

**JACKSON TOWNSHIP AFFORDABLE HOUSING**

**Pre-Application**

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 Doctor's Note on letterhead **MUST** be submitted WITH this application.

**Pregnancy notes or any other changes to family size WILL NOT be accepted after 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 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 \_\_\_\_\_
2. Are you a first-time home buyer? \_\_\_\_\_
3. Have you received a mortgage pre-qualification or commitment? \_\_\_\_\_

**WITH THIS APPLICATION YOU MUST INCLUDE A COMPLETE COPY OF YOUR 2020 FEDERAL INCOME TAX RETURN.**

**Residency Note:** Applicants are required to have been residents of Ocean, Monmouth or Mercer County for at least six (6) months prior to May 25, 2021. A successful applicant must provide firm evidence such as proof of enrollment in local schools, utility bills or credit card bills prior to application submission.

**Occupancy Note:**

To qualify for this four (4) bedrooms unit, the head of household(s) must have an additional five (5) family members.

Maximum Income Eligibility Criteria (DCA [COAH] 2020 Limits):

In order to qualify, the 6 members (or larger) must have a combined family income within the range of \$100,663 and \$126,720.

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 Jackson 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 Jackson 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 therein. I (we) understand that in the event I (we) am all household members will be subject to a criminal and civil litigation background check by Jackson Township and/or Rehabco, 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.

**Please mail completed application to:**

**Rehabco, Inc.**  
**44 E. Water Street, 2<sup>nd</sup> FL.**  
**Toms River, NJ 08753**  
**(732) 477-7750**

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