

# LAKEWOOD TOWNSHIP AFFORDABLE HOUSING

## **Lakewood Commons**

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 2019 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 7, 2020. 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 a three (3) bedroom unit, the head of household(s) must have an additional two (2) family members. To qualify for a four (4) bedroom unit, the head of household(s) must have an additional three (3) family members.

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

Family of Four: \$78,500

Family of Seven: \$97,350

Family of Five: \$84,400

Family of Eight: \$103,650

Family of Six: \$91,100

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 therein. 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 it 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 return completed application to:**

**Rehabco, Inc.**

**44 E. Water Street**

**Toms River, NJ 08753**

**(732) 477-7750**

Between 10 am & 2 pm M-Th

10 am & 12 pm Friday

**Mail delivery confirmation or tracking**

**(No certified mail will be accepted)**

## Township of Lakewood

### Housing Rehabilitation Program

**ALL OF THE FOLLOWING APPLICABLE DOCUMENTS MUST BE SUBMITTED WITH YOUR APPLICATION FOR  
ALL HOUSEHOLD MEMBERS.**

**Any item not applicable must be marked "N/A", sign and return with application.**

Copies of last year's Federal **AND** State Income Tax Returns for **ALL** household members. **INCLUDE ALL W-2s, 1099s, schedules and attachments . BE SURE TO SIGN THE COPIES OF TAX RETURNS.**

Copies of three (3) recent pay stubs showing gross year-to-date amounts. If not available, please obtain a letter from your place of employment stating your gross year-to-date and total gross annual income.

Copies of the annual Social Security and Supplemental Security Statements. If this is not available, please obtain a letter from the Social Security office stating your annual income.

Copies of Disability statements. This must state the beginning and ending dates, as well as the amount received.

Copies of Welfare statements. This must state the beginning and ending dates, as well as the amount received. If not available, please obtain a letter from the Welfare Office.

Copies of Unemployment statements. This must state the beginning and ending dates, as well as the amount received. If not available, please obtain a letter from the Unemployment Office.

Copies of Alimony and Child Support checks. Also required is a copy of the Separation/Divorce agreement stating the amount received/to be received.

Three (3) current consecutive months bank statements , all pages for all accounts, (checking, savings, money market etc.) and Interest and Dividend statements. **ALL PAGES** with or without info on page.

Copies of Pension and Annuity statements.

Copies of **ALL** income received from child care, cleaning homes, etc. (**Non-taxable AND Taxable**)

All other public assistance, non-taxable **AND** taxable received by **ALL** household members.

Copies of all other payments/assistance received from scholarships, stipends, parsonage, etc.

Proof of paid property tax. (Can be obtained at the Township Tax Office.)

Copy of the declaration page of current homeowner's insurance policy.

Copy of the **recorded** property deed. Copy **MUST** have the County stamp showing the recorded date, book and page numbers.

Copy(s) of current mortgage and/or equity loan(s) showing balance owed.

**I hereby attest all items marked by N/A answered above are not applicable to me or my family as attested to by my/our signature(s) below.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

**RETURN THIS SIGNED FORM WITH YOUR APPLICATION & DOCUMENTS**