



Application Information For Newtown Village

Robbinsville now owns the mobile home park located at 1096 Route 130.

To apply:

Complete the attached application and submit to have a background check completed.

You will need to submit your FICA credit score from one of the three credit agencies.

The Score cannot be more than 30 days old. You can get this on-line. You do not pay for it.

You are on the wrong site if you are asked to pay. You may obtain one free credit report per year from each of the national credit reporting agencies.

The application for income certification is also attached. That will need to be completed.

The original application should be submitted with copies of the support information. You should make a copy for your record.

Please note, that once a unit is purchased, there is a monthly pad rental fee that includes water and sewer taxes etc.

The rent will be determined by the number of bedrooms and whether the unit has been designated for Very Low, Low, or Moderate income applicants.

Please submit to: Office of Affordable Housing, Robbinsville Township
2298 Route 33, Robbinsville, New Jersey 08691

If you have any questions, or are in need of further information, please call us: (609) 259-3600 X 1134, or contact us by e-mail at gailp@robbinsville.net.

Application services are provided by the Township of Robbinsville, Office of Affordable Housing. This is an Equal Housing Opportunity. All housing is subject to applicable affordable housing regulations and availability. The terms and conditions of this affordable housing opportunity are subject to change without notice. We cannot guarantee that an affordable home will be available to you. All homes meet certain criteria for "affordable housing," but the sales prices and rental rates are *not* adjusted to meet any specific household income or financial situation. Therefore, we cannot and do not represent that these homes will be affordable to any individual applicant.

NEWTOWN VILLAGE RENTAL APPLICATION
PLEASE PRINT AND ANSWER ALL QUESTIONS

Date of Application: _____

APPLICANT INFORMATION

PRINT NAME:	HOME PHONE:		
SOCIAL SECURITY# OR ITIN#:	DATE OF BIRTH:	EMAIL:	
CURRENT ADDRESS:	CITY:	STATE:	ZIP:

OTHER OCCUPANTS- LIST BELOW THE NAMES OF ALL OTHER PERSONS (IN ADDITION TO APPLICANT LISTED ABOVE) TO OCCUPY PREMISES REGULARLY OCCUPANCY IS RESTRICTED TO INDIVIDUALS LISTED

FULL NAME	RELATIONSHIP	AGE	DATE OF BIRTH	REMARKS

AUTOMOBILES

HOW MANY AUTOS?	DRIVER'S LIC#			
MAKE	MODEL/YEAR	COLOR	STATE	LIC. PLATE#

PETS
Do you have any pets that will be living with you? (If permitted) Yes ____ No ____ If yes, how many? _____

TYPE	BREED	AGE	HEIGHT	WEIGHT

I/we hereby authorize Robbinsville Township its affiliates and subsidiaries to obtain a consumer report and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I hereby expressly release Robbinsville Township its affiliates and subsidiaries, and any procurer or furnisher of such information from any liability whatsoever in the use, procurement or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including, without limitation, various law enforcement agencies.

As an applicant, I represent that the above statements are correct and complete and that I intend that Robbinsville Township its affiliates and subsidiaries rely on these representations in determining whether to lease to me a home and/or homesite in the community. I agree that I have no right to occupy a home or homesite in the community until and unless this application is approved, a lease is signed and I have made any necessary initial payments. I understand that any misrepresentation on this application may be cause for lease termination and/or non-acceptance of this application.

Print Name

Signature

Date

Print Name

Signature

Date

Print Name

Signature

Date

PROPERTY / DEVELOPMENT NAME:
PROPERTY ADDRESS: _____
NAME OF APPLICANT:

AFFORDABLE HOUSING APPLICATION

Complete, sign and return this application AND the required documentation to: Township of
Robbinsville, Office of Affordable Housing, 2298 Route 33, Robbinsville, NJ 08691



READ THIS APPLICATION CAREFULLY AND RETURN IT WITH THE REQUIRED DOCUMENTATION. WE RESERVE THE RIGHT TO DISQUALIFY APPLICANTS WHO DO NOT SUBMIT ALL OF THE DOCUMENTATION REQUESTED BELOW.

It is unlawful to discriminate against any person making application for housing with regard to race, color, religion, sex, national origin, handicapped status, familial origin or sexual orientation. The 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 application. If changes in household composition occur during the application process, the applicant is required to notify the Township of Robbinsville's Office of Affordable Housing immediately. Applications may be withdrawn if the household composition or sources of income changes after the submission of this application. 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. **Income Verification:** The affordable homes are provided as a service to low- and moderate- income households. Occupancy is regulated by certain municipal and state statutes that require us to verify the income of every applicant. Your cooperation is appreciated.

