

AFFORDABLE HOUSING PURCHASE PRE- APPLICATION

The Township of East Greenwich

Applicant Name: _____ Spouse/Partner Name: _____

Street Address: _____ Apt # _____

City/State/Zip _____ **TOTAL Gross Household Yearly Income: \$** _____

Home Phone _____ Work Phone _____ Mobile Phone _____

E-Mail Address: _____

Number of People in Household: _____ Number of Bedroom(s): _____

ADDITIONAL HOUSEHOLD MEMBERS INFO:

Name: _____ **Age:** _____

Relationship to Head of Household: _____

Name: _____ **Age:** _____

Relationship to Head of Household: _____

Name: _____ **Age:** _____

Relationship to Head of Household: _____

Name: _____ **Age:** _____

Relationship to Head of Household: _____

Name: _____ **Age:** _____

Relationship to Head of Household: _____

Do you currently own or rent a residence in Burlington, Gloucester or Camden County? _____ Own _____ Rent

If renting, please specify landlord's name / address / phone number: **Phone #:** _____

Name: _____

Address: _____

Any household member(s) with Special Needs? Yes___ No___ Do you have any pets? Yes___ No___

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 a lifetime registration as a sex offender?.....Yes___ No___

Do you received Section 8 Rental Assistance?.....Yes___ No___

EMPLOYMENT INFORMATION**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 - NECESSARY for ALL working household members - Part-time or Full-time.
IF NECESSARY, USE ADDITIONAL SHEET FOR OTHER HOUSEHOLD MEMBERS**

Additional Household Member's Name:

Additional Employer

of Years Employed:

Employer's Address:

City/State/Zip

Work Phone:

Ext.

Annual Gross Salary?

Additional Household Member's Name:

Additional Employer

of Years Employed:

Employer's Address:

City/State/Zip

Work Phone:

Ext.

Annual Gross Salary?

ASSETS (SAVINGS, CERTIFICATES OF DEPOSIT, REAL ESTATE. ETC. – Please use separate page if necessary.**Type of Asset****Current Market Value****Estimated Annual Asset Income**

1. _____

2. _____

3. _____

TOTAL GROSS HOUSEHOLD YEARLY INCOME:

Residency Note:

Applicants are required to have been resident of Burlington, Gloucester or Camden County for at least six (6) months prior to applying in order to be given preference. Applicants must provide firm evidence, such as proof of enrollment in local schools and utility or credit card bills.

Income Note:

Maximum Income Eligibility Criteria (Income Limits):

Family of One: \$66,880	Family of Two: \$76,480
Family of Three: \$86,000	Family of Four: \$95,520
Family of Five: \$103,200	Family of Six: \$110,880

CERTIFICATION

I (we) 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 East Greenwich 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 The Township of Bridgewater, 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 all household members will be subject to a criminal and civil litigation background check by Rehabco, Inc., 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 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.

Applicant Signature

Date

Co-Applicant Signature

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 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**