

**NOTICE OF DISCLOSURE STATEMENT & APPLICATION FOR AFFORDABLE RENTAL UNITS
AT WHISPERING HILLS APARTMENTS - WARREN TOWNSHIP, NJ**

If you are interested in the Warren Township affordable housing program, complete the six page application with all required documentation for your household and submit to:

Whispering Hills Rental Office, 775 Mountain Blvd, Suite 7, Watchung, NJ 07069

1. Renters of Warren Township Affordable Housing units must be Low and Moderate Income Households as determined by the NJ Council on Affordable Housing guidelines. Proof of monthly income, so that gross annual household income can be calculated, is required to assure an applicant household is qualified. Households must also demonstrate that their income is adequate to be able to afford and maintain the unit.
2. Affordable units must be occupied by the named applicants. Each renter/tenant shall certify in writing that he/she is renting the affordable unit for the express purpose of their primary residence 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 Warren Township with the exception of the restrictions in the Township of Warren's Ordinances and Regulations pertaining to Low and Moderate Income Housing. Selection of participants in the Warren Township Affordable Housing Program is made on the basis of income, household size and available units.

PLEASE NOTE: WHISPERING HILLS will allow a co-signer.

If you would like more information regarding rental units in Warren Township, please contact the Whispering Hills Rental Office at Chasbob@verizon.net or (908) 668-0284.

TO BE ELIGIBLE TO RENT A UNIT, YOU MUST MEET THE FOLLOWING INCOME CRITERIA:

HOUSEHOLD SIZE	LOW INCOME*	MODERATE INCOME*
1	\$36,750	\$58,800
2	\$42,000	\$67,200
3	\$47,250	\$75,600
4	\$52,500	\$84,000
5	\$56,700	\$90,720
6	\$60,900	\$97,440

*Maximum income limits per Household size and category. These limits were adopted on 5/14/14 and to date have not changed.

I have read the contents of this Notice of Disclosure Statement and I understand it. I know that I have an obligation to notify the Central Jersey Housing Resource Center (CJHRC) immediately (in writing) of any change in my household or household income. I know I, as well as any other member of my household who filed tax returns, must supply copies of my Federal and State Income Tax Returns for the last three years as well as any other required documentation. I know that all information must be completed on all pages of this application or "not applicable" will be written if it does not apply to my household. Failure to fully complete this application and submit the required documentation will result in the inability for it to be processed thus jeopardizing your household being offered an affordable apartment. I realize CJHRC may ask for additional information, if necessary. By signing this form, I give CJHRC the authority to verify all information contained in my application. **(All adults who will be on the lease must sign this page)**

SIGNATURE OF APPLICANT

SIGNATURE OF CO-APPLICANT

Date signed

Date signed

NOTICE OF DISCLOSURE STATEMENT & APPLICATION FOR AFFORDABLE RENTAL UNITS AT WHISPERING HILLS APARTMENTS WARREN TOWNSHIP, NJ - Continued

This application is not transferable and the original document must be submitted. Please call the Central Jersey Housing Resource Center (CJHRC) at (908) 704-9659 if you have any questions about this application. If your application is complete and you are qualified to rent an affordable unit, you will be contacted by CJRHC. **IT IS YOUR RESPONSIBILITY TO MAKE SURE THE INFORMATION PROVIDED IS TRUE AND ACCURATE.**

The information in this application and any other information required by the Township of Warren will be kept confidential. **NO PART OF THIS APPLICATION OR YOUR APPLICATION FILE WILL BE GIVEN TO ANY PERSON, ENTITY OR BUSINESS NOT RELATED TO THE TOWNSHIP OF WARREN, OR THEIR AGENTS, WITHOUT YOUR WRITTEN REQUEST OR CONSENT.**

“Household” includes all persons living in a single housekeeping unit whether or not they are related by blood, marriage or otherwise. **The information requested includes information about all persons intending to reside in the Unit.**

ONLY those households who have been certified by the Central Jersey Housing Resource Center and pass the credit check and landlord criteria will be able to rent an affordable unit.

The Disclosure Statement is a 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 to rent an affordable unit in Warren Township, Somerset County in the WHISPERING HILLS Apartment Complex qualifies you for affordable unit that may become available for 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 CJHRC. If no available units are available in your category at the time you apply, then you will be placed on a waiting list.

Priority selection for the affordable rental units may need to be made through a random selection process (lottery for units). A random selection is held whenever there are more eligible applicants than units available. Only valid and income certified applicants that complete and pass the landlord credit and other requirements will be included in the random selection process.

REGIONAL PREFERENCE: Those households that live or work in the West Central Housing Region, Group 3 (**Hunterdon, Somerset, and Middlesex counties**) may receive a preference for the affordable housing units in Warren Township. You must document proof of residence or employment in this region. Please photocopy and attach some form of valid government issued identification (driver’s license, municipal ID card, passport, pay stubs, etc.) of where you live and work.

(Please complete each line below. If it does not apply to you, write in “not applicable or n/a”)

1. HOUSEHOLD COMPOSITION:

Name of Household Member filling out this form: _____ Sex: M/F

Date of Birth: _____ Last 4 digits of Social Security Number: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone (): _____ Email Address: _____

Current Address: Street: _____

City: _____ State: _____ Zip Code: _____ County: _____

Mailing Address (if different) : _____

APPLICATION FOR WHISPERING HILLS AFFORDABLE RENTAL HOUSING – WARREN TOWNSHIP – Continued
HOUSEHOLD COMPOSITION (continued):

Name of Second Adult in household: _____
Date of Birth: _____ Last 4 digits of Social Security Number: _____
Home Phone () _____ Work Phone () _____
Cell Phone () _____ Email Address _____
Current Address: Street: _____
City: _____ State: _____ Zip Code: _____ County: _____
Mailing Address (if different) _____

Please list all household members, **excluding the person filling out the form**, who plan to live in the affordable unit:

Name	Relationship	Gender	Date of Birth	Age

Do you currently own a home or have a mortgage? _____ If yes what is your monthly mortgage payment? \$_____

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 the asset and the imputed interest added to income. In addition to the appraisal, please provide copies of: the deed, most recent tax bill and latest mortgage statement. Will you be selling the home or renting it out? This is a special situation. Speak to a CJHRC employee for further details.

Do you rent ? _____ What is your monthly rent? _____

How many people will live with you if you are offered a unit? _____ How many are under 18 years of age? _____

How many bedrooms will you need for your household? _____

How long have you lived at current address? _____

OTHER:

Other applicable information/comments or special details about your housing situation:

APPLICATION FOR WHISPERING HILLS AFFORDABLE RENTAL HOUSING – WARREN TOWNSHIP – Continued

2. EMPLOYMENT INFORMATION

Please provide information for each household member who receives income from present employment and is 18 years of age or over. (Also include any part-time employment) – Please attach another page if you need more room.

- 1. **Household Member Name** _____
 Employer Name _____
 Employer Address _____
 County: _____ How long at job? _____
 Immediate Supervisor _____ Phone Number _____
 What is Your Job Title? _____
- 2. **Household Member Name** _____
 Employer Name _____
 Employer Address _____
 County: _____ How long at job? _____
 Immediate Supervisor _____ Phone Number _____
 What is Your Job Title? _____
- 3. **Household Member Name** _____
 Employer Name _____
 Employer Address _____
 County: _____ How long at job? _____
 Immediate Supervisor _____ Phone Number _____
 What is Your Job Title? _____

3. THE FOLLOWING DOCUMENTS ARE REQUIRED WITH THIS APPLICATION:

Please submit separate income information for every household member who is 18 years of age or over and receives income of any kind.

- 1. **Copies** of State and Federal tax returns for the previous 3 years (do not send W-2's)
- 2. **Copies** of pay stubs (**4 current and consecutive**) and proof of income from all other sources.
- 3. **Copies** of **two** months current bank statements (**all pages**) from all accounts that you have. Statement must show name of account holder and institution name. Must have sufficient funds to cover first month rent and required security deposit at time of random selection/lottery or before landlord credit check.
- 4. **Documentation to confirm income from any other applicable sources:** Pension (4 statements or written proof from pension company), Social Security – recent benefit letter , Unemployment (need to see how much is awarded each month as well as how much is left in unemployment benefit for that person,
- 5. **Documentation to confirm the following possible sources of income:** Copies of Section 8 voucher, child support court documents, divorce decree or separation agreement and custody verification with signatures. If you get child support we need documentation/ proof of payments to count it as income. If you pay child support we need documentation/ proof of payments to deduct it from your gross income if you choose this option.
- 6. **Documentation to confirm interest income/proof of assets** – recent statements including IRA, savings bonds and other retirement accounts including 401K's
- 7. Any other source of income must be documented. Written proof is required.
- 8. **Circumstances when you need a notarized letter:** If you do not earn an income, did not file tax returns for one of the most recent 3 years, do not own a checking or savings account, if you are a full time student (over 18 years of age) we need a letter and proof of enrollment in school.

APPLICATION FOR WHISPERING HILLS AFFORDABLE RENTAL HOUSING – WARREN TOWNSHIP –
Continued

4. INCOME SOURCES

Please state the amount of your current monthly projected gross income from each applicable source. Use additional pages if more than three adults have income. Please use a separate income information section for **every household member who is 18 years of age or over and receives income of any kind.**

	<u>Adult #1</u> First Name _____	<u>Adult #2</u> First Name _____	<u>Adult #3</u> First Name _____
Monthly Gross Salary or Wages	\$ _____	\$ _____	\$ _____
Pension	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____	\$ _____
Child Support received (added to income)	\$ _____	\$ _____	\$ _____
Child Support paid (deducted from income)	\$ _____	\$ _____	\$ _____
Disability Payment	\$ _____	\$ _____	\$ _____
Welfare	\$ _____	\$ _____	\$ _____
Tips/Commissions/Self Employment Income	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____
Rental Income	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____
Sub-Totals	\$ _____	+ \$ _____	+ \$ _____

TOTAL OF ADULT MONTHLY INCOMES \$ _____ x 12 = \$ _____ annual Gross Income

5. OTHER INCOME/ASSET INFORMATION

Please list all **checking and savings accounts, CD's, 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. **We must receive the entire bank statement, all pages, blank or not.**

Name of Financial Institution	Account Number Last 4 Digits	Current Balance/Value	Projected Annual Interest Income

Total Projected Interest Income from this section: \$ _____

APPLICATION FOR WHISPERING HILLS AFFORDABLE RENTAL HOUSING – WARREN TOWNSHIP – Continued

6. Please list all stocks, bonds and all 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 _____ No _____

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

If you own a business, you may wish to request the “Self Employed Info Sheet from CJHRC.

What is the monthly gross income and expenses (provide at least the most current 4 months of data – usually a profit and loss statement dated and signed by a 3rd party) \$ _____

Do you have any other sources of income? If so, please describe: _____

7. FOR STATISTICAL PURPOSES: Please indicate your racial/ethnic group below by circling what applies to your household:

- Ethnicity of household:** Hispanic Not Hispanic
- Single Race:** American Indian/Alaskan Native Asian Black/African American
- Native Hawaiian or Other Pacific Islander White
- Multi-Race:**
 American Indian or Alaskan Native and White Asian and White Black or African American and White
 American Indian or Alaskan Native and Black/African American Other – Multi Race Choose not to Respond

CERTIFICATION

I hereby certify that the above information concerning my Household size, actual gross income as well as all other information contained herein is true and accurate to the best of my knowledge. I understand that CJHRC and the Township of Warren 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 originals of such documents. I understand this application with any and all documents submitted will become the property of Warren 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 and illnesses. 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 CJHRC, the Township of Warren 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 with banks, etc.

Signature of APPLICANT

Signature of CO-APPLICANT

Date signed

Date signed