

New Jersey's Fair Chance in Housing Act Disclosure Statement:

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, Winn Management Company LLC 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. Winn Management Company LLC 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, Winn Management Company LLC intends to review and consider an applicant's criminal record in determining whether to rent a home, in accordance with the FCHA and its accompanying rules.

Winn Management Company LLC 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.

Winn Management Company LLC 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/>.

Winn Management Company LLC may withdraw a conditional offer based on your criminal record only if Winn Management Company LLC determines, by a preponderance of the evidence, that the withdrawal is necessary to fulfill a substantial, legitimate, and nondiscriminatory interest.

If Winn Management Company LLC utilizes any vendor or outside person/entity to conduct a criminal record check on their behalf, Winn Management Company LLC will take reasonable steps to ensure that the vendor or outside person/entity conducts the criminal record check consistent with the requirements of the FCHA and rules. Specifically, if Winn Management Company LLC receives a criminal history inquiry conducted by a vendor or outside person or entity that is conducted in violation of the FCHA in that it reveals a record that is not permitted to be considered under the FCHA, Winn Management Company LLC must show that it did not rely on that information in making a determination about your tenancy.

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 by Winn Management Company LLC in making this 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 to Winn Management Company LLC at any time, including after the ten days.

Any action taken by Winn Management Company LLC in violation of the process laid out in this statement may constitute a violation of the FCHA. **If you believe that any owner, agent, employee, or designee of Winn Management Company LLC has violated any of the above requirements, you may contact the New Jersey Division on Civil Rights at www.NJCivilRights.gov 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

Application Requirements

Application must be filled out completely in **black ink**. If something does not apply to you, please write **N/A**. White Out and/or cross outs are **NOT** allowed.

****APPLICATIONS WILL BE PROCESSED IN THE ORDER RECEIVED AND WILL NOT BE CONSIDERED COMPLETE UNTIL ALL DOCUMENTS ARE SUBMITTED. FAILURE TO SUBMIT DOCUMENTS OR FEE WILL DELAY YOUR APPLICATION PROCESS****

All applications must be submitted with copies of the following documents:

- Application fee.** Based on Property Tenant Selection Plan. Would be payable to: **Property/Entity**
- Application fee covers the cost of processing the application and the screening report verifying an applicant meets the resident selection criteria. Should application be denied, applicant will have the opportunity to appeal and provide evidence to demonstrate any inaccuracies. If the application is denied based upon applicant's criminal history, in accordance with the Fair Chance in Housing Law, P.L. 2021, Ch. 110, applicant may provide evidence demonstrating inaccuracies with applicant's criminal record or evidence of rehabilitation or other mitigating factors.*
- Positive Photo ID-Identification** is required to run credit and criminal check. *a criminal check shall include a review and consideration of the applicant's criminal history to the extent permitted by the Fair Chance in Housing Law, P.L. 2021, Ch. 110 and will only be ran after a conditional offer to rent or lease a rental unit has been made. For more information please see our Tenant Selection Plan.*
- Birth Certificates & Social Security Cards** for all persons who will reside in the apartment.
- Last 4 to 6 consecutive pay stubs** (four if you are paid biweekly or bimonthly, and six if you are paid weekly) for all household members 18 years of age or older. Must be employed at least 90 days. If applicable, you will also need a printout from the current month from the agency or fund that provides the source of income. For example, Public Assistance, SS, SSI, Pension, VA Benefits, Military Pay, Unemployment, etc. ****Must display ability to afford rent for 12 months****
- If you receive child support, please provide copy of court order or case number. (You can print Online at njchildsupport.org). If you receive assistance from the other parent, please obtain a letter from the parent stating the amount and how often it's paid. **IT MUST BE NOTARIZED. If you don't have a child support case open, please obtain a verification letter that states you don't have a child support order from your local child support services department.** Use this link to locate local office.
<https://www.njchildsupport.org/Services-Programs/LOCATE-LOCAL-COUNTY-OFFICES.aspx>
- MOST RECENT Federal Tax Return (1040 Form) & Education Credits** (8863 Form, if applicable), for each household member 18 yrs of age or older. If you have not filed taxes, you will need a proof of non-filing from the IRS. We do not accept self-prepared tax returns. If you file self-employment (business) income, you will need to provide the last 3 years Federal tax returns. You may download a copy Online at irs.gov/transcript. You may also request a copy of your tax return transcripts **or a letter of non-filing** by calling the IRS automated system at **1-800-908-9946, OR to receive it in person use this link to locate local office.**
[https://www.irs.gov/help/contact-my-local-office-in-new-jersey.](https://www.irs.gov/help/contact-my-local-office-in-new-jersey)
- MOST RECENT W2(s) or 1099 form(s)** for each household member 18 years of age or older. You may obtain a copy of your W2 Transcripts or a letter stating no W2s were filed by following the Tax Return instructions above.
- Current bank statements from all accounts for each household member, **if applicable**. This includes: savings, checking, credit union, shared accounts, 401K, annuity, pension, retirement, life insurance policy, pre-paid cards etc.
- Last 3 rent receipts from your current landlord or a letter from whom you are residing with regarding the dates of residency, address and amount of rent paid. **It must be signed and dated by individual you are residing with.**
- Authorization and Consent to Release Information form must be signed by each household member over the age of 18 (one form per person). Please make extra copies if necessary.

