

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:

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.

<u>Type of Asset</u>	<u>Current Market Value</u>	<u>Estimated Annual Asset Income</u>
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 Three: \$86,000
Family of Five: \$103,200

Family of Two: \$76,480
Family of Four: \$95,520
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 East Greenwich, 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 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