

HOUSING PARTNERSHIP

NeighborWorks®
HomeOwnership Center

2 East Blackwell Street, Suite 12, Dover, NJ 07801
Phone: 973-659-9222 Fax: 973-659-9220 Email: contact@hpnj.us

Dear Applicant,

Thank you for your interest in the affordable rental housing opportunity at 60 Main Street in Rockaway, NJ. We are accepting preliminary applications from qualified low income and moderate income families for a studio apartment, one one-bedroom apartment and one three-bedroom apartment.

If you are interested in applying, please complete the attached Preliminary Application and return it to the Housing Partnership no later than 2:00 p.m. on Monday, April 19, 2021. If you wish to hand-deliver your application, please note that our offices are currently closed, however you can place the applications in an envelope and drop off in the mail slot to the left of our interior door at 2 East Blackwell st, suite 12, Dover NJ.

There will be a random drawing at 9:00 a.m. on Thursday, April 22, 2021, via zoom, to establish the waiting list, after which eligible applications received will be processed on a “first-come, first-served” basis. Applicants will be contacted in the order of the waiting list for the size and type unit for which they qualify. A Final Application requiring documentation of income, assets and family composition will be required when applicants are selected from the waiting list. Minimum and maximum income, credit standards, and other requirements will apply.

We look forward to receiving your application.

| Number of Bedrooms | Income Category | Monthly Rent | Minimum Income | MAXIMUM INCOME BY HOUSEHOLD SIZE | | | | | |
|--------------------|-----------------|---------------------|----------------|----------------------------------|----------|----------|----------|----------|----------|
| | | | | 1 Person | 2 Person | 3 Person | 4 Person | 5 Person | 6 Person |
| Studio | Low | \$792 | \$26,400 | \$36,928 | \$42,204 | N/A | N/A | N/A | N/A |
| One-Bedroom | Moderate | \$816— \$1,014 | \$27,200 | \$36,928 | \$42,204 | N/A | N/A | N/A | N/A |
| Three-Bedroom* | Moderate | \$1,082— \$1,356 | \$36,067 | N/A | N/A | \$75,967 | \$84,408 | \$91,160 | \$97,913 |

* Priority will be given to a household that requires three bedrooms.



This is an equal housing opportunity. Federal law prohibits discrimination against any person making application to buy or rent a home with regard to age, race, religion, national origin, sex, handicapped or familial status. State law prohibits discrimination on the basis of race, creed, color, national origin, ancestry, nationality, marital or domestic partnership or civil union status, familial status, sex, gender identity or expression, affectional or sexual orientation, disability, source of lawful income or source of lawful rent payment.

PRELIMINARY APPLICATION FOR 60 MAIN STREET, ROCKAWAY, NJ RENTAL HOUSING

A. Head of Household Information

| | |
|--------------------------|-------------------------|
| Last Name: _____ | Soc. Sec. No. _____ |
| First Name: _____ | Home Phone: _____ |
| Home Address: _____ | Work Phone: _____ |
| PO Box or Apt. No. _____ | County: _____ |
| City: _____ | State: _____ Zip: _____ |

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

| FULL NAME (First, Middle & Last) | Relation TO | Date of Birth | Sex | Gross Annual Income |
|---|-------------------|---------------|-----|---------------------|
| List everyone who will occupy the apartment | | | | |
| #1 | Head of Household | | | |
| #2 | | | | |
| #3 | | | | |
| #4 | | | | |
| #5 | | | | |
| #6 | | | | |

C. Assets (Bank Accounts, Cert. of Deposit, Mutual Funds, Real Estate, Etc. If you own the home in which you live, clearly indicate BOTH the market value and 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 | Interest Rate |
|---------------|-------------------------------|-------------------------|---------------|
| | | | % |
| | | | % |
| | | | % |
| | | | % |

D. Additional Information

Do you receive Section 8 Rental Assistance that will apply to the affordable apt.? _____

Do you PAY alimony and/or child support to someone outside the household? _____

E. Preferences

If you do, how much to you pay per month? \$ _____

No. of Bedrooms (limited by number in household):

Studio? One?
 Three?

Do you require a handicap-accessible unit? _____

F. Authorization & Certification (Must be signed by everyone over the age of 18.)

I(We) hereby authorize the Housing Partnership, their agents and/or employees to obtain information regarding the status of my(our) credit history 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 is 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: _____