IMPORTANT:

Any additional documents requested by **WINN Management Company LLC** MUST be submitted within **10 days** of any request for the application to stay active.

Sign all lease documents and pay hold deposit within **48 business hours** from the date notified of approval by **WINN Management Company, LLC**.

All household members who intend to reside in the home must be listed on the Application and Housing Eligibility Questionnaire. There can be no more than **two persons per bedroom**. Exceptions to the occupancy limit may be requested in writing and may be granted under exceptional circumstances, as described in the Resident Selection Policy.

If changes in household composition occur during the application process or there is a change of address, applicants are required to notify us in writing immediately. Applicants must be truthful, complete and accurate. **Any false, inaccurate or incomplete statement makes the application null and void.**

Final approval will be based on review of your final application and supporting documentation, minimum and maximum income restrictions, credit criteria and criminal history check.

PLEASE NOTE: APPLICATION & COPY OF DOCUMENTS WILL NOT BE RETURNED. WE DO NOT ALLOW ANY CHANGES TO THE APPLICATION ONCE IT IS SUBMITTED, UNLESS IT IS A CHANGE IN INCOME OR ASSETS HAS OCCURED.



Date: _____

PERSONAL

Each applicant 18 and over must file separate application. Entire household should only be listed on one application.

1.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Applicant	SS#
2.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Relationship	SS#
3.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Relationship	SS#
4.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Relationship	SS#
5.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Relationship	SS#
6.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Relationship	SS#

Present Address _____ Street _____ City _____ State _____ Zip Code _____

Former Address _____ Street _____ City _____ State _____ Zip Code _____

Own: Date of Current Occupancy From _____ Month _____ Year To: _____ Month _____ Year \$ _____ Monthly Mortgage Payment

Rent: Date of Current Occupancy From _____ Month _____ Year To: _____ Month _____ Year \$ _____ Monthly Rental Payment

Rent: Date of Previous Occupancy From _____ Month _____ Year To: _____ Month _____ Year \$ _____ Monthly Rental Payment

Telephone Number _____ Email Address _____

Driver's License Number _____

Number of Autos _____ Reg. No. of Auto #1 _____ Reg. No. of Auto #2 _____

Do you have any pets? No Yes # of pets _____ Description _____

In Case of Emergency Notify (name) _____

Address _____ Phone _____

Are there any special accommodations that the household will require in order to enjoy equal opportunity to use and enjoy the apartment ? (e.g. - unit for mobility impaired, unit for visually impaired, unit for hearing impaired, grab bars)

Check One: Yes No If yes, you will be asked to complete a Request for Reasonable Accommodation.

