

## **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: \_\_\_\_\_

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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**