



Dear Affordable Housing Applicant:

Thank you for inquiring about affordable housing with Homes Now, Inc., the Administrative Agent for the Township of Brick, NJ. We currently administer both the rental and home ownership units throughout Brick Township in Ocean County. Because we receive a greater number of applications than there are units available, placement in a unit is often not immediate.

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 4 which includes Mercer, Monmouth and Ocean Counties. Income limits are adjusted annually after COAH adopts HUD income guidelines based on the number of persons in the household.

**2007 Income Guidelines**

Number of persons in household	Maximum Annual Income Very Low-Income Units	Maximum Annual Income Low – Income Units	Maximum Annual Income Moderate – Income Units
1	\$17,230.00	\$28,716.00	\$45,946.00
2	\$19,691.00	\$32,818.00	\$52,509.00
3	\$22,152.00	\$36,921.00	\$59,073.00
4	\$24,614.00	\$41,023.00	\$65,637.00
5	\$26,583.00	\$44,305.00	\$70,888.00
6	\$28,552.00	\$47,587.00	\$76,139.00
7	\$30,521.00	\$50,869.00	\$81,390.00
8	\$32,490.00	\$54,150.00	\$86,641.00

If your income falls within these limits, please complete the enclosed application and return it to our office along with copies of the required documents as outlined on the attached checklist. **Our address is 2141 Route 88 East, Suite 4, Brick, NJ 08724, phone number 732-295-7380.** Your application will not be considered complete until all the required documents are provided. If after the documents are reviewed you meet the certification criteria, you will be invited to our office to be certified as income eligible and you will then be placed on a waiting list. Your certification will expire 180 days from signing.

Recertification is required every 180 days at which time you are required to resubmit documentation prior to the expiration for recertification.

When units are available a lottery is conducted which includes all certified and eligible applicants for that unit based on family size, income level and other eligibility criteria.

Please remember that all applications and documents are held in the strictest confidence.

Sincerely,

*Carol A. Wolfe*

Carol A. Wolfe  
President

**BRICK TOWNSHIP  
APPLICATION FOR AFFORDABLE HOUSING**

**HEAD OF HOUSEHOLD INFORMATION (PLEASE PRINT)**

Provide your full name as applicant and names of anyone over 18 years of age as the co applicant. Provide your complete street address and apartment number, where applicable. Complete the city, state and zip code. Fill in your Social Security Number. Fill in telephone numbers where you can be reached at home, work, and cell. Provide a mailing address if it is different from your home address. IDENTIFY THE COUNTY in which you currently live. For statistical purposes only, we request that you identify your ethnic background.

Mr.  Mrs.  Miss Applicant Name: \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Previous Address (Required) \_\_\_\_\_

Social Security No. \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Marital Status  Single  Married  Divorced  Widowed

Phone: Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Mr.  Mrs.  Miss Co-Applicant Name: \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Previous Address (Required) \_\_\_\_\_

Social Security No. \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Marital Status  Single  Married  Divorced  Widowed

Phone: Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Racial/Ethnic Description (Check appropriate description for statistical purposes only)

White \_\_\_\_\_ Black \_\_\_\_\_ Native Amer. \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic \_\_\_\_\_ Other \_\_\_\_\_

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

List each household member who will occupy the new housing including yourself as head of household. Specify their relationship to you, such as husband, wife, son, daughter, etc.. Give each date of birth, sex, and Social Security Number.

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

1. Does anyone live with you now who is not listed above:    Yes                      No
2. Do you expect a change in your household composition?    Yes                      No  
 Explain if you answered yes to either question: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. 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**

List each household member number and give an estimate of their current gross annual income from all sources (other than assets) such as wages or salaries (including regular and overtime), tips, alimony, child support, benefits and pensions for each family member. Complete accurate and current income information is essential.

MEMBER NO.	SOURCE OF INCOME / TYPE OF INCOME	TOTAL GROSS ANNUAL INCOME

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: \$ _____

## 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

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 have you lived here? \_\_\_\_\_  
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? \_\_\_\_\_

**PRESENT HOUSING DESCRIPTION**

Do you ( ) Rent ( ) Own ( ) Other \_\_\_\_\_

Monthly Housing Costs

Rent: \$ \_\_\_\_\_ Mortgage \$ \_\_\_\_\_ Utilities \$ \_\_\_\_\_

**PROPOSED HOUSING**

Do you wish to ( ) Rent ( ) Own ( ) No Preference

Number of Bedrooms Preferred \_\_\_\_\_

Are you applying for a specific development? ( ) Yes ( ) No

If yes, please list name of development: \_\_\_\_\_

**YOU MUST SIGN AND DATE YOUR APPLICATION ON THE LINE PROVIDED BELOW.  
UNSIGNED AND INCOMPLETE APPLICATIONS ARE NOT ACCEPTABLE  
AND WILL BE IMMEDIATELY RETURNED**

