



Township of
MOUNT LAUREL EST 1872

Application
For
Affordable Housing
Program

Township of Mount Laurel
New Jersey

This is the application for the Mount Laurel Township Affordable Housing Program. You will be given a list of supporting documentation that must be submitted at the time this application is submitted and is required in order to be certified for this program. When an affordable home becomes available, eligible candidates will be contacted. At that time, you may be asked for additional documentation to support your application. We cannot guarantee housing. This is based on what becomes available and if you qualify based on your income and family size. All of the affordable units in Mount Laurel Township are privately owned. Application services are provided by Mount Laurel Township Office of Affordable Housing. This is an Equal Housing opportunity. This program is subject to municipal and state affordable housing regulations, but no guarantee can be made that these homes are affordable to all applicants. This program is subject to availability. Prices, terms and conditions are subject to change without notice.

Township of Mount Laurel

New Jersey

Dear Affordable Housing Applicant:

Thank you for inquiring about affordable housing with Mount Laurel Township. We currently administer Affordable Housing Units throughout Mount Laurel/Burlington County. However, we receive a greater number of applications than there are units available, so 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 Department of Community Affairs (DCA). Income limits are determined by region. Our housing units are located in region 5, which includes the following counties: Burlington, Camden, and Gloucester. Income limits can vary from year to year and depend upon the number of persons in the household. The income limits for 2019 are:

# of Persons in household	Very Low Maximum	Low Income Minimum	Low Income Maximum	Moderate Income Minimum	Moderate Income Maximum
1	\$18,921.00	\$18,922.00	\$31,535.00	\$31,536.00	\$50,456.00
2	\$21,624.00	\$21,625.00	\$36,040.00	\$36,041.00	\$57,664.00
3	\$24,327.00	\$24,328.00	\$40,545.00	\$40,546.00	\$64,872.00
4	\$27,030.00	\$27,031.00	\$43,700.00	\$43,701.00	\$69,920.00
5	\$29,192.00	\$29,193.00	\$48,654.00	\$48,655.00	\$77,846.00
6	\$31,355.00	\$31,356.00	\$52,258.00	\$52,259.00	\$83,613.00
7	\$33,517.00	\$33,518.00	\$55,862.00	\$55,863.00	\$89,379.00
8	\$35,680.00	\$35,681.00	\$59,466.00	\$59,467.00	\$95,146.00

If you believe you fall within these income limits, fill out and submit this application to our office, along with all necessary documentation indicated and income verification. If you are selected for a rental unit you will be required to have a credit check by the landlord, for purchase units you will be required to obtain a mortgage. If you do not meet all certification criteria, you will be removed from our list and must reapply, when, and if, you meet the income requirements.

Please remember that all applications and documents are held in the strictest confidence. If you have any further questions please contact us at (856) 234-0001 x 1318.

Trish Hochreiter
Municipal Housing Liaison/Administrative Agent

Affordable Housing Policies And Requirements

Mount Laurel Township

New Jersey

For All Applicants

- ❖ It is unlawful to discriminate against any person making application to buy or rent a home with regard to age, race, religion, national origin, sex, handicapped, familial status or sexual orientation.
- ❖ This affordable housing must be the intended primary residence of the applicant.
- ❖ All household members who intend to reside at the affordable home must be listed in the Preliminary Application. If changes in household composition occur during the application process, or if there is a change of address, the applicant is required to notify the Township of Mount Laurel, Office of Affordable Housing in writing, immediately.
- ❖ Applications must be truthful, complete and accurate. Any false statement makes the application null and void, and subjects the applicant to penalties imposed by law.
- ❖ Annual Income includes, but is not limited to, salary or wages, alimony, child support, social security benefits, unemployment 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.
- ❖ If you own a home in which you are currently residing and which you intend to sell prior to living in an affordable home, compute your income from this asset by taking the market value of your home, subtracting any applicable broker fees AND the current principal of your mortgage, and multiply the balance by 2%. Income from other real estate holdings is determined by the actual income you receive from the asset (less expenses, but not less your mortgage payment).
- ❖ Specific documentation to verify income is due at the time of submitting your application.
- ❖ Please understand that the pricing for affordable housing is established and governed by Federal, State and / or municipal regulations. Although consideration is made for low- and moderate – categories of household incomes, sales prices do not fluctuate on the basis of each individual applicant's income. Therefore, we cannot and do not guarantee that any home will be affordable to YOU or YOUR household.
- ❖ We do not provide financing to purchase affordable units. Financing for an affordable home is subject to terms and conditions set forth by the State of New Jersey. Monthly payments, including principal, interest, property taxes, insurance and condominium fees, may not exceed 33% of your income with the applicant receiving home-buyer counseling by an agency approved by HUD or the NJ Department of Banking and Insurance, which details the advisability of such a mortgage loan. For a list of approved counseling agencies, contact HUD or the N.J. Department of Banking and Insurance.
- ❖ If you need assistance completing this application, please contact us 856-234-0001 ext. 1318.

