

CONFIDENTIAL PRELIMINARY APPLICATION FOR AFFORDABLE HOUSING

COMPLETE AND **RETURN THIS PAGE ONLY** TO:

Borough of New Providence

360 Elkwood Avenue, New Providence, NJ 07974

Please submit only one application per family or household.

APPLICATION MUST BE COMPLETED IN ITS ENTIRETY TO BE ELIGIBLE FOR CONSIDERED FOR AFFORDABLE HOUSING

1. PRIMARY APPLICANT CONTACT INFORMATION

Prefix:	First Name:	Middle Name:	Last Name:	Suffix:
Home Tel:		Work Tel:		
Cell Phone:		Email:		
Street:		City:	State:	Zip:

2. HOUSEHOLD INFORMATION

What NJ county or counties do you and your intended household members LIVE or WORK in?	<input type="checkbox"/> Out of State
What is the Combined Annual Income for all Household Members <small>Please include the gross BEFORE tax income of all household members. Income includes gross wages, salaries, tips, commissions, overtime, alimony, child support, pensions, social security, unemployment, and disability benefits.</small>	\$
Household Size <small>Please include all household members that will live in the affordable home more than 50% of the time. Please also include college students using this address as their primary residence.</small>	
Are any household members 55 years old or older? <small>If yes, you may be eligible for age restricted communities where one household member must be at least 55 years old.</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the age of the youngest household member? <small>We are asking this because there are minimum age requirements in some Age Restricted communities.</small>	
Are any household members permanently disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any household members require a barrier free/ADA accessible unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently live in Substandard / Overcrowded Housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. PREFERENCES

Number of bedrooms desired?		
Rental	Are you interested in renting an affordable home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What are your current monthly rent payments?		\$
Do you have a section 8 voucher?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you receive rental assistance from other sources including family members outside of the household?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is monthly amount of this assistance?		\$
Ownership	Are you interested in purchasing an affordable home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the maximum amount you can provide as a down payment?		\$

I certify that the information provided herein is true and complete and that any misrepresentation of income or household size reported herein shall be cause for program disqualification. I also understand that this information is to be used only for determining my preliminary eligibility for referral to an affordable housing unit and does not obligate me in any way.

(Signature of Head of Household)

(Date)

Signature of Spouse/Co-Head of Household

(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.

