

**AFFORDABLE RENTAL HOUSING PRE- APPLICATION  
FOR THE BOROUGH OF BELMAR**

***Please print clearly and legibly to ensure we can accurately capture your information.***

Applicant Name: \_\_\_\_\_ Spouse/Partner Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City/State/Zip \_\_\_\_\_ TOTAL Gross Household 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 rent a residence in Ocean, Monmouth or Mercer County? \_\_\_\_\_

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****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 Borough of Belmar 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 Borough of Belmar 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 Borough of Belmar hold 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 Borough of Belmar 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 / email the signed and legibly completed form by 5:00pm on Monday, April 6, 2026 to:****Rehabco, Inc.****44 E. Water St., 2nd Floor****Toms River, NJ 08753****Email: rehabconj@gmail.com Phone: 732-477-7750****Please print clearly and legibly to ensure we can accurately capture your information.**