

*The following Disclosure Statement has been drafted by the New Jersey Division on Civil Rights (DCR) to reflect housing protections set forth in the Fair Chance in Housing Act, N.J.S.A. 46:8-52 to 64, (FCHA) and the accompanying rules, N.J.A.C. 13:5.*

Before making a conditional offer of housing, **Twin Ponds Apartments** 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. **Twin Ponds Apartments** 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, **Twin Ponds Apartments** 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.

**Twin Ponds Apartments 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.

**Twin Ponds Apartments 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/fc>

**Twin Ponds Apartments** may withdraw a conditional offer based on your criminal record only if **Twin Ponds Apartments** determines, by a preponderance of the evidence, that the withdrawal is necessary to fulfill a substantial, legitimate, and nondiscriminatory interest.

**Twin Ponds Apartments** utilizes any vendor or outside person/entity to conduct a criminal record check on their behalf, **Twin Ponds Apartments** 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 **Twin Ponds Apartments** 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, **Twin Ponds Apartments** 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 Twin Ponds Apartments 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 Twin Ponds Apartments at any time, including after the ten days.**

Any action taken by **Twin Ponds Apartments** 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 Twin Ponds Apartments has violated any of the above requirements, you may contact the New Jersey Division on Civil Rights at [www.NJCivilRights.gov](http://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

5 Executive Campus  
Suite 107, Bldg. 5  
Cherry Hill, NJ 08002

140 East Front Street, 6th Floor  
Trenton, NJ 08625

1601 Atlantic Avenue, 6th Fl.  
Atlantic City, NJ 08401

Housing Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Prospective Tenant Signature \_\_\_\_\_ Date \_\_\_\_\_

# THE KAMSON CORPORATION

## COMMUNITIES FOR BETTER LIVING

Twin Ponds Apartments  
3100 Pond Run Terrace Hamilton, NJ 08690  
Phone Number: 609.952.5510  
Fax: 609.952.5509

### Application For Lease Must be completed in its entirety to be processed.

All verification services to be provided to TWIN PONDS APARTMENTS under terms of this agreement entered into with a licensed contracted consumer credit agency and the accuracy thereof shall be conditioned by the requirement that applicant and customer provide the following information as to the individual applicants below. Where inapplicable information is requested, mark N/A. Applicant and customer shall sign and date this document in appropriate space below prior to its submission to a licensed contracted consumer credit agency. Multiple applicants, including spouse, must complete and sign.

he undersigned hereby agrees to execute a lease, in the event of the approval if the rental application for apartment \_\_\_\_\_ for the term of \_\_\_\_\_ commencing on (approximately) \_\_\_\_\_ at a monthly rate of \$ \_\_\_\_\_ payable monthly in advance on the first day of each month.

Once the rental application has been approved and the applicant accepts an apartment, the applicant must submit a reservation fee in the amount of \$300.00 along with the Certificate of Occupancy fee, where applicable, to reserve an apartment. In addition, a security deposit, or a security deposit alternative, must be paid upon signing of lease. All payments must be made using the company accepted payment methods. See leasing agent for instructions. No cash or money orders will be accepted. **Applicant agrees that if applicant fails to take possession of the premises, Landlord may retain as liquidated damages, the reservation fee and any other monies paid by applicant. Upon signing the lease, the first month's rent and/or prorated rent, security deposit, or security deposit alternative and any other fees must be paid in full before any apartment keys will be given out.**

The undersigned has read the foregoing and certifies that the facts set forth in the accompanying rental application are true and correct and that the rental application submitted for the purpose of inducing approval of the application in the undersigned's behalf. In the event that this application is not approved, the undersigned shall be entitled to have the return of the reservation fee made and no more, and all rights of the undersigned shall thereupon terminate and end absolutely. **The \$50.00 per applicant fee for investigation of the undersigned's application is under no circumstances refundable. In addition, all units are required to carry and maintain property damage liability. The resident is responsible for damages caused by resident or resident's guests. The unit you rent will be included in the community's Property Damage Liability Waiver and therefore subject to an additional rent charge per month. All residents should consult with an insurance professional to evaluate and determine personal insurance needs.**

APPLICANT NAME \_\_\_\_\_ Date of birth \_\_\_\_\_ SS# \_\_\_\_\_  
First Middle Last

CO-APPLICANT NAME \_\_\_\_\_ Date of birth \_\_\_\_\_ SS# \_\_\_\_\_  
First Middle Last

App. Drivers Lic. No. \_\_\_\_\_ State \_\_\_\_\_ Co-App. Drivers Lic No. \_\_\_\_\_ State \_\_\_\_\_

Other Occupants: \_\_\_\_\_  
Name SS# Age Relationship

\_\_\_\_\_ Name SS# Age Relationship

APPLICANT Home Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_ E-mail \_\_\_\_\_

Present Address \_\_\_\_\_  
Street Apt# City State Zip

From: \_\_\_\_\_

Dates: To: \_\_\_\_\_  
Present Landlord/Resident Mgr. Apt. Name/If Home-Mortgage Co. \$ Loan#

Monthly Payment \_\_\_\_\_ Reason for moving \_\_\_\_\_

Have you ever been evicted from any leased premises? \_\_\_\_\_ If yes, explain \_\_\_\_\_

**APPLICANT**

Previous Address \_\_\_\_\_  
Street Apt# City State Zip

Previous Apt. Name or Landlord \_\_\_\_\_  
Address Phone How long?

