

ABSECON TOWNSHIP AFFORDABLE HOUSING APPLICATION

Absecon Gardens- One Mechanic Street (2 Bedroom Unit)

THERE IS A \$750.00 FEE DUE AT THE CERTIFICATION AND RECOMMENDATION OF CLOSING

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 Atlantic, Cape May, Cumberland, or Salem 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 _____

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>
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A. _____	_____	_____
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B. _____	_____	_____
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Total Gross Household Income: _____

WITH THIS APPLICATION YOU MUST INCLUDE A COPY OF YOUR YEAR 2022 1040 TAX RETURN. -

- APPLICATION CONTINUES ON NEXT PAGE - -

Residency Note:

Applicants are required to have been residents of Atlantic, Cape May, Cumberland and County for at least six (6) months prior to August 1, 2022, 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 (Income Limits):

Family of Two: \$55,559

Family of Three: \$62,504

Family of Four: \$69,449

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 Absecon 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 Absecon 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 One Mechanic Street LLC, Rehabco, Inc., and/or One Mechanic Street LLC. Based on this information and the applicable suitability and screening procedures, I (we) may be deemed ineligible to 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 August 22,2022

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

Please return completed application to:

VIA EMAIL or REGULAR MAIL

TO: Rehabco@aol.com

-OR

Rehabco, Inc.

44 East Water Street

Toms River NJ 08753

(732) 477-7750

REHABCO, INC.

Phone: 732-477-7750

Fax: 732-920-9649

44 E. Water Street

Toms River, NJ 08753

Email: rehabco@aol.com

Township of Absecon Affordable Housing 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 Birth Certificate(s), Social Security Number(s), and Driver's License for all that will be living in the household.
	Copies of current year's Federal AND State Income Tax Returns for ALL household members. INCLUDE ALL W-2s, 1099's, 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 childcare, 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.

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