Application for Affordable Units



Mount Laurel Township
New Jersey

A. Head of Household Information

1. Last Name: _____ Soc. Sec. No: _____ - _____ - _____

2. First Name: _____ Home Phone: () _____ - _____

3. Home Address: _____ Work Phone: () _____ - _____

4. P.O. Box or Apt. No: _____ Email: _____

5. City: _____ County: _____

State: _____ Zip: _____

B. Household Composition and Income (List ALL sources of income, including, but not limited to Salary, Dividends, Social Security, Child Support, Alimony & Pensions. DO NOT include income from Assets listed in Section C.)

Full Name (First, Middle & Last) List Everyone who will occupy the house.	Relation To	Date of Birth	Sex	Gross Annual Income
#1	Head of Household			\$
#2				\$
#3				\$
#4				\$
#5				\$
#6				\$

Do you PAY child support and/or alimony to anyone outside of your household? _____

C. Assets (Bank Account, Cert, of Deposit, Mutual Funds, Real Estate, Etc. If you own the home in which you live, clearly indicate BOTH the market value & your equity in the home. Your equity equals the market value & your equity in the home. Your equity equals the market value less any outstanding mortgage principal.)

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

D. Current Situation

Do you currently own your home?

Yes
 No

Do you have a Mortgage?

Yes
 No

Please be sure to indicate your Equity in your home in Section C to the left.

F. Important Information (Must be signed by everyone over the age of 17.)

I(We) hereby authorized the Township of Mount Laurel Office of Affordable Housing, their agents And/or employees to obtain information regarding the status of my (our) credit, and to check the accuracy of any and all statements and representations made in this application. I (We) certify that all information in this application in accurate, complete and true. I (We) understand that if any statements made are willingly false, the application is null and void, and I (we) may be subject to penalties imposed by law. Void if not signed.

Signed: _____ Date: _____

Signed: _____ Date: _____

E. Preferences

No. of Bedrooms (Limited by number in Household): _____

Do you require a Handicap-accessible home?: _____

Please use the back of the application for additional information

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, disable, 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 _____ City _____ State _____ Zip Code _____
Years/Months at Job _____ Full or Part Time _____ Gross Weekly Salary \$ _____
Immediate Supervisors Name _____ Phone Number _____
Is this your current employer _____ If not, give Hire Date: _____ End Date: _____

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

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

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

REQUEST FOR VERIFICATION OF EMPLOYMENT

INSTRUCTIONS

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

PART I

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.

Social Security # _____

PART II

EMPLOYER: Please complete the remainder of this form and forward it directly to: Mount Laurel Township, Affordable Housing Department, 100 Mount Laurel Road, Mount 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: _____

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 any 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 account 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

Have you sold a home within the last three (3) years? _____ Address of home: _____

If sold date of sale _____ Sale Price: \$ _____ attached a copy of the settlement sheet.

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

What is the amount of the 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 with your application.

- 1. Signed copies of the last three (3) years of Federal Income Tax Returns, including W-2's and 1099's.**
- 2. Copies of the three (3) most current pay check stubs for each family member employed 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 in Mount 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 become 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: Mount Laurel Township, Housing Officer, 100 Mount Laurel Road, Mount Laurel, NJ 08054

ANY PERSONS WHO ARE 18 YEARS OF AGE OR OLDER INCLUDED ON THIS APPLICATION MUST SIGN BELOW AS WELL. ALL SIGNATURES MUST BE NOTARIZED BY A NOTARY PUBLIC (SHOWING PROOF WITH ID)

Signed this _____ day of _____, 20_____.

Applicant

Applicant

Sworn and subscribed before me

This _____ day of _____, 20_____

Notary Public