

Potential Brightview Applicants

We are pleased to announce that there is a low and moderate income rental housing program offered for Brightview Assisted Living Applicants. However, there is limited space because only a total of nine applicants at any given time may be approved under this program. Only the semi-private companion suites in the Assisted Living portion are available to the low and moderate income approved applicants.

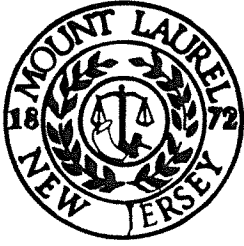
If your gross annual income meets the requirements, your name will be placed on a waiting list. Unfortunately, we do not have an estimated period of time that you may be on the waiting list; it could be one to two years or even more.

It is important to note that being income qualified does not guarantee applicants admission under the affordable program at Brightview Assisted Living. Brightview Assisted Living requires a physical exam, a health evaluation, and application. You may be declined for health reasons or lack of availability under the program or if you require any of the Wellspring Village Service Packages.

If there is an available space in the Assisted Living under the program and you are selected as the next pre-qualified applicant on the list, your name will be forwarded to Brightview Assisted Living. If Brightview Assisted Living is able to accept you as a resident, the certified daily rate, which is based upon 80% of your gross income, shall be calculated by the Township Housing Office and shall include necessary care expenses. Necessary care expenses are including, but not limited to, rental rate, utilities, Basic Service package, and Medication Management. Additional services for Assisted Living will be offered at an additional charge including, incontinence supplies and services, Service Package 1, Service Package 2, Service Package 3, and Additional Service Plan. The additional charges will be 50% of the regular rate. Regarding incontinence supplies, you will have the option to buy your own supplies, including chux, gloves, wipes, creams, and incontinence products, or pay the additional charge at 50% of the regular rate. Of course, the necessary care does not include amenities and/or luxuries, including long distance phone calls, guest meals, salon appointments, and unscheduled transportation.

Please be advised that if your funds are exhausted and you are no longer able to pay your expenses, even under the affordable program, your lease at Brightview Assisted Living may be terminated. The low and moderate program does not subsidize your payments, but rather is a mechanism to lower your daily expenses to extend your length of stay at Brightview Assisted Living.

These rules and regulations are subject to change in accordance with any revisions to State, County, or local laws, regulations, and policies.



MOUNT LAUREL TOWNSHIP
Housing Division
100 Mount Laurel Road
Mount Laurel, NJ 08054
PHONE 856-234-0001 x 314

May 18, 2017

Dear Potential Brightview Applicant:

The 2017 Income Guidelines have been calculated as listed below. Should you believe that you qualify based upon your gross household income, please complete the application for affordable housing at Brightview Assisted Living of Mount Laurel. When requesting the application, please be sure to specify the Brightview Assisted Living Affordable Housing Application.

Although the fees charged by Brightview may be based on your gross annual income, there is a minimum fee based on the minimum income listed below. If you do not meet the minimum income requirement, Brightview Assisted Living must charge a minimum fee calculated from the minimum income requirement. Please inform us in writing if any family member is able and willing to supplement your gross annual income to meet the minimum requirement.

If you have any questions, you may contact me at 856-234-0001 x 1318, or email me at mlhousing@mountlaurel.com, Monday through Friday, 8am to 4pm. Thank you.

Sincerely,

Gerry Bucci
Housing Officer

2017 INCOME GUIDELINES				
	LOW INCOME		MODERATE INCOME	
Family Size	Minimum Income	Maximum Income	Minimum Income	Maximum Income
1	\$17,116	\$28,525	\$28,526	\$45,640

Maximum Asset Limit: \$151,043

MOUNT LAUREL TOWNSHIP
PRE-QUALIFYING APPLICATION FOR LOW AND MODERATE INCOME HOUSING

Please read the instructions carefully and complete all questions on the application. The application will be used to pre-qualify potential tenants of low/moderate income housing at Brightview Assisted Living in Mount Laurel Township. All sections must be typed or printed in blue or black ink.

APPLICANT INFORMATION

Name of Applicant _____ Social Security # _____ Date of Birth _____ Sex(M/F) _____

Current Street Address _____ Apt # or Unit # or P.O. Box _____

City _____ State _____ Zip _____ County _____

Home Phone # _____ Cell Phone # _____

Please list a family member who would want copies of any correspondence regarding the applicant.

Name of Family Member _____ Phone # _____

Address _____

If you are not a resident of Brightview Assisted Living, will you be a resident in the next 12 months? _____

Will you be enrolling in the reminiscence program at Brightview Assisted Living? Yes or No

Do you rent or own your home? ___ Rent ___ Own Other: _____

What is your total monthly rent? _____ or mortgage? _____

If your income is below the minimum requirement, is your family willing to supplement your income to meet the minimum requirement? Yes or No

If pre-qualified, your name will be placed on a waiting list for a low/moderate companion suite, which is a semi-private suite with 2 beds in the one room suite.

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GO TO THE NEXT PAGE – DO NOT WRITE BELOW THIS LINE
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Gross Annual Income _____ Median Income _____

Date Certified _____ % of Median _____

Certified Daily Rate _____

INCOME INFORMATION

Please answer all the questions. This information is necessary to determine eligibility. If the situation does not apply to you, complete the answer by indicating N/A or Zero (0).

