

KNOWLTON TOWNSHIP
AFFORDABLE HOUSING PROGRAM
628 ROUTE 94
COLUMBIA, NJ 07832
908-496-4816
www.knowlton-nj.com
eMail: knwlaffhsg@ptd.net

Dear Affordable Housing Applicant:

Thank you for inquiring about affordable housing with Knowlton Township.

In order to be eligible for an affordable housing unit, you must meet certain income limits as determined by the New Jersey Council on Affordable Housing. Income limits are determined by region. Our housing units are located in [Region 2], which includes the following counties: Essex, Morris, Union and Warren. Income limits can vary from year to year and depend upon the number of persons in the household. The income limits for 2014 are found at the end of this application.

If you believe you fall within these income limits, fill out and submit this application for certification to our office. If certified, you will be contacted by this office. If you are the first person selected, you will be invited to view the unit to see if you are interested. If you are not interested, we will go to the next person on the list, but when the next unit becomes available you will not receive preference for the next available unit.

Also, you must provide all the applicable documentation listed on the attached checklist. We need this information to verify your income and household size.

Please remember that all applications and documents are held in the strictest confidence. If you have any further questions please contact us.

Very truly yours,

Theresa Tamburro,
Administrative Agent

APPLICATION FOR AFFORDABLE HOUSING

APPLICANT NAME: _____

CURRENT ADDRESS: _____

CITY, STATE, ZIPCODE: _____

HOME PHONE: _____ WORK PHONE: _____ OTHER: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head.

| # | MEMBERS FULL NAME | RELATION | BIRTH DATE | SEX | SOCIAL SECURITY # |
|---|----------------------|-----------|------------|-----|----------------------|
| 1 | | Applicant | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |

2. Does anyone live with you now who is not listed above: Yes No

3. Do you expect a change in your household composition? Yes No

Explain if you answered yes to either questions: _____

4. Please identify any special housing needs. _____

5. Number of bedrooms requested based on family composition: _____

6. Do you wish to rent or purchase or both? ___ rent ___ purchase ___ either

INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each “yes”, provide details in the charts below.

Does any member of your household:

| | | | |
|-----|----|-----|---|
| Yes | No | 1. | Work full-time, part-time or seasonally? |
| Yes | No | 2. | Expect to work for any period during the next year? |
| Yes | No | 3. | Work for someone who pays you cash? |
| Yes | No | 4. | Expect a leave of absence from work due to lay-off, medical, maternity or military leave? |
| Yes | No | 5. | Now receive or expect to receive unemployment benefits? |
| Yes | No | 6. | Now receive or expect to receive child support? |
| Yes | No | 7. | Entitled to child support that he/she is not now receiving? |
| Yes | No | 8. | Now receive or expect to receive alimony? |
| Yes | No | 9. | Have an entitlement to receive alimony that is not currently being received? |
| Yes | No | 10. | Now receive or expect to receive public assistance (welfare)? |
| Yes | No | 11. | Now receive or expect to receive Social Security or disability benefits? |
| Yes | No | 12. | Now receive or expect to receive income from a pension or annuity? |
| Yes | No | 13. | Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit? |
| Yes | No | 14. | Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds or income from rental property? |
| Yes | No | 15. | Own real estate or any assets for which you receive no income (checking account, cash)? |
| Yes | No | 16. | If you own a home, do you maintain a mortgage on the property? |
| Yes | No | 17. | Have you sold or given away real property or other assets (including cash) in the past two years? |
| Yes | No | 18. | Are you responsible for paying child support or alimony? This amount will be deducted from your total annual income. Amount Paid Monthly: \$ _____ |

| MEMBER NO. | SOURCE OF INCOME / TYPE OF INCOME | TOTAL GROSS ANNUAL INCOME |
|-------------------|--|----------------------------------|
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ASSETS

1. List all checking and savings accounts (including IRAs, Keogh accounts, and Certificate of Deposit) of all household members.

| MEMBER NO. | BANK NAME | TYPE OF ACCOUNT | ACCOUNT NUMBER | BALANCE |
|-------------------|------------------|------------------------|-----------------------|----------------|
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
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| | | | | |

2. List all stocks, bonds, trusts, pensions, or other assets, including a house, and their value, owned by any household member:

3. List any assets disposed of for less than their fair market value during the past two years:

PREVIOUS RENTAL HISTORY OR OWNERSHIP HISTORY

Name and address of your Present Landlord or Current Address:

_____ Telephone: _____
How long have you lived here? _____
Reason for leaving? _____

Name and address of your Former Landlord or Previous Address:

_____ Telephone: _____
How long did you live there? _____
Reason for leaving? _____

EMPLOYMENT HISTORY

Name and address of Head of Household's present employment:

_____ Telephone: _____
Supervisor's Name? _____
How long have you worked there? _____

Name and address of spouse's or co-head employer:

_____ Telephone: _____
Supervisor's Name? _____
How long have you worked there? _____

APPLICANT CERTIFICATION

I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law.

Signature of Head of Household _____ Date: _____

Signature of Spouse/Co-Head _____ Date: _____

Signature of Administrative Agent _____ Date: _____

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.



The following documentation (if it applies) must be provided so we can verify your income and household size.

Personal identification (Driver's License, passport, birth certificate, social security card, etc.)

Checking - 6 months of statements

Savings Account (CD's, IRA's, etc) statements and current interest rates

Bonds

Stocks

Real Estate (total value minus any outstanding mortgage balance, closing costs, broker's fees, etc) and income from real estate or businesses.

(4) most recent consecutive pay stubs for all employed household members

Social Security: S.S. Computer Printout or Award Letter

Pension Letter received from pension fund

Verification of Temporary Assistance for Needy Families (TANF)

Verification of Support (Child Support and/or Alimony)

Verification of Military Pay

Workers' Compensation - Letter from Workmen's Compensation.

Verification of Unemployment Benefits

1040 Federal Tax Return (Both front and back) (last 3 years)

State Tax Return (last 3 years)

FAILURE TO SUBMIT REQUIRED DOCUMENTATION WILL RESULT IN YOUR APPLICATION BEING DEEMED INCOMPLETE AND YOU WILL BE INELIGIBLE FOR OUR PROGRAM UNTIL REQUIRED DOCUMENTS ARE SUBMITTED.