

# CAMP SALUTE

Dear Prospective Future Camp Salute Resident:

Welcome and thank you for considering Camp Salute as your new home!

## Community Features

- Veterans Preference Community
- Veterans Services Available On Site
- 24 Hour Emergency Maintenance
- 24 Hour On-Site Laundry Facility
- Individually Controlled Gas Heat
- Central Air - Conditioning
- On-site professional management team
- Open floor plans, wall to wall carpeting, air conditioning, private entrances and much more!

## Affordable Rents\*

1 Bedroom, 1 Bath Apartment	\$714 - \$870
Two Bedroom, 1 ½ Baths	\$845 - \$1032
Three Bedroom, 2 Full Baths	\$981 - \$1197

To qualify, annual household gross income must be **BELOW** the maximum and above the minimum income limits shown below.

Unit Size	Rent Rate	Minimum Income	Maximum Income Limits
1 BR (50%)	\$714	\$21,420	1 Person - \$29,150 2 People - \$33,300
1 BR (60%)	\$870	\$26,100	1 Person - \$34,980 2 People - \$39,960
2 BR (50%)	\$845	\$25,350	1 Person - \$29,150 2 People - \$33,300 3 People - \$37,450 4 People - \$41,600
2 BR (60%)	\$1032	\$30,960	1 Person - \$34,980 2 People - \$39,960 3 People - \$44,940 4 People - \$49,920
3 BR (50%)	\$981	\$29,430	1 Person - \$29,150 2 People - \$33,350 3 People - \$37,450 4 People - \$41,600 5 People - \$44,950 6 People - \$48,300
3 BR (60%)	\$1197	\$35,910	1 Person - \$34,980 2 People - \$39,960 3 People - \$44,940 4 People - \$49,920 5 People - \$53,940 6 People - \$57,960



a conifer community®

www.campsalute.com

865 N DELSEA DRIVE, CLAYTON, NJ 08312



[E] campsalute@coniferllc.com [P] (856) 347-4025 [F] (856) 347-4026 [TTY] (800) 852-7899

Should there not be an apartment available at the time of your application; you will be placed on the community waitlist.

Once the credit and background screening are successfully completed and there is an apartment available for you; we will schedule an Income and Asset Interview to ensure the income eligibility requirements are met. A "Holding Fee" equal to 1 months' rent will be required at the time of this interview in order to secure the apartment. This must be in the form of Certified Funds or Money Order; made payable to Camp Salute Apartments.

Please bring the following documents for ALL household members for the Income and Asset Interview.

- Income/potential income documentation from ALL household members (paystubs, award letters, child support, alimony, self-employment, etc). Provide the last 4 paystubs if you are paid bi-weekly or the last 6 if you are paid weekly.
- Birth Certificates and Social Security Cards for all household members.
- Photo ID for all household members over the age of 18.
- Proof of ALL assets from the source (real estate, whole life insurance, 401K plans, IRAs, Annuities, Stocks, Bonds, Trusts, Checking Accounts, Savings Accounts, etc.).
- Most recently filed IRS Tax Return and W-2s.
- DD214 (Veterans)

#### Additional Information

- We are a pet friendly community. There will be a \$300 non-refundable pet fee due at move in. Please ask management regarding any pet restrictions and application.

Thank you for your interest in our community. If you have any further questions, please contact the management office at (856) 347-4025.

Sincerely,

The Camp Salute Management Team

\*Affordable Rents do not adjust by your income.