Where did you hear about us? _____

INCOME & ASSETS

Affordable program applicants skip to Supplemental Applicant Questionnaire

Currently employed by _____ Occupation _____

Address _____

Length of Employment _____ Supervisor _____ Phone _____

Annual Gross Salary _____

Other Source of Income (i.e., social security, retirement fund, disability, workers compensation, pension, alimony/ child support, investments, etc.)

Type _____	Amount _____	Type _____	Amount _____
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Type _____	Amount _____	Type _____	Amount _____
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Former Employer _____ Occupation _____

Address _____ Dates of Employment _____

Supervisor _____ Phone _____

Bank Account - Type _____

Bank Account - Type _____

Other - Type _____

Other - Type _____

APPLICANT'S TERMS

APPLICANT: PLEASE READ CAREFULLY

This application is for Apartment No. _____ or similar type of occupancy on (date) _____

The applicant warrants and represents that all statements herein are true and promises to execute, upon presentation, a lease in the usual form and on the terms and conditions stated therein.

The applicant hereby grants permission to carry out necessary credit checks to verify the information contained in the application. Furthermore, applicant understands that an investigative consumer report will be obtained which may include information about personal character and criminal records. Applicant agrees that the information set forth on the application is true and complete, and any misrepresentation on this application will constitute a default under the Lease or Rental Agreement between the parties.

The deposit taken with this application is to be applied to the Security Deposit. If the applicant fails to execute a lease, then the deposit shall be retained by the owner as liquidated damages. However, the owner will refund the deposit if the application is rejected.

A breach of the above warranty regarding the veracity of any statements made herein releases the owner from all obligations and liabilities arising from either this agreement or a subsequent lease. This application and deposit are taken subject to previous applications and shall be acted upon within 10 days.

The rental agent is only authorized to show the apartment for rent and has no authority to make any representations concerning the premises.

The applicant warrants and represents that all statements herein are true and promises to execute, upon presentation, a lease in the usual form and on the terms and conditions stated therein.

Deposit with application _____ Dated _____

Agents Signature _____ Applicant's Signature _____





Supplemental Applicant Questionnaire

Household Information:

Each household member 17 years of age and over who will occupy the apartment at the time of move-in must complete a separate questionnaire.

Name	Relationship to Head of Household	M/F	Last 4 digits of SS#	Full or Part Time Student? FT-PT-N/A	Birth Date mm/dd/yyyy

Head of Household only answer Yes or No to each of the following questions for the household:

YES	NO	
___	___	1. Do you expect any additions to the household within the next twelve months? If yes, please list name and relationship _____ Explanation: _____
___	___	2. Are all members of the household full time students?
___	___	3. Does anyone in the household attend an institute of higher education? If yes, do they receive financial assistance for tuition? If yes, name of household member receiving financial assistance for tuition _____
___	___	4. Do you or any member of your household have a Section 8 voucher? If yes, name of Housing Authority _____
___	___	5. Do you know of any reason a local utility company would not set up an account in the name of the head, co-head or spouse? If yes, please explain _____
___	___	6. Are you or any member of your immediate family, including those by blood, marriage or adoption, the spouse, parent (including a stepparent), child (including stepchild), brother, sister (including a stepbrother or stepsister), grandparent, grandchild, or in-laws, an officer, employee, agent, elected or appointed official, or consultant of the the owner, developer, or sponsor of this property? If yes, list individual and relationship: _____

Income Information:

All household members 17 years and over must complete the following questions. List gross amounts anticipated to be received in the 12 month period following move in. Include the dollar (\$) amount in the space provided.

Answer each YES –NO question. For each YES include the gross amount and frequency.

YES	NO	INCOME SOURCE	AMOUNT/Frequency
		Employment (If hourly rate provided, please list hours per week.)	\$
		Social Security	\$
		SSI	\$
		SSP	\$
		Pension	\$
		Periodic Payments from Retirement, Investment and/or Annuity Accounts	\$
		Veterans Benefits or Disability	\$
		Unemployment	\$



	Worker's Compensation	\$
	AFDC / TANF / Welfare Grant	\$
	Are you entitled to receive alimony?	
	Do you receive alimony? (enter amount)	\$
	Do you have at least 50% custody of your children?	
	Are you entitled to receive child support?	
	Do you receive child support? (enter amount)	\$
	Military Pay	\$
	Net income from a business	\$
	Contributions from anyone outside the household	\$
	Does anyone else in the household have income?	
	Any income from assets?	\$
	Any income from sources not mentioned above?	\$
	Do you anticipate any changes to your income within the next 12 months? If yes, explain:	

Asset Information: List assets for all household members including minors.

