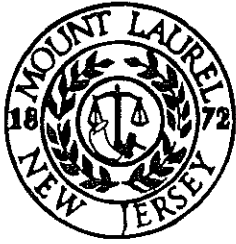


Mt. Laurel Township

Housing Division

The Housing Division reviews and certifies all applications for low and moderate housing in Mount Laurel Twp. The Housing Officer's name is Gerry Bucci. Her phone number is 856-234-0001, Ext 318. Her email is mlhousing@mountlaurel.com.



MOUNT LAUREL TOWNSHIP

Housing Division
100 Mount Laurel Road
Mount Laurel, NJ 08054
PHONE 856-234-0001 x 314

July 1, 2011

Dear Potential Applicant:

The 2011 Income Guidelines have been calculated as listed below. Should you believe that you qualify based upon your gross household income, please complete the affordable housing application and return it to Mount Laurel Township Housing Office.

The Mount Laurel Township Pre-Qualifying Application does not include the Ethel Lawrence Homes development or the Tricia Meadows development. If you are interested in the low and moderate income rental units at Ethel Lawrence, please call 856-439-9901. If you are interested in the low and moderate income purchase units at Tricia Meadows, please call 856-866-1331.

Should you have any additional questions, you may contact me at 856-234-0001 ext. 314, Monday through Friday, 8am to 4pm.

Please be advised that if your household income is below the minimum income listed below, you may file a Hardship Waiver to be considered for low income housing.

Sincerely,


Gerry Bucci
Housing Officer

2011 INCOME GUIDELINES				
	LOW INCOME		MODERATE INCOME	
Family Size	Minimum Income	Maximum Income	Minimum Income	Maximum Income
1	\$16,900	\$28,150	\$28,151	\$44,950
2	\$19,300	\$32,200	\$32,201	\$51,400
3	\$21,700	\$36,200	\$36,201	\$57,800
4	\$24,100	\$40,200	\$40,201	\$64,200
5	\$26,050	\$43,450	\$43,451	\$69,350
6	\$28,000	\$46,650	\$46,651	\$74,500
7	\$29,900	\$49,850	\$49,851	\$79,650

MAXIMUM ASSET LIMIT = \$145,112

HOUSING RESOURCE GUIDE – www.njhousing.gov

NJ Housing & Mortgage Finance Agency (NJHMFA) 1-800-654-6873
 US Dept of Housing and Urban Development (HUD) 856-757-5081 or 800-225-5342
 Section 8 Homeownership Program 856-614-3300
 State Rental Assistance (HUD) 856-757-5081
 Homelessness Prevention 609-835-4329 x4012
 Women's Referral Hotline 1-800-322-8092
 Statewide Domestic Violence Hotline: 1-800-572-7233
 Child Support Hotline 1-877-655-4371
 Division of Youth & Family Services 1-800-331-3937
 HUD Housing Discrimination Hotline 1-800-669-9777
 NJ Legal Services 1-888-576-5529 or 609-261-1088

Burlington County:

Community Action Program (BCCAP) 609-835-4329
 Board of Social Services 609-261-1000
 Rental Assistance 609-265-5600
 Housing 609-265-5072
 Consumer Affairs (Report Fraud) 609-265-5054
 Big Brother/Big Sister 609-261-4960
 Landlord & Tenant Information 609-518-2867
 Tenants Rights 1-888-576-5529
 Legal Services 609-261-1088 or 1-800-496-4570
 Consumer Credit Counseling Service 1-800-989-2227
 Office on Aging 609-265-5069
 Health Department 609-265-5548
 Occupational Training (Citizens with Disabilities) 609-267-6677

WIC 609-267-4304
 Food Stamp Hotline 1-800-792-9773
 Families First Information 1-800-997-3333
 Families/Work First (TANF/WFNFJ) 609-261-3975
 NJ Family Care Health Insurance 1-800-701-0710
 Permanent Rental Housing 609-835-4329
 Salvation Army 908-347-0172
 Dental Clinic 609-726-7290
 American Red Cross 609-267-9631 or 609-267-9595
 Division of Disability Services 1-888-285-3036
 Camden Housing Authority 856-968-2700
 Foreclosure Assistance 1-888-989-5277
 Independent Living 609-747-7745
 Cam House for pregnant teens 609-386-3342
 Parents Resources for Troubled Teens 1-800-793-5156 or 1-800-247-1696
 Statewide Child Abuse Hotline 1-800-792-8610

