



COMMUNITY ENTERPRISES CORP.

(FORMERLY BUTTERFLY PROPERTY MANAGEMENT, INC.)

JACOB P. BUCHER, PRESIDENT * VICTOR M. LUNA, EXECUTIVE DIRECTOR

DATE MAILED _____

Dear Applicant:

Enclosed please find the application you requested for our housing program. As we have made this application user friendly, please complete ALL sections and return the application to our office.

Be advised that submission of an application is not a guarantee that you will be given housing. You will be placed on the waiting list and advised accordingly.

You will receive updates twice year and it is important that you notify us of any changes in your address and phone number in order to remain on the waiting list. You may write to us or call with any changes. You may call me at **(732) 866-4330 extension 104**, or write to:

Community Enterprises Corp.
PO Box 980
Freehold, New Jersey 07728

URGENT MESSAGE: DUE TO CHANGES IN OUR FUNDER'S RULES WE ARE NOW REQUIRED TO RECEIVE A COPY OF YOUR SOCIAL SECURITY CARD AND A COPY OF YOUR BIRTH CERTIFICATE AT TIME OF APPLICATION.

Very truly yours,

Shelly Kaplan

Housing Placement Coordinator

skaplan@cspnj.org

IF YOUR APPLICATION IS NOT COMPLETE IT WILL NOT BE ACCEPTED.

Rev. 03/12/09

Phone: 732-866-4330
Fax: 732-780-3391
Website: www.comencorp.org

8 Spring Street * Freehold * New Jersey * 07728
Mailing Address: P.O. Box 980, Freehold, NJ 07728

COMMUNITY ENTERPRISES CORPORATION

Mailing Address PO Box 980

8 SPRING STREET

FREEHOLD, NJ 07728

PHONE [732] 866-4330 FAX [732] 780-3391

CREDIT CHECK AUTHORIZATION RELEASE FORM

COMPANY: COMMUNITY ENTERPRISES CORP.

PHONE: (732) 866-4330 FAX: (732) 780-3391

REPORT CHOICE: (please check)

HOUSING COURT _____ CRIMINAL _____

Please indicate purpose of request _____

For office use only

APPLICANT (PLEASE PRINT CLEARLY)

DATE _____

A COPY OF BIRTH CERTIFICATE AND SOCIAL SECURITY CARD MUST BE INCLUDED OR APPLICATION WILL BE RETURNED

LastName (print) _____ First _____ Middle _____

Social Security Number _____

Date of Birth _____

Present Address _____

City _____

State _____ Zip _____

Home Telephone _____ Emergency Telephone _____

I hereby Authorize **Community Enterprises Corporation** to conduct an inquiry concerning my credit history. I understand that the procurement of such report may contain information as to my background, mode of living, character and personal reputation. I hereby release **Community Enterprises Corporation** from any liability.

SIGNATURE _____ Date _____

REMINDER-CREDIT REPORT MAY ONLY BE ORDERED FOR A PERMISSIBLE PURPOSE

REV. 03-12-09

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