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# RENTAL APPLICATION



Camp Salute  
 100 Homer Street, Clayton, NJ 08312  
 Phone: 856-491-4243 TTY: 1-800-662-1220  
**MAIL APPLICATIONS TO: Camp Salute- Community Manager**  
**c/o Millstream Apartments**  
**241 Blackwood-Barnsboro Road, Turnersville, NJ 08012**

**ALL ADULTS 18 YEARS OF AGE OR OLDER MUST BE INCLUDED ON THE APPLICATION.**

APPLICANT CONTACT INFORMATION			
APPLICANT NAME		STREET ADDRESS (Present)	
HOME PHONE ( )		CITY, STATE, ZIP	
MOBILE PHONE ( )	WORK PHONE ( )	CURRENT MONTHLY RENT \$	
REASON FOR MOVING		EMAIL	
HOW DID YOU HEAR ABOUT US? PLEASE DESCRIBE:			

### HOUSEHOLD INFORMATION

*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. (Please include unborn children.) Please list all states in which every household member has lived. (This disclosure is mandatory under HUD rules; criminal screening will be reviewed for each state via national criminal and sex offender databases. Failure to provide a complete list will result in rejection of the application.)*

\*S = SINGLE / M = MARRIED / W = WIDOWED / SEP = SEPARATED / D = DIVORCED

**FOR THE HEAD OF HOUSEHOLD:** *Please complete this section for the Head of Household only.*

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD <b>HEAD</b>	SS #	DRIVER'S LICENSE #
STATES LIVED IN, INCLUDING WASHINGTON DC:	MARITAL STATUS S/M/W/SEP/D*	BIRTH DATE (MM/DD/YY)	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO

**FOR ADDITIONAL HOUSEHOLD MEMBERS:** *Please complete each of the following sections for each individual household members.*

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SS #	DRIVER'S LICENSE #
STATES LIVED IN, INCLUDING WASHINGTON DC:	MARITAL STATUS S/M/W/SEP/D*	BIRTH DATE (MM/DD/YY)	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO

**FOR ADDITIONAL HOUSEHOLD MEMBERS:**

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SS #	DRIVER'S LICENSE #
STATES LIVED IN, INCLUDING WASHINGTON DC:	MARITAL STATUS S/M/W/SEP/D*	BIRTH DATE (MM/DD/YY)	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO

**FOR ADDITIONAL HOUSEHOLD MEMBERS:**

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SS #	DRIVER'S LICENSE #
STATES LIVED IN, INCLUDING WASHINGTON DC:	MARITAL STATUS S/M/W/SEP/D*	BIRTH DATE (MM/DD/YY)	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO

**FOR ADDITIONAL HOUSEHOLD MEMBERS:**

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SS #	DRIVER'S LICENSE #
STATES LIVED IN, INCLUDING WASHINGTON DC:	MARITAL STATUS S/M/W/SEP/D*	BIRTH DATE (MM/DD/YY)	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO

**FOR ADDITIONAL HOUSEHOLD MEMBERS:**

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SS #	DRIVER'S LICENSE #
STATES LIVED IN, INCLUDING WASHINGTON DC:	MARITAL STATUS S/M/W/SEP/D*	BIRTH DATE (MM/DD/YY)	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO

**FOR ADDITIONAL HOUSEHOLD MEMBERS:**

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SS #	DRIVER'S LICENSE #
STATES LIVED IN, INCLUDING WASHINGTON DC:	MARITAL STATUS S/M/W/SEP/D*	BIRTH DATE (MM/DD/YY)	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO

**A. General Information:**

Do you own a pet?	TYPE	BREED	WEIGHT	<input type="checkbox"/> YES <input type="checkbox"/> NO
Would you benefit from special features of an accessible apartment?	Check all that apply: <input type="checkbox"/> WHEELCHAIR ACCESSIBLE <input type="checkbox"/> HEARING IMPAIRED <input type="checkbox"/> VISUALLY IMPAIRED			<input type="checkbox"/> YES <input type="checkbox"/> NO
Has anyone listed on this application been evicted from or are in the process of being evicted from an apartment?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Has anyone listed on this application been convicted or are in the process of being convicted of a felony?	If YES, date of conviction: _____			<input type="checkbox"/> YES <input type="checkbox"/> NO
Has anyone listed on this application been convicted for or are in the process of being convicted for manufacturing and/or distribution of a controlled substance?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Has anyone listed on this application been evicted from Federally Assisted housing for drug-related activity in the last 3 years?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Is anyone listed on this application subject to any state lifetime sex offender registration requirement?				<input type="checkbox"/> YES <input type="checkbox"/> NO