State the amount of gross income and how often it is received:

Pension \$ _____ Annuity \$ _____
Disability \$ _____ Social Security \$ _____
Veteran's Benefits \$ _____ Other \$ _____

Do you anticipate any changes to the household income in the next 12 months? Yes or No
If yes, explain: _____

Have you ever worked in the past? _____ If yes, what was the last year of employment? _____

Do you file Federal Income Tax Returns? _____ If no, have you ever filed? _____

What was the last year that you filed Federal Income Tax Returns? _____

Do you own a business? _____ Do you receive income from this business? _____

What is the amount of net income earned monthly from this business? \$ _____

Do you own a home or have you sold a home within the last three (3) years? _____

Address of Home: _____

If the home has already been sold, date of sale _____ Sale price \$ _____

Attach a copy of settlement sheet.

If you still own the home, list its current market value \$ _____

Attach a copy of an appraisal or market analysis for the property.

What is the outstanding mortgage or other liens? \$ _____ Equity \$ _____

Is this home a rental property? _____ If yes, what is the rent amount received each month? \$ _____

Does the rent include utilities? _____ If not, does the tenant pay the utilities separately? \$ _____

What is the amount of the monthly expenses of the home, including the mortgage, taxes, insurance, and utilities? \$ _____

Do you have any investment properties? _____

Address? _____

Current Status? _____

In order for the Housing Office to verify all the information on the application, you must submit copies of the following documents:

1. Copies of the last three (3) complete Federal Income Tax Returns. If you do not file, please indicate the reason and submit copies of all 1099's for the last three (3) years.
2. Proof of Pension, Social Security, Disability, Veteran's Benefits, etc. A current benefit statement as well as the 1099's for the previous years.
3. Recent bank statements for all bank accounts, brokerage accounts, investments, etc.
4. Proof of any other income.
5. A Market Analysis, if you still own a home.
6. Settlement Sheet, if you sold a home within the last 2 years.
7. Power of Attorney documents, if applicable.

Any misrepresentation of information for the purpose of obtaining a low or moderate income unit is a violation of N.J.S.A. 2C:28-1-et.seq. and subject to the fines and penalties permitted under ordinance 1987-36.

I hereby certify that the information provided herein is true and complete and that any misrepresentation of income reported herein shall be cause for program disqualification. I also understand that this information is to be used only for determining my eligibility for a low or moderate rental at Brightview Assisted Living in Mount Laurel Township in accordance with the restrictions and controls governing affordable housing. I further understand that the pre-qualification does not guarantee me a housing unit under this program at Brightview Assisted Living. I understand that when eligible, I must make an application with Brightview Assisted Living and have a physical health evaluation.

I further certify that the attached copies of the above described documents are true and accurate copies of the originals and do represent copies of the documents being requested.

Return the completed application to: Mount Laurel Township, Housing Office, 100 Mt. Laurel Rd, Mt. Laurel, NJ 08054.

All signatures must be notarized by a Notary Public.

**If you are signing on behalf of the applicant as a P.O.A., please check here. _____
Attach the legal documents authorizing you as the Power of Attorney.**

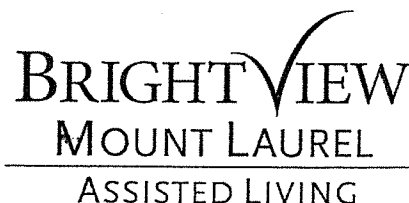
Signed this _____ day of _____, 20 _____.

Applicant or (POA)

Sworn and Subscribed before me

this _____ day of _____, 20 _____.

Notary Public



Brightview Assisted Living of Mount Laurel

Services Provided

Date: _____

Resident's Name: _____

Please check the following services that the resident above is currently receiving:

___ Charter Service:

___ Charter One:

___ Charter Two:

___ Charter Three:

___ Charter Four:

___ Enhanced Charter:

___ Wellspring Village:

___ Wellspring Charter One:

___ Wellspring Charter Two:

___ Wellspring Charter Three:

___ Wellspring Charter Four:

___ Wellspring Enhanced:

___ Medication Management I

___ Medication Management II

___ Continance Management I

___ Continance Management II

___ Continance Management III

EXAMPLE

Brightview Assisted Living Fee Schedule for Services 2016 Monthly Rates

Brightview Service Fees		Affordable Service Fees
Assisted Living Base:	\$5,072+	\$ _____
Service Package 1:	\$800	\$400
Service Package 2:	\$1,600	\$800
Service Package 3:	\$2,400	\$1,200
Tailored Service Package:	\$ Customized - fees vary according to services required	50% of customized fee
Wellspring Village Base:	\$5,775+	Affordable Base Fee Plus \$300
Wellspring Village Service Package 1:	\$800	\$400
Wellspring Village Service Package 2:	\$1,600	\$800
Wellspring Village Service Package 3:	\$2,400	\$1,200
Tailored Service Package:	\$ Customized - fees vary according to services required	50% of customized fee
Medication Management I and II:	\$0	\$0
Continence Management I:	\$325	\$162.50
Continence Management II:	\$500	\$250.00

Total:

The left column includes fees that BrightView may charge you now at the market price. The right column includes fees that BrightView may charge you at the affordable price. These fees may be subject to change annually. Brightview Assisted Living