

AFFORDABLE RENTAL HOUSING PRE- APPLICATION

The Township of Bridgewater

Applicant Name: _____ Spouse/Partner Name: _____

Street Address: _____ Apt # _____

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

Home Phone _____ Work Phone _____ Mobile Phone _____

E-Mail Address: _____

Number of People in Family: _____ 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 rent a residence in Essex, Morris, Union or Warren County? _____

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

Name: _____

Address: _____ Phone #: _____

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****Household Member's Name:**

of Years Employed:

Additional Employer:

Employer's Address:

City/State/Zip

Work Phone:

Ext.

Annual Gross Salary?

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 relied upon by The Township of Bridgewater 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 lease. I permit the Township of Bridgewater 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 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 that all household members will be subject to a criminal and civil litigation background check by the Township of Bridgewater and/or 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.

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**