Make a copy of this application for yourself and save for future reference. Filing of duplicate application is unnecessary and will not increase your chances for housing. Return the original application to:

**Homes Now, Inc.  
2141 Route 88 East  
Suite 4  
Brick, NJ 08724**

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

How did you hear about our program? \_\_\_\_\_

**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.**





## FINANCIAL DISCLOSURE/RELEASE/AUTHORIZATION FORM

By signing this document, I (We) hereby authorize Homes Now, Inc., the Administrative Agent for the Township of Brick's Affordable Housing Program to request, compile, review and obtain verification and/or documentation of any financial information which the Program deems necessary to ascertain eligibility for affordable housing. These may include but are not limited to Federal Income Tax Returns, State Income Tax Returns, Social Security and Disability Benefits, Unemployment Benefits, Welfare, Savings, Certificates of Deposit, Dividends and any interest bearing accounts, profit and loss statements, etc.

I (We) also understand that all financial information will remain confidential and will be used only for the above described purpose.

I (We) also certify that the information submitted in this application to Homes Now, Inc., the Administrative Agent for the Township of Brick's Affordable Housing Program, is true and complete to the best of my (our) knowledge and belief.

\_\_\_\_\_  
Signature of Applicant

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

Date: \_\_\_\_\_

The following documentation (if it applies) must be provided so we can verify your income and household size. Any pertinent information that is not submitted will result in your application being returned for incompleteness.

\_\_\_\_\_ **Personal identification (Driver's License, passport, birth certificate, social security card, etc. for all household members over the age of 18)**

\_\_\_\_\_ **Checking – six (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.**

\_\_\_\_\_ **Six (6) most recent consecutive pay stubs for all employed household members. *(If your employer does not offer pay stubs, provide a notarized letter on company letterhead from your employer stating current base salary, year's annual (year to date) income, including any overtime received.)***

\_\_\_\_\_ **Social Security: S.S. Computer Printout or Award Letter**

\_\_\_\_\_ **Pension Letter received from pension fund**

\_\_\_\_\_ **Verification of Temporary Assistance for Needy Families (TANF) or Welfare statements, including the amount received or a letter from the Welfare office stating same. This would include any AFCD, WIC, Food Stamps, rental assistance, etc.**

\_\_\_\_\_ **Verification of Support (Child Support and/or Alimony) with corresponding documentation such as custody papers, probation documents, separation agreements, divorce papers, etc. stating the amount and signed by the presiding judge.**

\_\_\_\_\_ **Verification of Military Pay**

\_\_\_\_\_ **Workers' Compensation - Letter from Workmen's Compensation.**

\_\_\_\_\_ **Verification of Unemployment Benefits stating the beginning date and ending date, as well as the amount received.**

\_\_\_\_\_ **Copies of Disability statements stating the beginning date and ending date, as well as the amount received.**

\_\_\_\_\_ **1040 Federal Tax Return (Both front and back) (last 3 years) *(If you do not file income tax returns for any of the given years, please submit a notarized letter stating so and the reason why. If you were claimed on another person's income tax returns, those returns must be submitted.)***

\_\_\_\_\_ **State Tax Returns (last 3 years)** *(If you do not file income tax returns for any of the given years, please submit a notarized letter stating so and the reason why. If you were claimed on another person's income tax returns, those returns must be submitted.)*

\_\_\_\_\_ **Copy of current lease, rent receipts or cancelled checks for the past six (6) months.** *(If your residence is with relatives, a notarized letter must be submitted stating the length of living arrangement, and amount of rent and any contribution for utilities.)*

\_\_\_\_\_ **Copies of utility bills (telephone, cable, gas, electric) for the past three (3) months.**

\_\_\_\_\_ **Certified appraisal and a mortgage balance statement for owned real property.**

\_\_\_\_\_ **Notarized letter stating whether you intend to sell or rent any owned real property.**

\_\_\_\_\_ **Credit Report for all household members over 18 years of age.** The Credit Reporting Companies listed below may be contacted for you to receive a complimentary credit report.

Equifax  
P.O. Box 740241  
Atlanta, Georgia 30374  
(800) 685-1111

Credit Bureau Association  
11 Woodcrest Rd.  
Cherry Hill, NJ 08003-3658

Trans Union Relations  
P.O. Box 1000  
Chester, PA 19022  
(800) 888-4213