**B. 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		
Will you or any adult household member require a live-in care attendant to live independently?	NAME	RELATIONSHIP	<input type="checkbox"/> YES <input type="checkbox"/> NO

**C. Additional Household Eligibility:**

What size bedroom are you applying for?	Check all that apply: <input type="checkbox"/> 1 BEDROOM <input type="checkbox"/> 2 BEDROOM <input type="checkbox"/> 3 BEDROOM		
Would you consider yourself or your spouse frail elderly?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you enlisted in the US Military or a veteran of the US Military?	Check all that apply: <input type="checkbox"/> ENLISTED <input type="checkbox"/> RESERVE <input type="checkbox"/> VETERAN		
Are you the spouse of a deceased veteran of the US Military?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you displaced from a recent presidentially declared disaster, a government action or a Covered Storm?	Please explain: _____		<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you receive any assistance in paying your utility bills?	Check all that apply: <input type="checkbox"/> HEAP <input type="checkbox"/> LEAP <input type="checkbox"/> OTHER _____		
Are you currently receiving housing assistance from HUD or a Public Housing Authority?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you currently on a Public Housing or subsidized housing waitlist?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you currently homeless or living in a homeless shelter?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Is your reason for moving due to a domestic violence situation?	<input type="checkbox"/> YES <input type="checkbox"/> NO		

**D. Emergency Contact:** (Not someone listed on the application. Please list someone in the immediate area if possible.)

CONTACT NAME(S)		RELATIONSHIP	
HOME PHONE ( )	MOBILE PHONE ( )	WORK PHONE ( )	

**INCOME AND ASSETS**  
Include income and assets for ALL household members, including children's income and assets.

**A) LIST ALL INCOME SOURCES.**

*This includes, but is not limited to, Full- and/or Part-time Employment, Self-Employment, Welfare Agencies, Social Security, Pensions, SSI, Disability, Armed Forces/Reserves, Unemployment, Child Care, Alimony, Child Support, Student Grants/Stipends, Rental income, Gift Income, and Regular Payouts from Annuities, 401ks and IRAs.*

HOUSEHOLD MEMBER	INCOME SOURCE	MONTHLY GROSS PYMT
HOUSEHOLD MEMBER	INCOME SOURCE	MONTHLY GROSS PYMT
HOUSEHOLD MEMBER	INCOME SOURCE	MONTHLY GROSS PYMT
HOUSEHOLD MEMBER	INCOME SOURCE	MONTHLY GROSS PYMT

**B) LIST ALL ASSETS.**

*This includes, but is not limited to, Accounts for Checking, Savings, Money Market, 529 (College Savings), and UTMAs, CDs, Brokerage accounts, Stocks, Bonds, Retirement accounts including IRA, Roth, Keogh, 401k, and 403b, Annuities, Whole Life Insurance policies, Funded/Pre-paid Debit cards, and Online accounts (PayPal, Draft Kings, etc.).*

CHECKING <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	CD <input type="checkbox"/>	STOCK <input type="checkbox"/>	RETIREMENT <input type="checkbox"/>	LIFE INSURANCE <input type="checkbox"/>	FUNDED DEBIT <input type="checkbox"/>	OTHER <input type="checkbox"/>	TOTAL VALUE OF ASSETS:
DO YOU OWN REAL ESTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	MARKET VALUE	IF "OTHER" SELECTED ABOVE, PLEASE EXPLAIN:						

Signature Clause: (please read)  
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:**

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

**FOR OFFICE USE ONLY**

DATE RECEIVED	TIME RECEIVED	RECEIVED BY:	CHECK ALL THAT APPLY: <input type="checkbox"/> WAITLIST <input type="checkbox"/> LOTTERY <input type="checkbox"/> OTHER _____
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