

LAKWOOD TOWNSHIP AFFORDABLE HOUSING APPLICATION

Lakewood Commons- Phase IV- 2017

Applicant Name: _____ Spouse/Partner Name _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

Mobile Phone: _____ e-mail: _____

Number of People in Household (existing) _____ Number of Males _____ Number of Females _____

Are you expecting a child? _____ *** A Doctor's Note on Dr's letterhead must be submitted WITH this application. Pregnancy notes or any other changes to family size WILL NOT be accepted after this application is submitted.**

Do you currently own or rent your residence in Monmouth, Ocean or Mercer County (check one)? Own Rent

If renting, please specify landlord name/address/phone number: _____

Do you intend to have any pets? _____ Any household member special needs? _____

THE FOLLOWING INFORMATION SHALL BE REQUIRED FOR ALL HOUSEHOLD MEMBERS:

Name _____ Birthdate _____ Gender _____ Name _____ Birthdate _____ Gender _____

Name _____ Birthdate _____ Gender _____ Name _____ Birthdate _____ Gender _____

Name _____ Birthdate _____ Gender _____ Name _____ Birthdate _____ Gender _____

Name _____ Birthdate _____ Gender _____ Name _____ Birthdate _____ Gender _____

Name _____ Birthdate _____ Gender _____ Name _____ Birthdate _____ Gender _____

Name _____ Birthdate _____ Gender _____ Name _____ Birthdate _____ Gender _____

***Pregnancy requires a Doctor's Verification. (If you already have a household of five or more, no Doctor's note is needed.)**

EMPLOYMENT INFORMATION:

Employer's Name: _____

Employer's Address: _____

Phone No. _____ Ext. _____. Yearly Salary \$ _____ No. Years at job _____

Spouse/Partner's Employer: _____

Employer's Address: _____

Phone No. _____ Ext. _____. Yearly Salary \$ _____ No. Years at job _____

OTHER HOUSEHOLD INCOME

Employer's Name _____ Salary _____

Employer's Name _____ Salary _____

Child Support _____

ASSETS (SAVINGS, CERTIFICATES OF DEPOSIT, REAL ESTATE, ETC. - Please use separate page if necessary

<u>Type of Asset</u>	<u>Current Market Value</u>	<u>Estimated Annual Asset Income</u>
A. _____	_____	_____
B. _____	_____	_____

Total Gross Household Income: _____

HOUSING INTERESTS

1- Number of bedrooms preferred? (3 and 4 only available) _____

2- Are you a first time homebuyer ? Yes _____ No _____

WITH THIS APPLICATION YOU MUST INCLUDE A COPY OF YOUR YEAR 2016 1040 TAX RETURN.

- - APPLICATION CONTINUES ON NEXT PAGE - -

Residency Note:

Applicants are required to have been residents of Ocean, Monmouth or Mercer County for at least six (6) months prior to July 1, 2017 in order to be given preference. Lottery winners must provide firm evidence, such as proof of enrollment in local schools, and utility or credit card bills prior to application submission.

Income Note:

Maximum Income Eligibility Criteria (COAH 2016 Income Limits):

Family of Four: \$74,091

Family of Five: \$80,018

Family of Six: \$85,946

Family of Seven: \$91,873

Family of Eight: \$97,800

I hereby certify that the information provided herein is true and accurate to the best of my knowledge. I (we) further agree that the representation contained in this application and the required documentation relied upon by the Township and REHABCO Inc., in connection with its determination of my eligibility shall become part of the non-returnable application to include all documentation, that if found to be false or misleading will result in a termination of any signed contract of real estate. I permit Lakewood Township or its designee to verify all information contained in this application and will provide any information needed to determine eligibility.

I (we) certify that if approved for affordable housing in Lakewood Township, it will serve as my only residence. I also certify that I am a first time homeowner. I also certify that all income and other relevant data of all household members who will be occupying the unit have been fully disclosed herein. I (we) understand that in the event I (we) am selected by lottery all household members will be subject to a criminal and civil litigation background check by Lakewood Township, Rehabco, Inc., and/or NJ HAND, Inc. Based on this information and the applicable suitability and screening procedures, I (we) may be deemed ineligible to actually purchase a unit. I (we) hereby permit the staff of Rehabco Inc. to request, compile, review and obtain verification and /or documentation of any and all financial information which the program deems necessary to ascertain my eligibility for affordable housing. This may include but is not limited to federal income tax returns, social security and disability benefits, unemployment benefits, welfare, savings, and certificates of deposits, pension, assets, profit and loss statements, dividends and any interest bearing accounts.

Signature _____ **Print Name** _____ **DATE:** _____

NOTE: This application and all other information relating to this will be kept confidential under the Privacy Act of 1974.

The New Jersey Law Against Discrimination (LAD) prohibits discrimination when selling or renting property. It is unlawful to refuse to rent, show or sell property based on a person's race, creed, color, national origin, nationality, ancestry, marital status, domestic partnership status, familial status, affectional or sexual orientation, sex, or mental and physical disability, including AIDS and HIV-related illness. We Do Business in Accordance With the Federal Fair Housing Law (The Fair Housing Amendments Act of 1988). It is Illegal to Discriminate Against Any Person Because of Race, Color, Religion, Sex, Handicap, Familial Status, or National Origin.

APPLICATION MUST BE POST MARKED NO LATER THAN September 1, 2017

Please retain proof of delivery and copies of all documents for your records.

Please return completed application to:

VIA MAIL TO:
Rehabco, Inc.
470 Mantoloking Rd
Brick, NJ 08723
(732) 477-7750

Between 10 am & 3 pm M-Th
10 am & 12pm Friday

Mail delivery confirmation or tracking
(No certified mail will be accepted)

OR:

HAND DELIVER TO:
Lakewood Town Hall
Community Development Office, 2nd Floor
231 Third Street
Lakewood, NJ 08701
(732) 364-2773

Between 10 am & 4 pm M-Th
10am & 12pm Friday

Request a receipt /acknowledgement upon delivery