

**APPLICATION
FOR
AFFORDABLE HOUSING
IN THE**

**TOWNSHIP OF DELAWARE
570 ROSEMONT RINGOES ROAD
PO Box 500
SERGEANTSVILLE, NJ 08557
609-397-3240 x 202**

**WWW.DELAWARETWPNJ.ORG
AFFORDABLE HOUSING SERVICES**



**Please read the instructions on Page 3 carefully as
incomplete applications will be returned.**

- **DO NOT SUBMIT YOUR APPLICATION UNLESS YOU CAN INCLUDE ALL** of the documentation requested on the page 4 application checklist **FOR EACH** household member over the age of 18 and personal identification for **ALL** household members.
- The only original documents that should be submitted are notarized letters.
- Pages 5 and 6, with page 6 notarized, of the application must be completed and submitted with the applicable documentation.
- Keep pages 1-4 for you records.
- Any missing items will delay the process and make you ineligible to be considered for units until all requirements are met.
- Only one application is required to apply for any or all Affordable Housing developments in Delaware Township. **DO NOT** submit multiple applications.
- Complete applications should be mailed to:
Affordable Housing Services
Delaware Township
570 Rosemont Ringoes Rd, PO Box 500
Sergeantsville, NJ 08557

FAXED APPLICATIONS WILL NOT BE ACCEPTED.

Review and qualification of applications can take up to four weeks and are done on a first come, first serve basis. You will be contacted by mail after the review/qualification process by mail to advise of your status.

**All documents submitted will become the property of the Township and
will not be returned.**

The information in this application and any other information required by the Township of Delaware will be kept in the strictest of confidence and will become the property of the Township.

NO PART OF THIS APPLICATION OR YOUR APPLICATION FILE WILL BE GIVEN TO ANY PERSON, ENTITY OR BUSINESS NOT RELATED TO THE TOWNSHIP OF DELAWARE OR THEIR AGENTS WITHOUT YOUR WRITTEN REQUEST OR CONSENT.

NJ Fair Housing Act regulations contained in this application are subject to change.



TOWNSHIP OF DELAWARE
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The New Jersey Fair Housing Act (P.L. 1985, c.222) was enacted by the State Legislature to increase the supply of Affordable Housing available to households whose total gross annual income fall below 80% of an authorized median income guideline.

Affordable Housing units are subject to price restrictions and occupancy eligibility standards for limited time periods. In nearly all instances, rents and resale prices will be controlled through a system of adjustment based on measured changes in median income levels. Households who buy or rent an affordable unit are required to use this unit as their primary residence.

All applications for Affordable Housing are accepted in accordance with any applicable equal housing opportunity law.

Applicant Notification of Eligibility or Ineligibility

Basic eligibility is determined by gross annual household income. Income includes, but is not limited to, salary or wages (including regular overtime), alimony, child support, social security benefits, pensions, business income, and actual or imputed earnings from assets (which include bank accounts, certificates of deposit, stocks, bonds, or other securities) and real estate.

To be eligible to purchase or rent a unit, the Household must meet the following maximum household gross income criteria

Household Size	Low Income	Moderate Income
1	\$36,750	\$58,800
2	\$42,000	\$67,200
3	\$47,250	\$75,600
4	\$52,500	\$84,000
5	\$56,700	\$90,720
6	\$60,900	\$97,440

Households that are currently receiving welfare assistance, SSI, Social Security, other benefits or minimum wages are usually in a very low-income category that *is below 35%* of the median income. Although these households may be income qualified, most affordable housing units require a greater household income that can support an average rent or mortgage. *Therefore, it is unlikely that housing will be available from this program to these households.*

Complete and accurate income information is essential. Incomplete Applications will be returned. Within two to four weeks after receipt of your Application and required documentation, you will be notified by mail of your household’s qualification status. Following the initial Letter of Certification, households will not be contacted again until a unit is available.

Certification

If certified, your household will be placed on a waiting list (see below) until an Affordable Housing unit for your household size and income level becomes available. When a unit become available Affordable Housing Services will hold a random selection (lottery) from the waiting list of certified applications. The household first chosen will be given an opportunity to view the unit and come to an agreement with the owner/landlord. If an agreement is not reached within a specified period of time, the household that is selected second will be given an opportunity to view and purchase/rent the unit. This process will continue until the unit is sold/rented. If your household is chosen and you are not interested, we will go to the next household on the list, but when the next unit becomes available a new lottery will be held. Only those households that have received certification and are chosen by random selection will be referred to the seller or landlord for final consideration.

