

MOUNT LAUREL TOWNSHIP
PRE-QUALIFYING APPLICATION FOR LOW AND MODERATE INCOME HOUSING

Please read the instructions carefully and complete all questions on the application. The application will be used to pre-qualify potential owners and/or tenants of low/moderate income housing units in Mount Laurel Township. All section must be typed or printed in ink.

APPLICANT INFORMATION

Name of Primary Household Member		Social Security #	Date of Birth	Sex (M/F)
Current Street Address		Apt or Unit # or P.O. Box		
City	State	Zip	County	
Home Phone #	Work Phone #	Fax #	Cell Phone #	
Household Composition: Please list all other household members who will live in the unit other than yourself.				
NAME	RELATIONSHIP	SEX	DATE OF BIRTH	SOC. SEC. #
2.				
3.				
4.				
5.				
6.				
7.				

Marital Status of Primary Household Member (M/S/D/L/E)? _____
(M-married, S-single, D-divorced, L-legally separated, E-estranged)

Do you anticipate any changes to the household size in the next 12 months? Yes or No
If yes, explain: _____

Do you rent or own your home? ___Rent ___Own Other: _____

What is the total monthly charge for rent? _____ or mortgage? _____

Do you currently receive Section 8 Benefits? _____ Have you been approved for Section 8? _____

Do you require a first floor unit, because of a permanent disability? _____
(Please provide a Doctor's certification regarding your disability)

If pre-qualified, on which waiting list do you wish to be placed? ___Purchase ___Rental ___Both

GO TO THE NEXT PAGE - DO NOT WRITE BELOW THIS LINE

Total # of Household Members _____	Bedroom Size _____
Gross Annual Income _____	Median Income _____
Date Certified _____	% of Median _____
Certified Monthly Rent _____	Util. Allow. _____
Certified Monthly Purchase _____	

EMPLOYMENT INFORMATION

List employment information for each household member who is 18 years of age or older. If the individual is not currently employed, please state their current status as unemployed, disabled, retired, or full time student. If employed less than one (1) year with the current employer, please indicate previous employment information. This information shall be verified with the Verification of Employment form enclosed in this application.

Household Member Name _____ Job Title _____
Employer Name _____
Employer Address _____
Years/Months at Job _____ Full or Part Time? _____ Gross Weekly Salary \$ _____
Immediate Supervisor _____ Phone Number _____
Is this your current employer? _____ If not, give Hire Date: _____ End Date: _____

Household Member Name _____ Job Title _____
Employer Name _____
Employer Address _____
Years/Months at Job _____ Full or Part Time? _____ Gross Weekly Salary \$ _____
Immediate Supervisor _____ Phone Number _____
Is this your current employer? _____ If not, give Hire Date: _____ End Date: _____

Household Member Name _____ Job Title _____
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Household Member Name _____ Job Title _____
Employer Name _____
Employer Address _____
Years/Months at Job _____ Full or Part Time? _____ Gross Weekly Salary \$ _____
Immediate Supervisor _____ Phone Number _____
Is this your current employer? _____ If not, give Hire Date: _____ End Date: _____

ADDITIONAL INCOME INFORMATION

ALL INCOME INFORMATION FROM ALL SOURCES IS REQUIRED FOR EVERY HOUSEHOLD MEMBER WHO IS EIGHTEEN (18) YEARS OF AGE OR OLDER, INCLUDING BENEFIT OR SUPPORT FOR THE CARE OF MINOR CHILDREN. IF THE SITUATION DOES NOT APPLY, COMPLETE THE ANSWER WITH ZERO (0) OR N/A.

State the amount of additional income and how often it is received:

Pension: \$ _____ Disability \$ _____
 Social Security \$ _____ Welfare/AFDC \$ _____
 Unemployment \$ _____ Child Support \$ _____
 Alimony \$ _____ Other \$ _____

If you have minor children and do not receive child support, you must submit a signed and notarized affidavit form, or submit a copy of the court order for support and a statement from the appropriate enforcement agency stating that you are not currently receiving support with the date of the last payment received.

List all checking and savings accounts including CD's, money market funds, mutual funds, assets held by financial institutions, stocks, bonds, or any other assets. Please attach verification such as bank statements.

Financial Institution/Name of Asset	Account Number	Current Value	Interest/Dividend
If you do not have any accounts, please check here. _____			

Please answer the following questions. If the situation does not apply, complete the answer with zero (0) or N/A.

Do you currently own a home or have you sold a home within the last three (3) years? _____

Address of home: _____

If the home has already been sold, date of sale _____ Sale Price \$ _____
 Attach a copy of settlement sheet.

If you still own a home, list its current market value \$ _____
 Attach a copy of an appraisal or market analysis for the property.

What is the amount of outstanding mortgage or other liens? \$ _____ Equity \$ _____

If you still own a home, is this a rental property? _____

List any other property owned within the last three years: _____

Please list any other financial information necessary to accurately reflect your current income on a separate sheet of paper. If the preceding financial information does not include sufficient funds for a 5 % down payment on a purchase unit and the required closing costs, please list that information on a separate sheet of paper.

For the housing officer to verify all the information on the application, you must submit copies of the following documents:

1. Signed copies of the last three (3) years Federal Income Tax Returns, including W-2's and 1099's.
2. Copies of the three (3) most recent paycheck stubs for each family member employed and who is 18 years of age or older.
3. Proof of Pension, Social Security Benefits, Disability, Unemployment Compensation, Welfare, AFDC.
4. Proof of child support/alimony
5. Recent statements for all bank accounts, brokerage accounts, investments, etc.
6. Originals of Verification of Employment forms for all household members who are 18 years of age or older completed and signed by all employers.
7. Proof of any other income.

Any misrepresentation of information for the purpose of obtaining a low or moderate income unit is a violation of N.J.S.A. 2C:28-1-et.seq. and subject to the fines and penalties as permitted under ordinance 1987-36.

I hereby certify that the information provided herein is true and complete and that any misrepresentation of income or household size reported herein shall be cause for program disqualification. I also understand that this information is to be used only for determining my eligibility for a purchase or rental low or moderate income housing unit in Mt. Laurel Township in accordance with the restrictions and controls governing affordable housing. I further understand that pre-qualification does not guarantee me a housing unit under this program. I understand that a credit check and/or ability to obtain a mortgage will be necessary when a unit for which I qualify becomes available.

I further certify that the attached copies of the above described documents are true and accurate copies of the originals of such copies and do represent copies of the documents being requested.

Return the completed application to: Housing Officer, Mt. Laurel Township, 100 Mt. Laurel Rd., Mt. Laurel, NJ 08054

ALL PERSONS WHO ARE 18 YEARS OF AGE OR OLDER INCLUDED ON THIS APPLICATION MUST SIGN BELOW. ALL SIGNATURES MUST BE NOTARIZED BY A NOTARY PUBLIC.

Signed this _____ day of _____, 20_____.

Applicant

Applicant

Sworn and subscribed before me

this _____ day of _____, 20_____

Notary Public

REQUEST FOR
VERIFICATION OF EMPLOYMENT

INSTRUCTIONS

APPLICANT: Please complete Items 1 through 3. Forward this form to your employer so that they may complete Part II.

PART I - REQUEST

1. Name and Address of Applicant

2. Name and Address of Employer:

*Telephone: - -

*Telephone: - -

3. My signature below authorizes my employer to verify all information contained on this form.

Signature

Social Security # _____

PART II

EMPLOYER: Please complete the remainder of this form and forward it directly to: Housing Officer, Mt. Laurel Township, 100 Mt. Laurel Rd., Mt. Laurel, NJ 08054

4. Applicant's Date of Employment:

5. Present Position:

6A. Base Pay (Current)

\$ _____ Annual \$ _____ Hourly

\$ _____ Monthly \$ _____ Weekly

\$ _____ Other (Specify)

7. REMARKS: (If paid hourly, please indicate average hours worked each week during the current and past year.)

6B. EARNINGS

TYPE	YEAR TO DATE	PAST YEAR
BASE PAY	\$	\$
OVERTIME	\$	\$
COMMISSION	\$	\$
BONUS	\$	\$

SIGNATURE OF EMPLOYER:

TITLE:

DATE: