### PRELIMINARY APPLICATION FOR AFFORDABLE HOUSING UNITS

# BOROUGH OF POINT PLEASANT – OCEAN COUNTY – NEW JERSEY <u>DISCLOSURE</u>

If you are interested in the Borough of Point Pleasant affordable housing program, complete this application and return it to: CME Associates, One Market Street, Camden, NJ 08102, Attn: Taurean Ford.

- Renters of the Borough of Point Pleasant Affordable Housing units must qualify as Low and Moderate income households as determined by the New Jersey Affordable Housing guidelines. Proof of gross annual household income is required to assure that you qualify. Each household must also demonstrate that the total household income is adequate to be able to afford and maintain the unit.
- 2. Affordable units must be occupied by the applicant household and be used as the primary residence. Each renter shall certify in writing that he/she is purchasing/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 owners in the Borough of Point Pleasant, with the exception of the restrictions in the Borough's Ordinances and Regulations pertaining to Low and Moderate Income Housing. Selection of participants in the Borough of Point Pleasant Affordable Housing Program is made on the basis of income, family size and available units.

### Income Limits are as follows:

HOUSEHOLD	VERY LOW	LOW	MODERATE
SIZE	INCOME*	INCOME*	INCOME*
1	\$21,649	\$36,082	\$57,732
2	\$24,742	\$41,237	\$65,979
3	\$27,835	\$46,392	\$74,226
4	\$30,928	\$51,546	\$82,474
5	\$33,402	\$55,670	\$89,072
6	\$35,876	\$59,794	\$95,670

The following application must be completed in full. This application is not transferable and original documentation must be submitted. Once the application has been completed please return it to CME Associates, One Market Street, Camden, NJ 08102 attention Taurean Ford (via email to tford@cmeusa1.com).

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

### BOROUGH OF POINT PLEASANT AFFORDABLE HOUSING APPLICATION

The information in this application and any other information required by the Borough of Point Pleasant 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 Borough of Point Pleasant, or their agents without your written request or consent.

A household includes <u>ALL</u> 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 households who have been certified by CME Associates and pass the credit check will be able to rent or purchase a unit.

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.

Priority selection for the affordable Purchase 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 will be included in the random selection process. If there are no affordable units available in your category at the time you apply, then you will be placed on a waiting list.

Signature of Applicant	Signature of Co-Applicant	
Date	Date	



### **INSTRUCTIONS:**

- 1) This is a Preliminary Application for affordable housing with CME Associates. It will be utilized to determine if you are generally eligible to be considered for an affordable unit. **NEITHER THIS APPLICATION NOR ANY NOTICE OF AVAILABILITY IS AN OFFER TO SELL OR RENT.**
- 2) This Preliminary Application IS NOT THE FINAL APPLICATION AND DOES NOT SATISFY YOUR APPLICATION REQUIREMENTS.
- 3) Please understand that the pricing rates for affordable housing are established and governed by Federal, State and / or municipal regulations. Although consideration is made for low-and moderatecategories of household incomes, sales and rental prices do not fluctuate on the basis of each individual applicant's income. Therefore, we cannot and do not guarantee that any home, for sale or rental, will be affordable to YOU or YOUR household.
- 4) After you have completed this application, sign it, detach it from these instructions and mail it directly to: CME Associates-One Market Street, Camden, NJ 08102 or scan and email to Taurean Ford at tford@cmeusa1.com.
- 5) Please allow at least two (2) weeks for your application to be processed. Once your application has been reviewed, you will be notified in writing regarding your **PRELIMINARY** eligibility status for the affordable housing program administrated by CME Associates.
- Once it has been determined that you are generally eligible to rent or purchase a "Low to Moderate-Income" affordable unit under the program, you will then be placed in a lottery drawing with other prequalified applicants. When a unit is available that meets your income category and appropriate bedroom size you will be mailed a complete application package. Once your application package and all supporting documentation has been submitted and reviewed for program eligibility and you are deemed qualified for the available unit, you will be notified and referred to the seller/developer to negotiate a contract in the case of a for-sale unit or the rental agent for a rental unit.
- 7) Annual Income includes, but is not limited to, salary or wages, alimony, child support, social security 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 of all household members. The household's total gross annual income cannot exceed program guidelines.
- 8) 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), which cannot exceed the COAH 2019 Region 4 real property asset limits.
- 9) Purchase applicants are strongly encouraged to complete a HUD homebuyer workshop in order to purchase an affordable housing unit.
- Preliminary waiting list applicants will be required to submit updates in order to remain on the list. If any applicant fails to respond to an update notice they will be removed off of the waiting list immediately and will be required to re-apply in order to get back on the waiting list, no exceptions. Applicants who are no longer eligible to remain on the list will be notified in writing.

