

*Franklin House*

*Senior Apartments*

*1 Mill Street, Suite 107*

*Franklin, NJ 07416*

*P: 973-823-6395 ~ F: 973-823-6394*

*Email: [fsh@franklin-house.net](mailto:fsh@franklin-house.net)*

*[jkovach@franklin-house.net](mailto:jkovach@franklin-house.net)*

Dear Applicant:

Thank you for your interest in the Franklin House Senior Apartments! We have enclosed literature and a Preliminary Information Form. Please complete the form and mail it back to the address below:

Franklin House  
Senior Apartments  
1 Mill Street, Suite 107  
Franklin, NJ 07416

Please note this is only a preliminary information form. You will be required to complete a formal application. Final qualification will be determined based on the processing of the formal application.

If you have any questions please call the number listed above during normal business hours.

Sincerely,

Jennifer Kovach  
Site Manager

# Franklin House

## Senior Apartments

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Franklin, NJ 07416

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Application # \_\_\_\_\_

Date Rcvd \_\_\_\_\_

Time Revd \_\_\_\_\_

### Preliminary Information Form

List ALL household members, including yourself, who will occupy the apartment

|    | Name | Relation          | M/F | Birth Date | Social Security # | Gross Annual Income* |
|----|------|-------------------|-----|------------|-------------------|----------------------|
| 1. |      | Head of Household |     |            |                   |                      |
| 2. |      |                   |     |            |                   |                      |

\*Please note if you have Section 8 or Rental Assistance. This information is important toward your gross annual income.

1. Please identify any special housing needs you have (optional): \_\_\_\_\_
2. Does anyone live with you now whom is not listed above? \_\_\_\_\_
3. Do you expect any change in your household composition? \_\_\_\_\_
4. If you answered yes to any of the above questions, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Current Street Address: \_\_\_\_\_ Apt. No: \_\_\_\_\_

6. City, State, Zip: \_\_\_\_\_

7. Phone Numbers: Day: \_\_\_\_\_ Night: \_\_\_\_\_

8. Email Address: \_\_\_\_\_

9. Please provide a name and phone number(s) to be used as an additional contact if you cannot be reached:  
\_\_\_\_\_  
\_\_\_\_\_

10. How did you hear about this project, and/or who referred you to the Franklin House Senior Apartments?  
\_\_\_\_\_

11. What is the race of Head of Household? (For statistical purposes only)  
\_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Asian/Pacific Islander

12. What is the ethnicity of Head of Household? (For statistical purposes only)  
\_\_\_\_\_ Hispanic \_\_\_\_\_ Non-Hispanic

\_\_\_\_\_  
Head of Household  
(Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Head of Household  
(Signature)

\_\_\_\_\_  
Date

Please mail completed form to: Franklin House Senior Apartments, 1 Mill Street, Suite 107, Franklin, NJ 07416