Monthly Payment \_\_\_\_\_ Reason for moving \_\_\_\_\_

**APPLICANT EMPLOYER** \_\_\_\_\_ Phone \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City State Zip

Supervisor \_\_\_\_\_ Employed since \_\_\_\_\_ Gross weekly salary \_\_\_\_\_

Previous Employer \_\_\_\_\_ Phone \_\_\_\_\_ Position \_\_\_\_\_

Business address \_\_\_\_\_

Supervisor \_\_\_\_\_ Employed since \_\_\_\_\_ Gross weekly salary \_\_\_\_\_

Additional monthly income (if any) \_\_\_\_\_ Source \_\_\_\_\_

**CO-APPLICANT** Home Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_ E-mail \_\_\_\_\_

Present Address \_\_\_\_\_  
Street Apt# City State Zip

From: \_\_\_\_\_

Dates: To: \_\_\_\_\_  
Present Landlord/Resident Mgr. Apt. Name/If Home-Mortgage Co. \$ Loan#

Monthly Payment \_\_\_\_\_ Reason for moving \_\_\_\_\_

Have you ever been evicted from any leased premises? \_\_\_\_\_ If yes, explain \_\_\_\_\_

**CO-APPLICANT**

Previous Address \_\_\_\_\_  
Street Apt# City State Zip

Previous Apt. Name or Landlord \_\_\_\_\_  
Address Phone How long?

Monthly Payment \_\_\_\_\_ Reason for moving \_\_\_\_\_

**CO-APPLICANT EMPLOYER** \_\_\_\_\_ Phone \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City State Zip

Supervisor \_\_\_\_\_ Employed since \_\_\_\_\_ Gross weekly salary \_\_\_\_\_

Previous Employer \_\_\_\_\_ Phone \_\_\_\_\_ Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Employed since \_\_\_\_\_ Gross weekly salary \_\_\_\_\_

Business address \_\_\_\_\_

Additional monthly income (if any) \_\_\_\_\_ Source \_\_\_\_\_

### BANKING INFORMATION

#### APPLICANT

Bank Name and Branch \_\_\_\_\_  Checking

Bank Name and Branch \_\_\_\_\_  Savings

#### CO-APPLICANT

Bank Name and Branch \_\_\_\_\_  Checking

Bank Name and Branch \_\_\_\_\_  Savings

### CREDIT INFORMATION

#### APPLICANT

Name \_\_\_\_\_ Type \_\_\_\_\_ Acct. No. \_\_\_\_\_ Mo. Payment \_\_\_\_\_ Open  Closed

Name \_\_\_\_\_ Type \_\_\_\_\_ Acct. No. \_\_\_\_\_ Mo. Payment \_\_\_\_\_ Open  Closed

Name \_\_\_\_\_ Type \_\_\_\_\_ Acct. No. \_\_\_\_\_ Mo. Payment \_\_\_\_\_ Open  Closed

### CREDIT INFORMATION

#### CO-APPLICANT

Name \_\_\_\_\_ Type \_\_\_\_\_ Acct. No. \_\_\_\_\_ Mo. Payment \_\_\_\_\_ Open  Closed

Name \_\_\_\_\_ Type \_\_\_\_\_ Acct. No. \_\_\_\_\_ Mo. Payment \_\_\_\_\_ Open  Closed

Name \_\_\_\_\_ Type \_\_\_\_\_ Acct. No. \_\_\_\_\_ Mo. Payment \_\_\_\_\_ Open  Closed

### VEHICLE INFORMATION

Year & Make \_\_\_\_\_ Color \_\_\_\_\_ Tag No. \_\_\_\_\_ State \_\_\_\_\_ Registered to \_\_\_\_\_

Year & Make \_\_\_\_\_ Color \_\_\_\_\_ Tag No. \_\_\_\_\_ State \_\_\_\_\_ Registered to \_\_\_\_\_

### OFFICIAL USE: LEASE INFORMATION

Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_ Move in date \_\_\_\_\_

Size of Apt: \_\_\_\_\_ Monthly Rental \_\_\_\_\_ Yearly Rental \_\_\_\_\_

Pro rate \_\_\_\_\_ Reservation fee\$ \_\_\_\_\_

RENT\$ \_\_\_\_\_ SECURITY DEPOSIT\$ \_\_\_\_\_

I or we proclaim that all of the information provided in this rental application is true and accurate. In the event the information I or we have provided is found to be false, I or we understand that the application will be denied. In the event it is found that information provided in the application is false after I or we take possession of an apartment; I or we acknowledge that eviction proceedings will commence immediately, I or we authorize Twin Ponds Apartments to verify all information on the rental application by all available means, including consumer reporting agencies, public records, current and previous rental property owners, employers and personal references. Re-verification of preliminary findings is not required.

APPLICANTS SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

APPLICANTS SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

APPLICATION TAKEN BY \_\_\_\_\_ Date \_\_\_\_\_

APPLICATION DATE \_\_\_\_\_ UNIT TYPE \_\_\_\_\_ MONTHLY RENT\$ \_\_\_\_\_ MOVE IN DATE \_\_\_\_\_ AFTER 2PM \_\_\_\_\_

PET YES  NO  TYPE? \_\_\_\_\_

KIND \_\_\_\_\_ WEIGHT \_\_\_\_\_ NAME \_\_\_\_\_