



"We Help With Housing"

Donna Blaze
Chief Executive Officer

Preliminary Application

INSTRUCTIONS:

1. This is a Preliminary Application for rental housing with the Affordable Housing Alliance. It will be used to determine if you are eligible to be considered for an affordable rental unit. **THIS IS NOT THE FINAL APPLICATION AND DOES NOT SATISFY YOUR APPLICATION REQUIREMENTS.**
2. Please understand that the rental rates for affordable housing are established and governed by Federal, State and / or municipal regulations. Although consideration is made for low- and moderate- income households, rental rates do not fluctuate on the basis of household income. We cannot guarantee that any apartment, for rent, will be affordable to YOU or YOUR household.
3. **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. The household's total gross annual income cannot exceed program guidelines. These guidelines vary according to individual properties.
4. Once it has been determined that you are eligible to rent a unit, you will be mailed a complete application package when an apartment is available for you that meets your income category and/or appropriate bedroom size. When your completed application package and all supporting documentation has been submitted and reviewed for program eligibility you will be offered an available unit, if you meet the screening criteria (income/household size).
5. If you need assistance completing this application, please contact the Alliance at (732) 542-1482.
6. After you have completed this application, sign it, detach it from these instructions and mail it directly to: **Affordable Housing Alliance 232 Highway 35 South Eatontown, NJ 07724.**
7. Please allow **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 the Alliance.



Rental Application For AHA Properties Only

Office Use Only: **DO NOT WRITE IN THIS BOX**

Date Received: _____ Time: _____

Application #: _____

A. Head of Household Information

Last Name: _____

Soc. Sec. No: _____ -- _____ -- _____

First Name: _____

Home Phone: () _____ -- _____

Home Address: _____

Work Phone: () _____ -- _____

Cell Phone: () _____ -- _____

Email Address: _____

Date of Birth: _____

PO Box or Apt. No.: _____

County: _____

City: _____

State: _____ Zip: _____

B. Household Composition & Income (ALL sources of income, including, but not limited to Salary, Dividends, Social Security, Pensions, Alimony, Business, Fellowships and support. DO NOT include income from Assets listed in Section C, or tuition awards.) The total number of persons in the Household is:

_____.

First Name Middle Initial, Last Name of <u>everyone</u> to occupy housing	Relation to	Full – time Student? Yes/No	Date of Birth	Sex	Gross Annual Income	Social Security Number
1.					\$	
2.					\$	
3.					\$	
4.					\$	
5.					\$	
6.					\$	
7.					\$	
8.					\$	
9.					\$	

C. Assets (Checking & Savings Accounts, CD's, Money Market, Real Estate, Etc.)

Type of Asset	Current Market Value of Asset	Estimated Annual Income	Annual Interest
1.	\$	\$	%
2.	\$	\$	%
3.	\$	\$	%
4.	\$	\$	%

D. Current Household Situation

Do you currently:

- Rent Own
- Other (specify) _____

E. Preferences

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

- One Two Three
- Do you require a handicap-accessible unit? _____

F. Areas of Interest

- Neptune Belford
- Oceanport Red Bank
- Keansburg Millstone
- Eatontown
- Highlands

G. Unit Style of Interest

- Apartment
- Single Family
- Condominium
- Manufactured Home
- Age Restricted 55 +
- Rooming House

H. Previous Rental History or Ownership History:

What is your current address? _____

How long have you lived here? _____

Reason for leaving? _____

Name, address and telephone number of your Present Landlord:

What was your previous address? _____

How long did you live there? _____

Reason for leaving? _____

Name, address and telephone number of your Previous Landlord:

I. Subsidy Information

Do you have a Section 8 Voucher? Yes No

Do you have another source of subsidy? If yes, please describe:

J. Current Employment History:

Head of Household

Employer Name:	Number of Years Employed:	Supervisor Name:	Supervisor Telephone Number:

Spouse or Co-Head of Household

Employer Name:	Number of Years Employed:	Supervisor Name:	Supervisor Telephone Number:

K. Important Information (Must be signed by head of household).

I hereby authorize the Affordable Housing Alliance and/or their employees to obtain information regarding the status of my (our) credit, perform a criminal background check 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, this application is null and void, and I (we) may be subjected to penalties imposed by law. This application is void, if submitted without the signature of the applicant(s).

Signed: _____ Date: _____

Signed: _____ Date: _____