

**RETURN TO:**  
**HQM PROPERTIES INC., /L&T AFFORDABLE HOUSING URBAN RENEWAL**  
**455 DIAMOND SPRING ROAD**  
**DENVILLE, NJ 07834**  
**973-559-6655-Office**  
**Email to: [ewalker@hqmprop.com](mailto:ewalker@hqmprop.com) or Fax: 973-664-1083**

## **APPLICATION FOR WAITLIST**

**Please select the property(s) to apply and applicable:**

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- ☐ 24 Central Ave, Madison, NJ (Firehouse Apartments (Age-Restricted 62+))
  - ☐ 44 Cook Ave, Madison, NJ (Robert T. Burrough Apartments (Age-Restricted 62+))
  - ☐ c30 Central Ave, Madison, NJ (Low- and Moderate-Income Families)
  - ☐ Davenport Apartments, Morris Plains, NJ (Low- and Moderate-Income Families)
  - ☐ The Farm at Harding, Morristown, NJ (Low- and Moderate-Income Families)
- 

|  |  |   |
|--|--|---|
| <b>Last Name:</b><br><input type="text"/>              | <b>First Name:</b><br><input type="text"/>         | <b>Email:</b><br><input type="text"/>                       |
| <b>Address:</b><br><input type="text"/>                | <b>City and State:</b><br><input type="text"/>     | <b>Zip:</b><br><input type="text"/>                         |
| <b>#Bedrooms:</b> <input type="text"/>                 | <b>Rent Paid:</b> <input type="text"/>             | <b>Landlords: Name &amp; Phone:</b><br><input type="text"/> |
| <b>Alternate Contact Name:</b><br><input type="text"/> | <b>Alternate Contact#:</b><br><input type="text"/> | <b>Alternate Contact Email:</b><br><input type="text"/>     |
|  |  |   |

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**LIST ALL PERSON WHO WILL LIVE IN THE RENTAL UNIT:**

| Name of Household Members | Relationship | Birthdate | Age |  | S.S.# |
|---------------------------|--------------|-----------|-----|--|-------|
|                           |              |           |     |  |       |
|                           |              |           |     |  |       |
|                           |              |           |     |  |       |
|                           |              |           |     |  |       |

**CHECK THE ANSWERS TO ALL OF THE FOLLOWING QUESTIONS:**

☐Yes ☐No

Are **all** members of your household U.S. citizens or permanent residents of the U.S.?

If no, explain: \_\_\_\_\_

☐Yes ☐No

Do you currently have a HUD Section 8 Housing Choice Voucher?

☐Yes ☐No

Has anyone named on this application been convicted of a felony, arrested for dealing or manufacturing illegal drugs OR subject to lifetime registration as a sex offender? *(If yes, attach separate sheet with detailed explanation)*

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☐Yes ☐No Are there any absent household members who under normal conditions would live with you? If yes, explain: \_\_\_\_\_

☐Yes ☐No Do you expect any additions to the household within the next twelve months?  
If yes, explain: \_\_\_\_\_

**INCOME: CHECK THE ANSWER TO ALL OF THE FOLLOWING QUESTIONS.**  
**DOES ANYONE LISTED ON THIS APPLICATION RECEIVE OR EXPECT TO RECEIVE INCOME FROM:**

- ☐Yes ☐No Employment? (*Includes: **hourly wages**, salary, cash earnings, consulting, etc.*)
- ☐Yes ☐No Self-employment? (*For example: housecleaning, babysitting, landscaping, painting*)
- ☐Yes ☐No Social Security, SSI, SSD?
- ☐Yes ☐No Regular payments from a pension, retirement benefit, annuities, or Veteran's benefit?
- ☐Yes ☐No Unemployment or worker's compensation?
- ☐Yes ☐No Child support or alimony? **Amount: \$ \_\_\_\_\_ per week**
- ☐Yes ☐No Regular pay as a member of the Armed Forces?
- ☐Yes ☐No Temporary Assistance to Needy Families (welfare) or General Assistance?
- ☐Yes ☐No Regular payments from any type of settlement? (*For example, insurance settlement.*)
- ☐Yes ☐No Regular gifts or payments from anyone outside of the household? (*This includes anyone supplementing your income or paying any of your bills.*)
- ☐Yes ☐No Regular payments from lottery winnings or inheritances?
- ☐Yes ☐No Regular payments from rental property or other types of real estate transactions?
- ☐Yes ☐No Other income sources or types not listed? Specify: \_\_\_\_\_

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**LIST ALL INCOME: (REFER TO THE LIST ABOVE. Fill out completely for third party verification.)**

| NAME OF FAMILY MEMBER<br>RECEIVING INCOME | NAME & ADDRESS OF INCOME<br>SOURCE | GROSS AMOUNT RECEIVER<br>PER YEAR |
|---|------------------------------------|-----------------------------------|
| <input type="text"/>                      | <input type="text"/>               | <input type="text"/>              |
| <input type="text"/>                      | <input type="text"/>               | <input type="text"/>              |
| <input type="text"/>                      | <input type="text"/>               | <input type="text"/>              |
| <input type="text"/>                      | <input type="text"/>               | <input type="text"/>              |
| <input type="text"/>                      | <input type="text"/>               | <input type="text"/>              |

**ASSET INFORMATION**

**CHECK THE ANSWER TO ALL OF THE FOLLOWING QUESTIONS. DOES ANYONE LISTED ON THE APPLICATION HAVE ANY OF THE FOLLOWING:**

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Checking or savings account?  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | CDs, money market accounts or treasury bills?   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Stocks, bonds or securities?  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Life insurance policies or trust funds?   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pensions, IRAs, Keogh, 401(k) or other retirement/investment accounts?  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Real estate, rental property, land contracts/contract for deeds or other real estate holdings? If yes, attach list of all addresses, market value and rental income |

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**LIST ALL ASSETS: (REFER TO LIST ABOVE & fill out *completely*, attach separate sheet if needed.)**

**Account/Asset Type** (For example, checking, savings, brokerage, mutual fund, etc.)

| TYPE OF ACCOUNT      | INSTITUTION NAME<br>& ADDRESS | BALANCE              | INTEREST RATE        |
|----------------------|-------------------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/>          | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/>          | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/>          | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/>          | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/>          | <input type="text"/> | <input type="text"/> |

**CERTIFICATION BY APPLICANT:** BY SIGNING THIS APPLICATION,

- I / WE DECLARE THAT ALL OF MY / OUR RESPONSES ARE TRUE AND COMPLETE.
- I / WE AUTHORIZE THE **HQM PROPERTIES, INC.** TO VERIFY THIS INFORMATION, INCLUDING CRIMINAL BACKGROUND AND RETAIL CREDIT CHECKS.
- I / WE UNDERSTAND THAT DAVENPORT VILLAGE IS A FULLY SMOKE-FREE FACILITY.
- I / WE UNDERSTAND THAT THERE WILL BE NO PETS ALLOWED.
- I / WE UNDERSTAND THAT THE **HQM PROPERTIES, INC.** MUST BE NOTIFIED OF ANY CHANGE IN ADDRESS.



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- **I / WE UNDERSTAND THAT ANY FALSE STATEMENT ON THIS APPLICATION MAY LEAD TO REJECTION OF MY / OUR APPLICATION.**

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-head/Spouse

\_\_\_\_\_  
Date

- In the selection of all tenants the HQM Properties, Inc., does not discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin.
- 
- Attention Hearing/Speech Impaired Individuals: Operator Assistance for TTY/TTD users: 1-800-855-1155