### **Preliminary Application for Affordable Housing**

## Borough of Point Pleasant Ocean County, NJ

Presently Available: $\Box$ The Blut	ffs at Point F	Pleasant	
☐ To be c	onsidered fo	or future affordable hou	sing units
I am interested in the <b>Purchase</b> I am interested in the <b>Rental</b> [ <b>Check all that apply regardless of a</b> 1. <b>HOUSEHOLD COMPOS</b>	of an aff vailability	<u> </u>	
Name:			Sex: M / F
Date of Birth:		Social Security Num	ber:
Home phone:		Work phone:	
Cell phone:		Email:	
Current address:			
City:		State:	Zip code:
Mailing address if different:			
Marital status: Married	Single _	Divorced	Separated
Co-Applicant:			
Name:			Sex: M / F
Date of Birth:		Social Security Num	ber:
Home phone:		Work phone:	
Cell phone:		Email:	
Current address:			
City:		State:	Zip code:
Mailing address if different:			
Marital status: Married	Single	Divorced	Separated

### Please list all household members will reside in this home in the table below

Relationship	Gender	Date Of Birth	Full Time Student
	Relationship	Relationship Gender	

PLEASE RESPOND TO THE FOLLOW	/ING:
Do you own your own home? Yes or N	0
If yes, how much do you pay a month fo	or mortgage?
Do you currently rent? Yes or No	
If yes, how much do you pay a month fo	or rent?
Do you currently receive Section 8 Pu unit?	rchase Assistance that will apply to the affordable housing
Number of bedrooms required?	
Do you require a handicap accessible ι	nit? Yes or No
Other applicable information/comments	or special details above your household situation:
2. EMPLOYMENT INFORMATION	I
employment for household member 18	sehold members who receive income from present years of age or older (also include any part-time nore than three household members have employment
Household Member Name:	
Employer Name:	
Employer Address	
County:	How Long at Current Job?
Immediate Supervisor	Phone Number ( ) -
Job Title	
Household Member Name:	