If there are no certified applications on the waiting list certified applicants will be referred to the seller/landlord on a first come, first serve basis.

Waiting List

Applications are only held for 180 days and may be renewed, in writing, one time for an additional 180 days. It is your responsibility to contact the Affordable Housing Services, in writing, if you would like your application to remain active. If the household income, household size, address, telephone number, employment, or any other facts change at any time, please inform Affordable Housing Services in writing of such changes, with additional proof as required.

Once a household is certified and placed on the waiting list it is not possible to predict if units that meet their housing needs within our guidelines will become available. Therefore, we cannot indicate to households when they may be contacted for housing.

- **Applicants seeking to purchase a home must be able to qualify for a mortgage and have the ability to make a minimum 5% down payment at the time of purchase and be able to cover all closing costs, approximately \$10,000.**
- **Applicants seeking to rent a unit must be able to make the required security deposit of up to one and one-half times the amount of one month's rent, approximately \$1,500.**

NOTE: It is recommended that the estimated monthly housing cost for a unit (including principal, interest, taxes, homeowner and private mortgage insurance and condominium and homeowner association fees as applicable) should not exceed 33% of your household’s eligible monthly income.

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This application is for the following rentals in Delaware Township.

The Hamlet – Six Rental Units

Located on Route 604 in Sergeantsville. These are two 2-bedroom low income units, one 3-bedroom low income unit, two 2-bedroom moderate income and one 3-bedroom moderate income units set aside for qualified applicants.

No pets allowed, except any guide, service and/or working dog in use pursuant to the New Jersey Law Against Discrimination.

Generally, certified households will be referred to available units using the following guidelines for occupancy:

1. A maximum of two persons per bedroom, a minimum of one person per bedroom.
2. Children not in same bedroom with parents.
3. Children of same sex in same bedroom.
4. Unrelated adults or persons of the opposite sex other than couples in separate bedrooms.
5. Maximum utilization of available space.

Households fitting these guidelines will be given an opportunity to buy/rent prior to those who would under-occupy a unit.
Single person households are not eligible for 2-bedroom units.

Certified applications are placed on a waiting list. When an Affordable Housing unit becomes available, Affordable Housing Services will hold a random selection (lottery) from certified applications. Please reference 'Certification' on page one for details.

Please reference the guidelines on page one for income restrictions.



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Instructions for Completion of this Application

Please Read Instructions Carefully

- If you find that you need extra space or wish to provide a more detailed explanation, use the reverse side of the application or additional paper. For instance, if you are disabled and require accessibility features in your housing unit, please add an explanation.
- **DO NOT** submit an application if your household is already enrolled on our Referral List or if you have sent an application to this office within the past two to four weeks. Submission of a duplicate form will DELAY processing.

If you are on the list and wish to change some information you gave previously, send a brief letter with your file number and social security number along with the new information.

- Provide the full name of the head of household; last name first, then first name and, middle initial, if any and domestic status. Provide your complete street address and apartment number, where applicable. Complete the city, state and zip code blocks. Identify the county in which you currently live. Fill in telephone number where you can be reached at home. Provide a mailing address such as a PO Box number if it is different from the home address. Fill in your Social Security number.
- List each household member who will occupy the unit *including yourself as head of household*. Name the relationship to you, such as: husband, wife, domestic partner, civil union partner, son, daughter, friend, mother, father, sister, brother and any unborn children. Give each date of birth, sex (M or F), whether a student, and an estimate of the current *gross annual income* from all sources (other than assets) such as: wages or salaries (including regular overtime), tips, alimony, child support, benefits and pensions for each family member 18 years of age and over. Complete, accurate and current income information is essential for an eligibility determination. Households with more than six members cannot currently be accommodated in Delaware Township.
- List all household assets, for each household member over the age of 18, by naming the type of asset, such as checking or savings account, certificate of deposit, stocks, bonds, business or real estate. Provide the current principal or market value, the estimated annual income and/or the current annual interest rate as it applies to each listed asset. **If you own a house, indicate the amount you expect to receive from the sale after paying off your mortgage at current market value and supply the documentation on the application checklist. If you currently do not have a mortgage on your home and the value of the home is over \$197,271 your household cannot qualify for affordable housing in Delaware Twp.**
- Provide employer's name and address, for each household member over the age of 18. If receiving unemployment, welfare, social security, or disability, indicate this in the blocks provided for employer's name. Indicate full- or part-time employment. For additional employment information, use reverse side of application or add additional pages.
- Answer the questions about your present housing conditions.
- For statistical purposes only, we are requesting that you identify your racial or ethnic heritage.
- Please check the type of unit, either rental or purchase, for which you are applying. Indicate the number of bedrooms you would *prefer* to have in your unit. Households will be referred to available units using the guidelines on page 2. Households may request one additional bedroom due to health requirements with proof of need from a physician.
- Gather all of the documents requested on the Application Checklist, on page 4, for each household member over the age of 18. Only copies of each document will be accepted, except for notarized letters. Originals of notarized letters must be submitted.
- **Return pages 5 and 6 of this application with all of the documentation requested on the Application Checklist for each household member over the age of 18.**
- **Please keep pages 1-4 for your records.**
- Complete applications should be mailed to:
Affordable Housing Services, Delaware Township, PO Box 500, Sergeantsville, NJ 08557.

NOTE: APPLICATIONS WILL NOT BE ACCEPTED IF PAGE 6 IS NOT SIGNED AND NOTARIZED.

**TOWNSHIP OF DELAWARE
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APPLICATION CHECKLIST

To ensure that your application is complete and can be processed, please make sure you have included the following, required documentation. DO NOT SUBMIT ORIGINAL DOCUMENTS, except for notarized information, as they will not be returned. **Please submit only originals of all notarized letters, copies of notarized documents will not be accepted.**

Note: For EVERY household member 18 years of age or older the documentation listed below is REQUIRED for the application to be considered.

- Personal identification **for ALL HOUSEHOLD MEMBERS**, i.e. **ONE of the following**: copy of driver's license, passport, birth certificate, etc.
- Copies of Federal tax returns for three consecutive years 2014, 2013, 2012. If yes, please submit copies for each year (that is, Form 1040, **DO NOT send your W-2 forms**). *If no, a notarized letter must be submitted stating the year(s) not filed & the reason. (Copies can be obtained by calling 1-800-829-1040.)*
- Copies of State tax returns for three consecutive years 2014, 2013, 2012. If yes, please submit copies for each year. *If no, a notarized letter must be submitted stating the year(s) not filed & the reason. (Copies may be obtained at 'www.state.nj.us/treasury taxation' by filling out form #DCC1 under miscellaneous forms.)*

The corresponding documentation for the items below must also be submitted, along with the above documents.

- Yes No Do you receive any income? If No, please submit a notarized letter stating the reason why.
If Yes, is income received from any of the following sources:
 - Yes No Full-time, part-time and/or seasonal employment. If yes, submit four current and consecutive pay stubs from each employer or a notarized letter from the employer on company letterhead detailing the length of your employment and anticipated gross annual income or the number of hours worked per week and the hourly wage.
 - Yes No Self Employment. If yes, submit a current Certified Profit & Loss Statement and Balance Sheet.
 - Yes No Pension. If yes, submit copies of four current and consecutive check stubs or a copy of the most recent benefits statement.
 - Yes No Social Security and/or Disability. If yes, submit a copy of the most recent benefits statement.
 - Yes No Unemployment compensation. If yes, submit a copy of the most recent benefits letter showing total benefit.
 - Yes No Section 8 or other rental assistance. If yes, submit a copy of the voucher or other official documentation.
 - Yes No Interest income from IRA's, Savings Bonds or any other retirement accounts. If yes, submit copies of these documents.
 - Yes No Alimony and/or child support. If yes, submit court documentation stating the amount and frequency of these payments AND a copy of the divorce/separation agreement with signatures.
 - Yes No Income from rental properties. If yes, submit copies of four months of payments and copies of the leases for each property.
 - Yes No Any other sources of income, i.e. worker's compensation, military pay, etc. If yes, submit copies of payments received.
- Yes No Do you have a checking account, savings account, money market, CD or any other accounts? **DO NOT submit on-line statements**. If yes, submit copies of three consecutive and current months/statements of all pages of each account(s) statement, whether interest bearing or not. (If a statement has 1 through 6 pages, copies of all 6 pages must be submitted.)
If no, a notarized letter signed by you stating that you do not have any bank accounts must be submitted.
- Yes No Do you have a minimum 5% down payment for a sale unit or the security deposit for a rental unit? If yes, submit proof of amount available or a notarized letter stating how amount will be obtained. If no, submit a notarized letter stating why.
- Yes No Are you over 5 months pregnant? If yes, submit documentation from your physician confirming your due date.
- Yes No Do you own a home or any other property? If yes, submit the following for each property owned:
 - A notarized letter indicating the amount of proceeds and how they will be distributed/used.
 - Copy of the deed
 - Copy of the current Tax Assessment card
 - Documentation indicating value of the property (i.e. market value appraisal); AND
 - Mortgage statement showing outstanding mortgage debt, if there is no mortgage on the property a notarized letter must be submitted stating so.
- Yes No Are you divorced or separated? If yes, a copy of the divorce or separation agreement with signatures must be submitted.
- Yes No Are you going through a divorce or separation? If yes, a notarized letter signed by both parties must be submitted stating circumstances.
- Yes No Are you a single parent, remarried with custody of a child from a previous marriage or responsible for a child not your own? If yes, proof of custody of minor child(ren) must be submitted. Either court documentation with signatures or a notarized letter stating circumstances of minor child(ren).
- Yes No Are you paying court ordered alimony and/or child support to another household? If yes, these payments will be excluded from the household income. Copies of the court documents stating the amount and frequency of these payments must be submitted.
- Yes No Are you requesting an age-restricted unit? If yes, you must submit proof of age for all household members showing that at least one member of your household is 62 years of age or older AND NONE are under the age of 18.

