

AFFORDABLE RENTAL HOUSING APPLICATION

**26 Parsippany Road LLC
Hanover NJ 07981**

Applicant Name: _____ Spouse/Partner Name _____

Street Address: _____

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

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

Mobile Phone: _____ e-mail: _____

Number of People in Family (existing) _____ **(These are one, two, and three-bedroom units)**

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

Do you have any pets? _____ Any household member with special needs? _____ Amount rent paid \$ _____

THE FOLLOWING INFORMATION SHALL BE REQUIRED FOR ALL HOUSEHOLD MEMBERS:

Name _____ Social Security # _____ Relationship to Head of Household _____ Age _____ Sex _____

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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: _____

APPLICANT QUESTIONNAIRE: Please answer the following questions:

Are all members of the household US Citizens or permanent residents of the United States ? Yes ___ No ___

Has anyone in the family, as appearing on this application, been convicted of a felony? Yes ___ No ___

Has anyone on this application been evicted from a rental unit in the past? Yes ___ No ___

Is anyone named on this application subject to lifetime registration as a sex offender? Yes ___ No ___

Do you receive Section 8 Rental Assistance? Yes ___ No ___

WITH THIS APPLICATION YOU MUST INCLUDE A COPY OF YOUR YEAR 2021 1040 TAX RETURN.

Occupancy Note:

The development contains one-bedroom, two-bedroom and three-bedroom units.

A one (1) bedroom unit shall be affordable to one (1) and one/half (1.5) person household.

A two (2) bedroom unit shall be affordable a three (3) person household.

A three (3) bedroom unit shall be affordable to a four (4) person household and ½ person household

Income Note:

Maximum Income Eligibility Criteria (AHPNJ 2022 Income Limits) - Asset Restrictions May Also Apply

Household Size	Very Low	Low	Moderate
1 Person	\$ 24,190	\$ 40,317	\$ 64,507
2 Person	\$ 27,646	\$ 46,077	\$ 73,723
3 Person	\$ 31,102	\$ 51,836	\$ 82,938
4 Person	\$ 34,558	\$ 57,596	\$ 92,154
5 Person	\$ 37,322	\$ 62,204	\$ 99,526
6 Person	\$ 40,087	\$ 66,811	\$ 106,898
7 Person	\$ 42,851	\$ 71,419	\$ 114,270
8+ Person	\$ 45,616	\$ 76,027	\$ 121,643

The Regional Asset Limit for Morris County is \$220,995

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 Silverman Group 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 the Silverman Group 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 at 26 Parsippany Road, it will serve as my only residence. 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 that all household members will be subject to a criminal and civil litigation background check by the Silverman Group and Rehabco, Inc. Based on this information and the applicable suitability and screening procedures, I (we) may be deemed ineligible to rent said 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 rental 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 March 31, 2023

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

Please return completed application to:

SEND VIA MAIL TO:

**Rehabco, Inc.
44 East Water Street
Toms River NJ 08753
(732) 477-7750**