



PRELIMINARY APPLICATION FOR RENTAL UNITS FOR THE HILLSBOROUGH TOWNSHIP AFFORDABLE HOUSING PROGRAM

DISCLOSURE

If you are interested in the Hillsborough Township affordable housing program, complete this application and return it to: CME Associates, 1460 Route 9 South, Howell, NJ 07731, Attn: Patty Gallagher.

1. Renters of Hillsborough Township Affordable Housing units must be Low and Moderate Income Families as determined by the New Jersey Affordable Housing guidelines. Proof of gross annual household income is required to assure that you are qualified. You must also demonstrate that your income is adequate to be able to afford and maintain the unit.
2. Affordable units must be occupied by the named renter and be used as your primary residence. Each renter shall certify in writing that he/she is renting the affordable unit for the express purpose of primary living quarters and for no other reason beyond what is allowable.
3. Renters of affordable units have the same rights, privileges, duties and obligations as any other renters in Hillsborough Township, with the exception of the restrictions in the Township of Hillsborough's Ordinances and Regulations pertaining to Low and Moderate Income Housing. Selection of participants in the Hillsborough Township Affordable Housing Program is made on the basis of income, family size and available units.

If you would like more information regarding rental units in Hillsborough Township, please contact CME Associates at pgallagher@cmeusa1.com or 732-462-7400.

To Be Eligible To Rent A Unit You Must Meet The Following Income Criteria:

HOUSEHOLD SIZE	VERY LOW INCOME*	LOW INCOME*	MODERATE INCOME*
1	\$24,843	\$41,504	\$66,248
2	\$28,392	\$47,320	\$75,712
3	\$31,941	\$53,235	\$85,176
4	\$35,490	\$59,150	\$94,640
5	\$38,329	\$63,882	\$102,211
6	\$41,168	\$68,614	\$109,782

The following application must be completed in full to be accepted and processed. This application is not transferable and original documentation must be submitted. Please call CME Associates at 732-462-7400 X 1030 if you have any questions regarding your application. Once

the application has been completed please return it via U.S. Mail (CME Associates 1460 Route 9 South, Howell, NJ 07731), email (pgallagher@cmeusa1.com) or fax (732-409-0756). **PLEASE DO NOT SEND ANY SUPPORTING DOCUMENTS WITH THIS APPLICATION.**

Once your application has been reviewed you will be notified of our preliminary determination of eligibility. **It is your responsibility to make sure that all information you provide this office is true and accurate.**

The information in this application and any other information required by the Township of Hillsborough will be kept confidential. No part of this application or your file will be given to any person, entity or business not related to the Township of Hillsborough, or their agents without your written request or consent.

“Family” includes **ALL** persons living in a single unit, whether or not they are related by blood, marriage or otherwise. The information required to complete this application includes information about all persons intending to reside in the unit. Only those families who have been certified by CME Associates and pass the credit check will be able to rent a unit.

You will need a good credit history and must satisfactorily pass the landlord’s credit screening. Applicants will need to have a credit check done in person and there is a non-refundable fee per application as well as a deposit that will be applied towards the security deposit if approved (if you are not approved your deposit will be returned to you). Each applicant will be considered in the overall credit worthiness of the application. **DO NOT SEND ANY FUNDS WITH THIS APPLICATION** – Fees and deposits are due when you are offered an affordable housing unit and made payable directly to the management company.

If you are offered an apartment, please be aware that a lease is usually required to be signed within two (2) weeks of the offer. First month’s rent and a month security will be required **AT THAT TIME**.

One (1) pet (not in excess of 35 pounds) per unit is allowed. There is a non-refundable pet fee and an additional per month pet rental charge. All tenants with a pet must sign and agree to terms in the Pet Addendum. Copy of the Pet Addendum can be obtained from the leasing office by calling 908-431-0608.

The Disclosure Statement is part of this application. Please read the Statement for important information. You may wish to consult with an attorney of your choice with respect to the Disclosure Statement, the Affordable Housing Plan or the Application for Certification.

Your income certification qualifies you to rent an affordable housing unit in, that may become available to rent in your specific category. Your category is determined by your income and household size. You will be given information on units currently for rent when you are determined to be income eligible by CME Associates.

Priority selection for the affordable rental units may need to be made through a random selection process (lottery). A random selection is held whenever there are more eligible applicants than units available. Only income certified applicants that filled out a credit application, paid the credit check fee and have passed the credit check will be included in the random selection process. If there are no affordable rental units available in your category at the time you apply, then you will be placed on a waiting list.

REGIONAL PREFERENCE: Households living and/or working in the West Central housing Region, Group 3 (Hunterdon, Somerset and Middlesex counties) may receive preference for the affordable housing units in Hillsborough Township. You must document proof of residence or employment in this region. Please photocopy and attach a driver's license, voter registration card, utility bill or pay stubs as documentation of where you live and/or work.

All adults who will be on the lease for an affordable rental unit must sign this Disclosure Statement.

Signature of Applicant

Signature of Co-Applicant

Date

Date

**PRELIMINARY APPLICATION FOR AFFORDABLE RENTAL UNIT IN
HILLSBOROUGH TOWNSHIP, NJ**

Complete the entire application. If a question does not apply to you or your household enter N/A.

DO NOT SEND ANY SUPPORTING DOCUMENTATION AT THIS TIME

1. Are you interested in applying for:
Brookhaven Lofts Sunnymeade Run Hillsborough Village Center

Please note that we are currently accepting applications for the waiting lists for both Brookhaven Lofts and Sunnymeade Run and that we are currently accepting applications for placement in the lottery to take place in the late spring of 2021 for Hillsborough Village Center.

2. **HOUSEHOLD COMPOSITION:**

Applicant:

Name: _____ Sex: M / F
Date of Birth: _____ Social Security Number: _____ - _____ - _____
Home Phone #: _____ Work Phone _____
Cell Phone #: _____ Email Address: _____
Current Address: _____
City: _____ State: _____ Zip Code _____ County _____
Mailing Address if Different: _____

Marital Status: Married ___ Single ___ Divorced ___ Separated ___

Co-Applicant:

Name: _____ Sex: M / F
Date of Birth: _____ Social Security Number: _____ - _____ - _____
Home Phone #: _____ Work Phone _____
Cell Phone #: _____ Email Address: _____
Current Address: _____
City: _____ State: _____ Zip Code _____ County _____
Mailing Address if Different: _____

Marital Status: Married ___ Single ___ Divorced ___ Separated ___

Please list anyone who will reside in this affordable housing unit:

NAME	RELATIONSHIP	GENDER	DATE OF BIRTH	FULL TIME STUDENT

FOR STATISTICAL PURPOSES: Please indicate your racial/ethnic group below:

- Native
- Indian
- Alaskan
- Native
- Other
- White/Non-Hispanic
- Hispanic
- Hispanic
- White
- Hispanic
- Black
- Hispanic
- White
- Asian
- American
- African
- American

PLEASE RESPOND TO THE FOLLOWING:

Do you own your own home? Yes or No

If yes, how much do you pay a month for mortgage? _____

Do you currently rent? Yes or No

If yes, how much do you pay a month for rent? _____

Do you currently receive Section 8 Rental Assistance that will apply to the affordable housing unit? _____

Number of bedrooms required (limited by number of members in household)? _____

Do you require a handicap accessible unit? Yes or No

Other applicable information/comments or special details above your household situation:

3. EMPLOYMENT INFORMATION:

Please provide information for **ALL** household members who receive income from present employment and is 18 years of age or older (also include any part-time employment). Use additional pages if more than three household members have employment income.

Household Member Name: _____

Employer Name: _____

Employer Address _____

County: _____

How Long at Current Job _____

Immediate Supervisor _____

Phone Number _____

Job Title _____

Household Member Name: _____
 Employer Name: _____
 Employer Address _____
 County: _____ How Long at Current Job _____
 Immediate Supervisor _____ Phone Number _____
 Job Title _____

4. INCOME INFORMATION:

Do you **PAY** alimony and/or child support to someone outside the household? Yes or No
 If yes, how much do you pay per month in alimony \$_____ child support \$_____
 Do you **RECEIVE** alimony and/or child support to someone outside the household? Yes or No
 If yes, how much do you receive per month in alimony \$_____ child support \$_____

5. INCOME SOURCES:

Please state the amount of your current annual projected gross income from each applicable source. Use additional pages if more than two adults have income:

Source of Income	Adult #1	Adult #2
Gross Salary/Wages		
Pension(s)		
Social Security		
Unemployment Compensation		
Child Support Received (added to income)		
Child Support Paid (deducted to income)		
Disability Payment		
Welfare		
Tips/Commissions		
Alimony		
Other		
Sub-Totals		

TOTAL OF ALL ADULT INCOMES: \$_____

6. OTHER INCOME/ASSET INFORMATION

Please list all checking and savings accounts, CDs, Money Market Funds, Mutual Funds and any other assets held by financial institutions below, whether or not you gain any interest from them, for all household members.

Name & Address of Financial Institution	Account Number	Current Balance/Value	Projected Annual Interest Income

TOTAL PROJECTED INTEREST INCOME FROM THIS SECTION: _____

7. INVESTMENT INCOME

Please list all stocks, bonds and other sources of investment income:

Name of Assets	Number of Shares	Current /Value	Projected Annual Income

TOTAL PROJECTED INCOME FROM THIS SECTION: _____

Do you own a business or income producing real estate? Yes or No

Do you receive income/monies/rent receipts from this asset? Yes or No

If you own a business, what is the gross income and expenses (4 month average)

Do you have other sources of income Yes or No

Please Describe: _____

TOTAL HOUSEHOLD GROSS ANNUAL INCOME FROM ALL SOURCES: (combine sections 4, 5 and 6 of this application) _____

8. GENERAL

Do you own a home or other real estate: Yes or No

If yes, please describe below all real estate owned by and if applicable, any persons who shall occupy the unit. The difference will be treated as monetary value of asset and the imputed interest added to income. Applicants owning real estate must provide documentation of a market value appraisal and outstanding mortgage debt at the time of full application.

Will you be selling the home or renting it out? Please explain.

CERTIFICATION

I hereby certify that the above information concerning my family size, actual gross income as well as all other information contained herein is true and accurate to the best of my knowledge. I understand the CME Associates and the Township of Hillsborough are relying on this information to determine whether I qualify for an affordable housing unit.

I further certify that the copies of the documents attached to this application are true and accurate copies of the original documents.

I understand all documents submitted will become the property of Hillsborough Township and will not be returned.

I further certify that I intend to personally occupy the unit as my primary residence except for reasonable periods of vacations or illness. I know that it would be illegal to rent or sublet the unit. I understand that only the parties listed on this application may reside in the affordable housing unit.

I authorize CME Associates, the Township of Hillsborough and their agents to check for accuracy on any and all statements and representations made in this application. This may include calls to employers to verify income, contact banks, etc.

Signature of Applicant

Signature of Co-Applicant

Date

Date