Please keep pages 1-4 for your records. Pages 5 and 6 must be completed, signed and notarized before being submitted. All documents submitted will become the property of the Township and will not be returned.



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Head of Household Information

Applicant Name (Last, First, MI) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____			<input type="checkbox"/> Married <input type="checkbox"/> Civil Union <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)			Social Security Number		File Number <i>(office use only)</i>	
Home Address						Home Telephone			
City				State	Zip		County		
Mailing Address (only if different from above)				City		State		Zip	

Household Composition & Income

Full name of <i>everyone</i> to occupy housing (including unborn children)	Relation to Head of Household	Date of Birth	Sex	Full-time student?	Gross annual income
1)	Head of Household				\$
2)					\$
3)					\$
4)					\$
5)					\$
6)					\$

Assets (Checking/Savings Accounts, CDs, Money Market, Real Estate, ...)

Type of Asset	Current Market Value of Asset	Annual Interest	Estimated Annual Income
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$

Employment (use reverse side for additional information)

Employer Name			
Mailing Address			
City:		State:	Zip:
Work Location (city or town)			
Years/months at this job	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Telephone	
Job Title	Yearly Salary		
Pay Periods: <input type="checkbox"/> weekly <input type="checkbox"/> bi weekly <input type="checkbox"/> monthly <input type="checkbox"/> bi-monthly <input type="checkbox"/> other			

Present Housing Description

Do you: own rent live with family other
 Monthly Rent/Mortgage: \$ _____ month
 Do you receive tenant based Section 8? yes no
 Number of household members: Adults _____ Children _____
 Is unit shared by more than your household? yes no
 Number of bedrooms: _____
 Do you have a private entrance? yes no
 Do you have exclusive use of the bathroom? yes no
 Do you have exclusive use of the kitchen? yes no

For Statistical purposes only, please check the appropriate box:

<input type="checkbox"/> White	<input type="checkbox"/> Native American
<input type="checkbox"/> Asian	<input type="checkbox"/> Handicapped/Disabled
<input type="checkbox"/> African American	<input type="checkbox"/> Age 62 and over
<input type="checkbox"/> Hispanic	<input type="checkbox"/> _____

Do you wish to (choose any): **# of bedrooms preferred:**

<input type="checkbox"/>	<input type="checkbox"/> 2 Bedrooms
<input type="checkbox"/> Rent at The Hamlet	<input type="checkbox"/> 2 Bedrooms
<input type="checkbox"/> Rent at The Hamlet	<input type="checkbox"/> 3 Bedrooms
<input type="checkbox"/>	

Are you requesting an age-restricted unit: no yes,
If yes, Proof of age must be submitted.(62 or older, no one under 18)

Is every household member a permanent US Citizen? yes no

Detach and Return to: Affordable Housing Services // Township of Delaware // PO Box 500 // Sergeantsville, NJ 08557,
 along with all of the documentation requested on the Application Checklist. Please save instructions for future reference.

