contact the New Jersey Division on Civil Rights at www.NJCivilRights.gov or 1-866-405-3050. A complaint must be filed with DCR within 180 days of the allegedly discriminatory conduct. You cannot be subjected to retaliation for filing a complaint or for attempting to exercise your rights under the FCHA.

DCR has several fair housing fact sheets available at <https://www.nj.gov/oag/dcr/housing.html>, or available for pickup in any of DCR's four (4) regional offices.

31 Clinton Street, 3rd Floor Newark, NJ 07102

1601 Atlantic Avenue, 6th Fl. Atlantic City, NJ 08401

5 Executive Campus Suite 107, Bldg. 5 Cherry Hill, NJ 08002

140 East Front Street, 6th Floor Trenton, NJ 08625

Prospective Resident Signature

Date

Prospective Resident Signature

Date

Prospective Resident Signature

Date

Prospective Resident Signature

Date



Revised 1/1/22