Identification: Please include a photocopy of identification for every person who will reside in the affordable home. Typically, a birth certificate, driver's license or passport will be sufficient. **Verification of Income:** Every applicant must submit a copy of each of the most recent three (3) years of signed state and federal tax returns (1040). Please include all accompanying documents such as W2 form(s), 1099's etc. If the applicant has not filed a return in any of the three (3) previous years, he / she must submit a notarized letter of explanation. Every applicant must submit the six (6) most recent statements from every Checking account and three (3) statements from every other bank and financial account (including Savings, CD's, Money Market Accounts, etc.) to which the applicant is a depositor or signatory. **All sources of income must be verified.** Acceptable forms of verification include: **Salary:** Six (6) most recent pay statements (stubs). **Social Security:** A letter from the Social Security Administration. **Public Assistance:** A letter from the appropriate agency which details the amount and frequency of the benefit. **Alimony and Child Support:** The separation or divorce agreement which details the amount and frequency of child support or alimony received by the applicant. **Pension Plan, IRA, Annuity** and/or other retirement account, plan or service under which the applicant receives an income or financial distribution: The most recent statement for each which clearly indicates the amount and frequency of the distribution. In lieu of a statement, a letter of verification from the appropriate authority will be considered. **Savings Bonds:** A copy of all bonds held by the applicant(s). **Stocks, Bonds, Treasury Bills and Notes or other financial instruments** which are owned in whole or in part by the applicant: The most recent statement which verifies the value of the assets and current dividends (if any). If these are not available, a notarized letter from a Certified Public Accountant or attorney who has access to these records will be considered. **Real Estate:** If the **real estate** is the current residence of the applicant, and if the applicant intends to sell the real estate, submit one of the following: a certified appraisal, a contract with a real estate broker which sets forth the price of the property, or a signed contract for the sale of the property. If there is a mortgage, a statement from the Mortgage Company or bank which clearly indicates the principal balance of the mortgage(s) must be submitted. If other real estate is owned, in whole or in part by the applicant, and that parcel or parcels of real estate generate(s) income, verification of income must be supplied. In addition, verification of mortgage payments, property taxes and insurance should be submitted. **Business Income:** Equals the sum of gross revenue less expenses (prior to taxes). Important: Answer all questions. Please answer "none" in the sections which ask for information about income that you do not have. Enter "n/a" if a question does not apply to you. If you have any questions, or are in need of further information, please call us: (609) 259-3600 X 1134, or contact us by e-mail at gailp@robbinsville.net.

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APPLICATION FOR AFFORDABLE HOUSING

PLEASE CALL US IF YOU NEED CLARIFICATION OR FURTHER INSTRUCTIONS: (609) 259-3600 X1134

A. Head of Household Information (Please verify the information below and make corrections if necessary.)

APPLICANT NAME: _____

CURRENT ADDRESS: _____

COUNTY: _____

HOME PHONE: _____ WORK PHONE: _____ OTHER: _____

EMAIL (if applicable): _____

B. HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head.

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

2. Does anyone live with you now who is not listed above? Yes No

3. Do you expect a change in your household composition? Yes No

Explain if you answered yes to either question: _____

4. Applicants Marital Status: Single Married Widowed Divorced Cohabiting

5. Please identify any special housing needs. _____

6. Number of bedrooms requested on family composition: _____

C. Current Situation

1. Do you currently: ___Rent___Own___Other

2. How long at the address above? _____ Years

3. What was your previous address?

4. What is your monthly rent or mortgage payment?

\$ _____

5. If you currently own your home, what is the value of this home?

City:

6. What is the Principal Balance of your mortgage?

State: Zip Code:

\$ _____

7. Approximately How Much Do You Have for a Down payment? \$ _____

D. References

If you rent, please check "Landlord" and list the name and address of your landlord below. **If you own** your home, please check "Mortgage Co." and list the name and address of the mortgage company and account number below.

1. Name and address of your Present Landlord or Mortgage Company: _____

2. Address: _____

3. City, State and Zip Code: _____

4. Telephone Number: _____

5. How long have you lived here? _____

6. Reason for leaving? _____

7. Mortgage Account No.: _____

If you own your home, please attach documentation verifying the value of the home and mortgage principal amount.

Name and address of your Former Landlord or Previous Address:

Telephone: _____

How long did you live there? _____

Reason for leaving? _____

G. Assets: Financial Institutions (Checking Account, Savings Accounts, Certificates of Deposit, Money Market Funds, Mutual Funds or other assets held by financial institutions. Provide documentation. Refer to Instructions.)

Type of Asset or Account	Financial Institution	Account Number	Current Market Value of Asset	Interest Rate	Annual Income
			\$	%	\$
			\$	%	\$
			\$	%	\$
			\$	%	\$
			\$	%	\$
			\$	%	\$
			\$	%	\$

H. Assets: Directly Held (Stocks, Bonds, Income-Producing Real Estate, Business or other directly held assets. Provide documentation. To determine the Annual Income from Real Estate or Business, refer to the Instructions.)