YES	NO	ASSET SOURCE	AMOUNT
		Checking Accounts	\$
		Savings Accounts	\$
		Certificates of Deposit	\$
		Direct Deposit Debit Cards (SSA/Welfare/Child Support/Unemployment)	\$
		Stocks or Bonds	\$
		401K, 403B, IRA's or other Retirement Accounts	\$
		Mutual Funds	\$
		Revocable Trust Accounts	\$
		Life Insurance (whole / universal / annuity)	\$
		Personal Property Held as an Investment	\$
		Real Estate (if Yes to Real Estate answer next question)*	
		* For sale	\$
		* Rented	\$
		Other current assets	\$
		Any other assets that you owned in the past 2 years	
		List asset and current market value of the asset:	
		1.	\$
		2.	\$

Complete Only for Sites with Project Based Subsidy

1. Are you a Military Veteran? Yes ___ No ___
2. Have you been displaced as a result of a Presidentially Declared Disaster (PDD)?
Yes ___ No ___
3. Do you pay for child care which allows you or another family member to work or to go to school?
Yes ___ No ___
If yes, give name/address of child care provider, weekly cost and name of family member enabled to work or to go to school: _____

Elderly/Disabled Families Only

4. Do you have disability assistance expenses which allow an adult household member to work?
Yes ___ No ___
If yes, list type, amount, and name of family member enabled to work _____
5. Do you have Medicare? Yes ___ No ___
6. Do you participate in the Medicare Prescription Drug Plan? Yes ___ No ___
If yes, list provider and premium amount _____
7. Do you have any other kind of medical insurance? Yes ___ No ___
8. Do you have any outstanding medical bills that you are making payments on? Yes ___ No ___
9. Do you expect to have any medical expenses during the next 12 months not covered by insurance?
Yes ___ No ___ If yes, list type and amount _____

Certification by Applicant:

I understand that management is relying on this information to prove my household's eligibility for the Affordable Housing Program. I certify that all questions on this interview checklist have been asked of me at my personal interview with management. I have understood and answered all questions. I have reviewed my answers on this checklist with management. I consent to have management verify the information contained in this questionnaire for the purpose of determining eligibility for occupancy. I understand that my occupancy is contingent upon meeting management's resident selection criteria and the Affordable Housing Program requirements. I certify that all answers are true to the best of my knowledge and that my misrepresentation of information will lead to cancellation/rejection of my application. I understand I must report any changes to management as soon as they occur.

Applicant

Date

Management

Date



Rental Application Attachment for State and Federally Regulated Properties

Federal law requires us to get drug and criminal background information about all adult household members applying for assisted housing. The head of household must answer the questions below for all household members and each household member age 18 or older must sign below to consent to a background check.

1. Have you or any members of your household ever lived in any federally or state assisted housing?
Yes _____ No _____
2. Have you or any member of your household ever been evicted from federally assisted housing for drug-related or any illegal activity?
Yes _____ No _____
If yes, list where and when:
3. Are you or any member of your household currently engaging in the use of illegal drugs?
Yes _____ No _____
4. Are you or any member of your household currently abusing alcohol?
Yes _____ No _____
5. Are you or any member of your household subject to a lifetime registration requirement under a State Sex Offender registration program in any state?
Yes _____ No _____
6. List all addresses where you and all other household members have previously resided. You must provide a complete list of states in which any household member has resided:

The applicant hereby certifies that the above information is true and correct. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize (insert name of property) to verify the above information and I consent to the release of the necessary information to determine my eligibility.

Applicant _____ Date _____

Co-Applicant Date _____ Date _____

Other Adult _____ Date _____

Other Adult _____ Date _____