## AFFORDABLE RENTAL HOUSING PRE- APPLICATION

## The Township of East Greenwich

Applicant Name: Spouse/Partner Name:		r Name:	
Street Address:		Apt #	
City/State/Zip	TOTAL Gros	TOTAL Gross Household Income: \$	
Home Phone E-Mail Address:	Work Phone	Mobile Phone	
z Wall Address.	Number of People in Family:	Number of Bedroom(s):	
	ADDITIONAL HOUSEHOLD MEMBER	S INFO:	
Name: Relationship to Hea	of Age:		
Household:			
Name:	Age:		
Relationship to Head of Ho	ousehold:		
Name:		Age:	
Relationship to Head of Ho	ousehold:		
Name:		Age:	
Relationship to Head of Ho	ousehold:		
Name:		Age:	
Relationship to Head of Ho	ousehold:		
	sidence in Burlington, Gloucester or Camden Co andlord's name / address / phone number:	unty?	
Address:	Phone #:	9	
		ou have any pets? Yes No	
	Please answer the following questions:		
	sehold US Citizens or permanent residents of the		
	s appearing on this application, been convicted of		
	ion been evicted from a rental unit in the past?		
	plication subject to a lifetime registration as a sex		
Do you received Section 8 F	Rental Assistance?	Yes	

	EMPLOYMENT IN	FORMATION
Applicant's Employer:		# of Years Employed:
Employer's Address:		City/State/Zip
Work Phone:	Ext.	Annual Gross Salary?
Spouse/Partner's Employer:		# of Years Employed:
Employer's Address:		City/State/Zip
Work Phone:	Ext.	Annual Gross Salary?
OTHER HOUSEHOLD INCOME - Full-time. IF NECESSARY, USE A		nousehold members - Part-time or R HOUSEHOLD MEMBERS
Household Member's Name:		
Additional Employer:	# of Years En	mployed:
Employer's Address:	City/State/Z	Zip
Work Phone:	Ext.	Annual Gross Salary?
	CERTIFICAT	ION
that the representation contained in connection with its determination documentation, that if found to be of East Greenwich or its designee the eded to determine eligibility.  (we) certify that if approved for a also certify that all income and oth disclosed herein. I (we) hereby per documentation of all financial information of all financial information of all financial information.	in this application and relied up on of my eligibility, shall become false or misleading will result in to verify all information contained ffordable housing in The Townshaler relevant data of all househol mit the staff of Rehabco Inc. to rmation which the program dee at is not limited to federal incon	and accurate to the best of my knowledge. I (we) agree on by The Township of East Greenwich and REHABCO, Inc., a part of the non-returnable application to include all in a termination of any signed lease. I permit the Township and in this application and will provide any information this application and will provide any information and will be occupying the unit have been fully request, compile, review and obtain verification and/or terms necessary to ascertain my eligibility for affordable the tax returns, social security and disability benefits, as of deposits, pension, assets, profit and loss statements,

**Applicant Signature** 

Date

Co-Applicant Signature

Date

Please mail the signed completed form to: Rehabco, Inc. 44 E. Water St., 2nd FL

Toms River, NJ 08753

Email: rehabconj@gmail.com Phone: 732-477-7750