Type of Asset	Name of Asset	Number of Shares	Current Market Value	Annual Income
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

I. Additional Information (Please include any information which will assist us in serving you such as special needs, accessibility requirements, etc.) _____

Applicant's Certification and Authorization:

The undersigned hereby states that all the information provided in connection with this Affordable Housing Application is true and complete. I/We am/are aware that, if any statements made by me/us are willingly false, the application is null and void, and I/we may be subject to penalties imposed by law. The Township of Robbinsville, its employees or its agents are hereby authorized to contact references to verify the information provided in these applications, and to make other inquiries regarding income, assets, credit status, employment, and residency history for the purpose of determining my/our eligibility for this affordable housing program. Further, I/we understand that there is no obligation at this time on my/our part to enter into a sales or rental agreement if the application is approved. **Void if not signed by all Applicants 18 years of age and over.**

Signed: _____ Date _____ Signed: _____ Date _____

APPLICANT QUESTIONNAIRE

&

DOCUMENT CHECKLIST

Rev. 11/24/06

This questionnaire must be filled out and signed by all applicants 18 and over.

Applicant/Tenant Name: _____

IMPORTANT

If you answer yes, you must submit a COPY of all of the required documents!

Applicant/Tenant: Please check "yes" or "no" for each line

Check "Yes" if the answer applies to one or more applicants.

(V) Place check mark if enclosed!

Yes	No		
___	___	I am entitled to file a tax return	___ 3 most recent federal & state tax returns
___	___	I am currently a student - (please circle below):	___ ... with all attachments (w-2 forms, etc.)
		(a) Full Time (b) Part Time	___ Current transcript or letter from school
___	___	I am presently employed and receive wages/tips/commissions.....	___ 6 most recent pay statements...
___	___	I am presently employed at more than one job (NOT self-employed)	___ ...For every job held by everyone over 17.
___	___	I am self-employed.....	___ Schedule "C" and tax returns
___	___	I own a business.....	___ Current Profit and Loss statements
___	___	I currently am on leave of absence from work	___ Letter from employer to verify status
___	___	I currently receive unemployment benefits.....	___ 6 most recent statements from agency
___	___	I have a savings account.....	___ 3 most recent statements from each acct
___	___	I have a checking account.....	___ 6 most recent statements from each acct
___	___	I have a money market account	___ 3 most recent statements from each acct
___	___	I own a certificate of deposit (CD).....	___ 3 most recent statements from each acct
___	___	I own stocks/bonds. (NOT held in a retirement plan).....	___ 3 most recent statements from each acct
___	___	I own real estate or I am in the process of selling real estate..	___ Market value and mortgage statements
___	___	I have sold or gifted property or other assets in the past 2 years.....	___ What was sold, the value and sale price
___	___	I have an IRA. (NOT yet receiving income)	___ 3 most recent statements from each acct
___	___	I have a pension plan at work (NOT yet receiving income).....	___ 3 most recent statements from each acct
___	___	I receive Social Security Income.....	___ Most recent benefit letter from SS Admin
___	___	I receive income from a pension/annuity/retirement fund.....	___ 3 most recent statements from each acct
___	___	I am entitled to receive child support.....	___ 3 most recent statements from source
___	___	I am currently paying child support	___ Proof of last 6 payments
___	___	I am entitled to receive alimony.....	___ 3 most recent statements from source
___	___	I am currently paying alimony	___ Proof of last 6 payments
___	___	I receive AFDC/TANF.....	___ Most recent benefits letter
___	___	I receive assistance from a Public Housing Authority.....	___ Most recent benefits letter
___	___	I receive Supplemental Social Security (SSI).....	___ Most recent benefits letter
___	___	I receive Workman's Compensation	___ 3 most recent statements from source
___	___	I have a Trust Fund	___ 3 most recent statements from source
___	___	Valid form of ID for every household member is required!	___ birth cert., driver's license or passport

Signature

Date:

Signature

Date:

The following documentation (if it applies) must be provided so we can verify your income and household size.

Personal identification (Driver's License, passport, birth certificate, social security card, etc.)

Checking - 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.

(6) most recent consecutive pay stubs for all employed household members

Social Security: S.S. Computer Printout or Award Letter

Pension Letter received from pension fund

Verification of Temporary Assistance for Needy Families (TANF)

Verification of Support (Child Support and/or Alimony)

Verification of Military Pay

Workers' Compensation - Letter from Workmen's Compensation.

Verification of Unemployment Benefits

1040 Federal Tax Return (Both front and back) (last 3 years)

State Tax Return (last 3 years)