Emergency Services/Catholic Charities 856-764-6940
 Providence House (Domestic Violence) 609-871-7551
 St Vincent DePaul Medford 609-953-0021 Mt. Holly 609-267-9600
 Interfaith Hospitality Network 856-638-0110
 Christian Caring Center 609-893-0700
 Salt & Light Company, Inc. 609-261-4571
 Transitional Housing for Homeless 609-835-4329
 Rescue Mission (Overnight Shelter) 1-800-528-8825

Prescription Plans
 PAAD or Senior Gold – 1-800-792-9745
 Walmart Pharmacy

MOUNT LAUREL TOWNSHIP
PRE-QUALIFYING APPLICATION FOR LOW AND MODERATE INCOME HOUSING

Please read the instructions carefully and complete all questions on the application. The application will be used to pre-qualify potential owners and/or tenants of low/moderate income housing units in Mount Laurel Township. All section must be typed or printed in ink.

APPLICANT INFORMATION

Name of Primary Household Member		Social Security #	Date of Birth	Sex (M/F)
Current Street Address		Apt or Unit # or P.O. Box		
City	State	Zip	County	
Home Phone #	Work Phone #	Fax #	Cell Phone #	
Household Composition: Please list all other household members who will live in the unit other than yourself.				
NAME	RELATIONSHIP	SEX	DATE OF BIRTH	SOC. SEC. #
2.				
3.				
4.				
5.				
6.				
7.				

Marital Status of Primary Household Member (M/S/D/L/E)? _____
(M-married, S-single, D-divorced, L-legally separated, E-estranged)

Do you anticipate any changes to the household size in the next 12 months? Yes or No
If yes, explain: _____

Do you rent or own your home? ___ Rent ___ Own Other: _____

What is the total monthly charge for rent? _____ or mortgage? _____

Do you currently receive Section 8 Benefits? _____ Have you been approved for Section 8? _____

Do you require a first floor unit, because of a permanent disability? _____
(Please provide a Doctor's certification regarding your disability)

If pre-qualified, on which waiting list do you wish to be placed? ___ Purchase ___ Rental ___ Both

GO TO THE NEXT PAGE - DO NOT WRITE BELOW THIS LINE

Total # of Household Members _____	Bedroom Size _____
Gross Annual Income _____	Median Income _____
Date Certified _____	% of Median _____
Certified Monthly Rent _____	Util. Allow. _____
Certified Monthly Purchase _____	

EMPLOYMENT INFORMATION

List employment information for each household member who is 18 years of age or older. If the individual is not currently employed, please state their current status as unemployed, disabled, retired, or full time student. If employed less than one (1) year with the current employer, please indicate previous employment information. This information shall be verified with the Verification of Employment form enclosed in this application.

Household Member Name _____ Job Title _____
Employer Name _____
Employer Address _____
Years/Months at Job _____ Full or Part Time? _____ Gross Weekly Salary \$ _____
Immediate Supervisor _____ Phone Number _____
Is this your current employer? _____ If not, give Hire Date: _____ End Date: _____

Household Member Name _____ Job Title _____
Employer Name _____
Employer Address _____
Years/Months at Job _____ Full or Part Time? _____ Gross Weekly Salary \$ _____
Immediate Supervisor _____ Phone Number _____
Is this your current employer? _____ If not, give Hire Date: _____ End Date: _____

Household Member Name _____ Job Title _____
Employer Name _____
Employer Address _____
Years/Months at Job _____ Full or Part Time? _____ Gross Weekly Salary \$ _____
Immediate Supervisor _____ Phone Number _____
Is this your current employer? _____ If not, give Hire Date: _____ End Date: _____

Household Member Name _____ Job Title _____
Employer Name _____
Employer Address _____
Years/Months at Job _____ Full or Part Time? _____ Gross Weekly Salary \$ _____
Immediate Supervisor _____ Phone Number _____
Is this your current employer? _____ If not, give Hire Date: _____ End Date: _____

Household Member Name _____ Job Title _____
Employer Name _____
Employer Address _____
Years/Months at Job _____ Full or Part Time? _____ Gross Weekly Salary \$ _____
Immediate Supervisor _____ Phone Number _____
Is this your current employer? _____ If not, give Hire Date: _____ End Date: _____

ADDITIONAL INCOME INFORMATION

ALL INCOME INFORMATION FROM ALL SOURCES IS REQUIRED FOR EVERY HOUSEHOLD MEMBER WHO IS EIGHTEEN (18) YEARS OF AGE OR OLDER; INCLUDING BENEFIT OR SUPPORT FOR THE CARE OF MINOR CHILDREN. IF THE SITUATION DOES NOT APPLY, COMPLETE THE ANSWER WITH ZERO (0) OR N/A.

