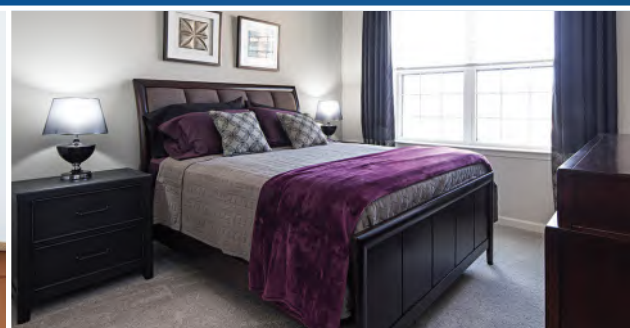


# MORRIS PLAINS, NJ AFFORDABLE APARTMENTS!



**NOW LEASING!**

Pre-applications are currently being accepted for new affordable 1, 2 & 3 bedroom apartments located at The Legacy in Morris Plains, NJ. Applicants will be required to submit income documentation for qualifying criteria. Veterans who qualify based on income and provide proper identification receive waitlist priority.

## PRICING OF AFFORDABLE UNITS

AFFORDABILITY	1 BEDROOM	2 BEDROOM	3 BEDROOM
<b>VERY LOW</b>	\$478	\$556	\$624
<b>LOW</b>	\$910	\$1,074	\$1,223
<b>MODERATE</b>	\$1,104	\$1,307	\$1,493

A \$75 application fee per adult will apply. In order to be eligible for these affordable housing units, you must meet certain income limits as determined by the New Jersey Department of Community Affairs.

## INCOME LIMITS

# OF PEOPLE IN HOUSEHOLD	MAX ANNUAL INCOME (VERY LOW)	MAX ANNUAL INCOME (LOW)	MAX ANNUAL INCOME (MODERATE)
<b>1</b>	\$27,177	\$45,296	\$72,473
<b>2</b>	\$31,060	\$51,766	\$82,826
<b>3</b>	\$34,942	\$58,237	\$93,180
<b>4</b>	\$38,825	\$64,708	\$103,533
<b>5</b>	\$41,931	\$69,885	\$111,816
<b>6</b>	\$45,037	\$75,061	\$120,098



EQUAL HOUSING OPPORTUNITY



If you are interested in applying to rent one of these affordable units, you must complete a preliminary application. Email [mpaffordables@edgewoodproperties.com](mailto:mpaffordables@edgewoodproperties.com) or call (908)725-2909 to request a pre-application. Pre-applications are also available at [www.legacymorrisplains.com](http://www.legacymorrisplains.com) and at the Brookside Gardens leasing office at 129 Mercer Street, Somerville, NJ 08876. All applications should be dropped off or mailed to the Brookside Gardens leasing office address above. Applications can be picked up or dropped off: Mon-Sat: 9:30 a.m. - 6 p.m., Wed: Closed, Sun: 10 a.m. - 5 p.m.



# THE LEGACY

at Morris Plains

Thank you for visiting The Legacy at Morris Plains.

Please complete the attached pre-application, fully sign, date and return to our office via email at [mpaffordables@edgewoodproperties.com](mailto:mpaffordables@edgewoodproperties.com) or mail to: Legacy Morris Plains c/o Brookside Gardens, 129 Mercer Street, Somerville, NJ 08876

The purpose of this form is to gather basic information and will be used only for determining eligibility for referral to an affordable housing unit.

We thank you for your interest in The Legacy at Morris Plains.

Sincerely,

*The Legacy at Morris Plains  
1 Adams Avenue  
Morris Plains, NJ 07950  
(P) 732-985-1900*

**SITE: The Legacy at Morris Plains, NJ**

**SECTION I: APPLICANT INFORMATION:** (Please print clearly)

\_\_\_\_\_  
Name of Head of Household

\_\_\_\_\_  
Current Street Address

\_\_\_\_\_  
Home Phone No. (Landline only)

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone No.

Email Address: \_\_\_\_\_

Number of Bedrooms?    One    Two    Three

Require a handicap accessible home?    Yes    No

**\*DO YOU CURRENTLY RECEIVE RENTAL ASSISTANCE?**

**\*IS A HOUSEHOLD MEMBER A VETERAN?**

Yes      No

Yes      No

**SECTION II: HOUSEHOLD COMPOSITION**

Name	Relationship to Head of Household	Gender	Date of Birth	Annual Income (Monthly x12 months)	Source of Income
1.	Head of Household			\$	
2.				\$	
3.				\$	
4.				\$	
5.				\$	
<b>TOTAL HOUSEHOLD INCOME</b>				\$	

**SECTION III: I AM INTERESTED IN:**

<input type="checkbox"/> <b>Market Rate Apartments</b> 1 or 2 Bedroom Only	<input type="checkbox"/> <b>Affordable Rate Apartments</b> 1 Bedroom    2 Bedroom    3 Bedroom
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**SECTION IV: HOMEOWNERS ONLY**

If you own the home in which you live, clearly indicate BOTH the market value & your equity in the home (Your equity equals the market value less any outstanding mortgage Principal).

Market Value: \$ \_\_\_\_\_

Equity: \$ \_\_\_\_\_

**SECTION V: SIGNATURE**

I certify that the information provided herein is true and complete to the best of my knowledge and that any misrepresentation of income or household size herein shall be cause for program disqualification. I also understand that this information is to be used only for determining my eligibility for referral to an affordable housing unit and does not obligate me in any way.

**X** \_\_\_\_\_ **Signature Head of Household**

\_\_\_\_\_ **Date**