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Employer Name:		
Employer Address	Have Language Commo	nt lab 0
County: How Long at Current Job?  The mediate Supervisor Phone Number ( ) -		
Job Title	Filone Number (	) -
JOB THE		
Do you <b>RECEIVE</b> alimony and/or child	d support from someone outsic	de the household?
Yes or No		
If yes, how much do you receive per r	month in alimony \$	
	child support \$	
Do you PAY alimony and/or child sup	port to someone outside the ho	ousehold?
Yes or No		
If yes, how much do you pay per mon	th in alimony \$	
	child support \$	
3. INCOME SOURCES:		
3. INCOME SOURCES: Please state the amount of your curre source. Use additional pages if more		ome from each applicable
Please state the amount of your curre		ome from each applicable  Adult #2
Please state the amount of your curre source. Use additional pages if more	than two adults have income:	
Please state the amount of your curre source. Use additional pages if more  Source of Income	than two adults have income:	
Please state the amount of your curre source. Use additional pages if more  Source of Income  Gross Salary/Wages	than two adults have income:	
Please state the amount of your curre source. Use additional pages if more  Source of Income  Gross Salary/Wages  Pension(s)	than two adults have income:	
Please state the amount of your curre source. Use additional pages if more  Source of Income  Gross Salary/Wages  Pension(s)  Social Security  Unemployment Compensation  Child Support Received	than two adults have income:	
Please state the amount of your curre source. Use additional pages if more  Source of Income  Gross Salary/Wages  Pension(s)  Social Security  Unemployment Compensation  Child Support Received (added to income)	than two adults have income:	
Please state the amount of your curre source. Use additional pages if more  Source of Income  Gross Salary/Wages  Pension(s)  Social Security  Unemployment Compensation  Child Support Received (added to income)  Child Support Paid	than two adults have income:	
Please state the amount of your curre source. Use additional pages if more  Source of Income  Gross Salary/Wages  Pension(s)  Social Security  Unemployment Compensation  Child Support Received (added to income)  Child Support Paid (deducted from income)	than two adults have income:	
Please state the amount of your curre source. Use additional pages if more  Source of Income  Gross Salary/Wages  Pension(s)  Social Security  Unemployment Compensation  Child Support Received (added to income)  Child Support Paid	than two adults have income:	
Please state the amount of your curre source. Use additional pages if more  Source of Income  Gross Salary/Wages  Pension(s)  Social Security  Unemployment Compensation  Child Support Received (added to income)  Child Support Paid (deducted from income)  Disability Payment	than two adults have income:	
Please state the amount of your curre source. Use additional pages if more  Source of Income Gross Salary/Wages Pension(s) Social Security Unemployment Compensation Child Support Received (added to income) Child Support Paid (deducted from income) Disability Payment Welfare	than two adults have income:	
Please state the amount of your curre source. Use additional pages if more  Source of Income  Gross Salary/Wages  Pension(s)  Social Security  Unemployment Compensation  Child Support Received (added to income)  Child Support Paid (deducted from income)  Disability Payment  Welfare  Tips/Commissions	than two adults have income:	
Please state the amount of your curre source. Use additional pages if more  Source of Income Gross Salary/Wages Pension(s) Social Security Unemployment Compensation Child Support Received (added to income) Child Support Paid (deducted from income) Disability Payment Welfare Tips/Commissions Alimony	than two adults have income:	

TOTAL OF ALL ADULT INCOMES: \$\_\_\_\_\_

	Name & Address of Financial Institution	Account Number	Current Balance/Value	Projected Annual
		Account Number	Current Balance/Value	interest income
)	TAL PROJECTED INTE	REST INCOME FROM	THIS SECTION:	
	INVESTMENT INCO	ME		
Э	ase list all stocks, bonds	and other sources of i	nvestment income:	
	Name of Assets	Number of Shares	Current /Value	Projected Annual Income
)	TAL PROJECTED INCO	ME FROM THIS SEC	TION:	
	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, average	what is the gross incor	ne and expenses (4 mont	1
Do you have other sources of income Yes or No			Yes or No	
	Please Describe:			

#### 5. **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. Applicants owning real estate must provide documentation of a market value appraisal and outstanding mortgage debt. The difference will be treated as monetary value of asset and the imputed

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interest added to income. In addition to the appraisal, please provide copies of: the deed, most rece tax bill and latest mortgage statement.			
Will you be selling the home or renting it out? Please explain.			
	CERTIFICATION		
other information contained herein is tre	on concerning my family size, actual gross income as well as all ue and accurate to the best of my knowledge. I understand the Point Pleasant are relying on this information to determine ng unit.		
I further certify that the copies of the copies of the original documents.	documents attached to this application are true and accurate		
I understand all documents submitted not be returned.	will become the property of Borough of Point Pleasant and will		
reasonable periods of vacations or illne	onally occupy the unit as my primary residence except for ess. I know that it would be illegal to rent or sublet the unit. In this application may reside in the affordable housing unit.		
	gh of Point Pleasant and their agents to check for accuracy on tations made in this application. This may include calls tooks, etc.		
Signature of Applicant	Signature of Co-Applicant		
Date	 Date		