State the amount of additional income and how often it is received:

Pension: \$ _____ Disability \$ _____
 Social Security \$ _____ Welfare/AFDC \$ _____
 Unemployment \$ _____ Child Support \$ _____
 Alimony \$ _____ Other \$ _____

If you have minor children and do not receive child support, you must submit a signed and notarized affidavit form, or submit a copy of the court order for support and a statement from the appropriate enforcement agency stating that you are not currently receiving support with the date of the last payment received.

List all checking and savings accounts including CD's, money market funds, mutual funds, assets held by financial institutions, stocks, bonds, or any other assets. Please attach verification such as bank statements.

Financial Institution/Name of Asset	Account Number	Current Value	Interest/Dividend
If you do not have any accounts, please check here. _____			

Please answer the following questions. If the situation does not apply, complete the answer with zero (0) or N/A.

Do you currently own a home or have you sold a home within the last three (3) years? _____

Address of home: _____

If the home has already been sold, date of sale _____ Sale Price \$ _____
 Attach a copy of settlement sheet.

If you still own a home, list its current market value \$ _____
 Attach a copy of an appraisal or market analysis for the property.

What is the amount of outstanding mortgage or other liens? \$ _____ Equity \$ _____

If you still own a home, is this a rental property? _____

List any other property owned within the last three years: _____

Please list any other financial information necessary to accurately reflect your current income on a separate sheet of paper. If the preceding financial information does not include sufficient funds for a 5 % down payment on a purchase unit and the required closing costs, please list that information on a separate sheet of paper.

For the housing officer to verify all the information on the application, you must submit copies of the following documents:

1. Signed copies of the last three (3) years Federal Income Tax Returns, including W-2's and 1099's.
2. Copies of the three (3) most recent paycheck stubs for each family member employed and who is 18 years of age or older.
3. Proof of Pension, Social Security Benefits, Disability, Unemployment Compensation, Welfare, AFDC.
4. Proof of child support/alimony
5. Recent statements for all bank accounts, brokerage accounts, investments, etc.
6. Originals of Verification of Employment forms for all household members who are 18 years of age or older completed and signed by all employers.
7. Proof of any other income.

Any misrepresentation of information for the purpose of obtaining a low or moderate income unit is a violation of N.J.S.A. 2C:28-1-et.seq. and subject to the fines and penalties as permitted under ordinance 1987-36.

I hereby 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 eligibility for a purchase or rental low or moderate income housing unit in Mt. Laurel Township in accordance with the restrictions and controls governing affordable housing. I further understand that pre-qualification does not guarantee me a housing unit under this program. I understand that a credit check and/or ability to obtain a mortgage will be necessary when a unit for which I qualify becomes available.

I further certify that the attached copies of the above described documents are true and accurate copies of the originals of such copies and do represent copies of the documents being requested.

Return the completed application to: Housing Officer, Mt. Laurel Township, 100 Mt. Laurel Rd., Mt. Laurel, NJ 08054

ALL PERSONS WHO ARE 18 YEARS OF AGE OR OLDER INCLUDED ON THIS APPLICATION MUST SIGN BELOW. ALL SIGNATURES MUST BE NOTARIZED BY A NOTARY PUBLIC.

Signed this _____ day of _____, 20_____.

Applicant

Applicant

Sworn and subscribed before me

this _____ day of _____, 20_____

Notary Public

REQUEST FOR
VERIFICATION OF EMPLOYMENT

INSTRUCTIONS

APPLICANT: Please complete Items 1 through 3. Forward this form to your employer so that they may complete Part II.

PART I - REQUEST

1. Name and Address of Applicant

2. Name and Address of Employer:

*Telephone: - -

*Telephone: - -

3. My signature below authorizes my employer to verify all information contained on this form.

Signature _____

Social Security # _____

PART II

EMPLOYER: Please complete the remainder of this form and forward it directly to: Housing Officer, Mt. Laurel Township, 100 Mt. Laurel Rd., Mt. Laurel, NJ 08054

4. Applicant's Date of Employment:

6A. Base Pay (Current)

\$ _____ Annual \$ _____ Hourly

5. Present Position:

\$ _____ Monthly \$ _____ Weekly

\$ _____ Other (Specify)

7. REMARKS: (If paid hourly, please indicate average hours worked each week during the current and past year.)

6B. EARNINGS

TYPE	YEAR TO DATE	PAST YEAR
BASE PAY	\$ _____	\$ _____
OVERTIME	\$ _____	\$ _____
COMMISSION	\$ _____	\$ _____
BONUS	\$ _____	\$ _____

SIGNATURE OF EMPLOYER:

TITLE:

DATE: