

**APPLICATION  
FOR  
AFFORDABLE HOUSING  
IN THE**

**TOWNSHIP OF DELAWARE  
570 ROSEMONT RINGOES ROAD  
PO BOX 500  
SERGEANTSVILLE, NJ 08557  
609-397-3240 x 211**

**[WWW.DELAWARETWPNJ.ORG](http://WWW.DELAWARETWPNJ.ORG)  
AFFORDABLE HOUSING SERVICES**



**Please read the instructions on Page 3 carefully as incomplete applications will be returned.**

- **DO NOT SUBMIT YOUR APPLICATION UNLESS YOU CAN INCLUDE ALL** of the documentation requested on the page 4 application checklist **FOR EACH** household member over the age of 18 and personal identification for **ALL** household members.
- The only original documents that should be submitted are notarized letters.
- Pages 5 and 6, with page 6 notarized, of the application must be completed and submitted with the applicable documentation.
- Keep pages 1-4 for you records.
- Any missing items will delay the process and make you ineligible to be considered for units until all requirements are met.
- Only one application is required to apply for any or all Affordable Housing developments in Delaware Township. **DO NOT** submit multiple applications.
- Complete applications should be mailed to:  
Affordable Housing Services  
Delaware Township  
570 Rosemont Ringoes Rd, PO Box 500  
Sergeantsville, NJ 08557

Review and qualification of applications can take up to four weeks and are done on a first come, first serve basis. You will be contacted by mail after the review/qualification process by mail to advise of your status.

**All documents submitted will become the property of the Township and will not be returned.**

The information in this application and any other information required by the Township of Delaware will be kept in the strictest of confidence and will become the property of the Township.

NO PART OF THIS APPLICATION OR YOUR APPLICATION FILE WILL BE GIVEN TO ANY PERSON, ENTITY OR BUSINESS NOT RELATED TO THE TOWNSHIP OF DELAWARE OR THEIR AGENTS WITHOUT YOUR WRITTEN REQUEST OR CONSENT.

**COAH regulations contained in this application are subject to change.**



TOWNSHIP OF DELAWARE  
 AFFORDABLE HOUSING SERVICES  
 AFFORDABLE HOUSING APPLICATION

The New Jersey Fair Housing Act (P.L. 1985, c.222) was enacted by the State Legislature to increase the supply of Affordable Housing available to households whose total gross annual income fall below 80% of an authorized median income guideline.

Affordable Housing units are subject to price restrictions and occupancy eligibility standards for limited time periods. In nearly all instances, rents and resale prices will be controlled through a system of adjustment based on measured changes in median income levels. Households who buy or rent an affordable unit are required to use this unit as their primary residence.

All applications for Affordable Housing are accepted in accordance with any applicable equal housing opportunity law.

**Applicant Notification of Eligibility or Ineligibility**

Basic eligibility is determined by gross annual household income. Income includes, but is not limited to, salary or wages (including regular overtime), 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.

To be eligible to purchase or rent a unit, the Household must meet the following maximum household gross income criteria

Household Size	Low Income	Moderate Income
1	\$35,700	\$57,120
2	\$40,800	\$65,280
3	\$45,900	\$73,440
4	\$51,000	\$81,600
5	\$55,080	\$88,128
6	\$59,160	\$94,656

Households that are currently receiving welfare assistance, SSI, Social Security, other benefits or minimum wages are usually in a very low-income category that *is below 35%* of the median income. Although these households may be income qualified, most affordable housing units require a greater household income that can support an average rent or mortgage. *Therefore, it is unlikely that housing will be available from this program to these households.*

**Complete and accurate income information is essential.** Incomplete Applications will be returned. Within two to four weeks after receipt of your Application and required documentation, you will be notified by mail of your household’s qualification status. Following the initial Letter of Certification, households will not be contacted again until a unit is available.

**Certification**

If certified, your household will be placed on a waiting list (see below) until an Affordable Housing unit for your household size and income level becomes available. When a unit become available Affordable Housing Services will hold a random selection (lottery) from the waiting list of certified applications. The household first chosen will be given an opportunity to view the unit and come to an agreement with the owner/landlord. If an agreement is not reached within a specified period of time, the household that is selected second will be given an opportunity to view and purchase/rent the unit. This process will continue until the unit is sold/rented. If your household is chosen and you are not interested, we will go to the next household on the list, but when the next unit becomes available a new lottery will be held. Only those households that have received certification and are chosen by random selection will be referred to the seller or landlord for final consideration.

If there are no certified applications on the waiting list certified applicants will be referred to the seller/landlord on a first come, first serve basis.

**Waiting List**

Applications are only held for 180 days and may be renewed, in writing, one time for an additional 180 days. It is your responsibility to contact the Affordable Housing Services, in writing, if you would like your application to remain active. If the household income, household size, address, telephone number, employment, or any other facts change at any time, please inform Affordable Housing Services in writing of such changes, with additional proof as required.

Once a household is certified and placed on the waiting list it is not possible to predict if units that meet their housing needs within our guidelines will become available. Therefore, we cannot indicate to households when they may be contacted for housing.

- **Applicants seeking to purchase a home must be able to qualify for a mortgage and have the ability to make a minimum 5% down payment at the time of purchase.**
- **Applicants seeking to rent a unit must be able to make the required security deposit of up to one and one-half times the amount of one month's rent.**

NOTE: It is recommended that the estimated monthly housing cost for a unit (including principal, interest, taxes, homeowner and private mortgage insurance and condominium and homeowner association fees as applicable) should not exceed 33% of your household’s eligible monthly income.

**TOWNSHIP OF DELAWARE**  
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**AFFORDABLE HOUSING APPLICATION**

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There are two basic areas in which you will find affordable homes in Delaware Township.

**Wescott Preserve – Rental only**

Located on Raven Rock Road. This is a single family two bedroom home for qualified applicants with low to moderate incomes. No pets allowed, except any guide, service and/or working dog in use pursuant to the New Jersey Law Against Discrimination.

**The Hamlet – Six Rental Units**

Located on Route 604 in Sergeantsville. These are two 2-bedroom low income units, one 3-bedroom low income unit, two 2-bedroom moderate income and one 3-bedroom moderate income units set aside for qualified applicants. No pets allowed, except any guide, service and/or working dog in use pursuant to the New Jersey Law Against Discrimination.

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Generally, certified households will be referred to available units using the following guidelines for occupancy:

1. A maximum of two persons per bedroom.
2. Children not in same bedroom with parents.
3. Children of same sex in same bedroom.
4. Unrelated adults or persons of the opposite sex other than husband and wife in separate bedrooms.
5. Maximum utilization of available space.

Households fitting these guidelines will be given an opportunity to buy/rent prior to those who would under-occupy a unit.

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Certified applications are placed on a waiting list. When an Affordable Housing unit becomes available, Affordable Housing Services will hold a random selection (lottery) from certified applications. Please reference 'Certification' on page one for details.

*Please reference the guidelines on page one for income restrictions.*

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## Instructions for Completion of this Application

### Please Read Instructions Carefully

- If you find that you need extra space or wish to provide a more detailed explanation, use the reverse side of the application or additional paper. For instance, if you are disabled and require accessibility features in your housing unit, please add an explanation.
- **DO NOT** submit an application if your household is already enrolled on our Referral List or if you have sent an application to this office within the past two to four weeks. Submission of a duplicate form will DELAY processing.

If you are on the list and wish to change some information you gave previously, send a brief letter with your file number and social security number along with the new information.

- Provide the full name of the head of household; last name first, then first name and, middle initial, if any and domestic status. Provide your complete street address and apartment number, where applicable. Complete the city, state and zip code blocks. Identify the county in which you currently live. Fill in telephone number where you can be reached at home. Provide a mailing address such as a PO Box number if it is different from the home address. Fill in your Social Security number.
- List each household member who will occupy the unit *including yourself as head of household*. Name the relationship to you, such as: husband, wife, domestic partner, civil union partner, son, daughter, friend, mother, father, sister, brother and any unborn children. Give each date of birth, sex (M or F), whether a student, and an estimate of the current *gross annual income* from all sources (other than assets) such as: wages or salaries (including regular overtime), tips, alimony, child support, benefits and pensions for each family member 18 years of age and over. Complete, accurate and current income information is essential for an eligibility determination. If your household has more than eight members, please list on reverse side of application about each additional member. (Only in rare instances can households with more than six members be accommodated.)
- List all household assets, for each household member over the age of 18, by naming the type of asset, such as checking or savings account, certificate of deposit, stocks, bonds, business or real estate. Provide the current principal or market value, the estimated annual income and/or the current annual interest rate as it applies to each listed asset. **If you own a house, indicate the amount you expect to receive from the sale after paying off your mortgage at current market value.**
- Provide employer's name and address, for each household member over the age of 18. If receiving unemployment, welfare, social security, or disability, indicate this in the blocks provided for employer's name. Indicate full- or part-time employment. For additional employment information, use reverse side of application or add additional pages.
- Answer the questions about your present housing conditions.
- For statistical purposes only, we are requesting that you identify your racial or ethnic heritage.
- Please check the type of unit, either rental or purchase, for which you are applying. Indicate the number of bedrooms you would *prefer* to have in your unit. Households will be referred to available units using the guidelines on page 2. Households may request one additional bedroom due to health requirements with proof of need from a physician.
- Age-restricted apartments are available. You can be considered for the low-income, age restricted apartments if at least one member of your household is 62 years of age or older AND none under 18. If you are requesting preference for one of these units, you must submit proof of age for all household members showing that at least one member of your household is 62 years of age or older AND NONE are under the age of 18.
- Gather all of the documents requested on the Application Checklist, on page 4, for each household member over the age of 18. Only copies of each document will be accepted, except for notarized letters. Originals of notarized letters must be submitted.
- **Return pages 5 and 6 of this application with all of the documentation requested on the Application Checklist for each household member over the age of 18.**
- Please keep pages 1-4 for your records.
- Complete applications should be mailed to:  
Affordable Housing Services, Delaware Township, PO Box 500, Sergeantsville, NJ 08557.

**NOTE: APPLICATIONS WILL NOT BE ACCEPTED IF PAGE 6 IS NOT SIGNED AND NOTARIZED.**

**TOWNSHIP OF DELAWARE  
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**APPLICATION CHECKLIST**

To ensure that your application is complete and can be processed, please make sure you have included the following, required documentation. DO NOT SUBMIT ORIGINAL DOCUMENTS, except for notarized information, as they will not be returned. **Please submit only originals of all notarized letters, copies of notarized documents will not be accepted.**

**Note: For EVERY household member 18 years of age or older the documentation listed below is REQUIRED for the application to be considered.**

- Personal identification **for all household members**, i.e. **ONE of the following**: copy of driver’s license, passport, birth certificate, etc.
- Copies of Federal tax returns for three consecutive years 2010, 2009, 2008. If yes, please submit copies for each year (that is, Form 1040, **DO NOT send your W-2 forms**). *If no, a notarized letter must be submitted stating the year(s) not filed & the reason. (Copies can be obtained by calling 1-800-829-1040.)*
- Copies of State tax returns for three consecutive years 2010, 2009, 2008. If yes, please submit copies for each year. *If no, a notarized letter must be submitted stating the year(s) not filed & the reason. (Copies may be obtained at ‘www.state.nj.us/treasury taxation’ by filling out form #DCC1 under miscellaneous forms.)*

**The corresponding documentation for the items below must also be submitted, along with the above documents.**

- Yes  No Do you receive any income? If No, please submit a notarized letter stating the reason why.  
If Yes, is income received from any of the following sources:
  - Yes  No Full-time, part-time and/or seasonal employment. If yes, submit four current and consecutive pay stubs from each employer or a notarized letter from the employer on company letterhead detailing the length of your employment and anticipated gross annual income or the number of hours worked per week and the hourly wage.
  - Yes  No Self Employment. If yes, submit a current Certified Profit & Loss Statement and Balance Sheet.
  - Yes  No Pension. If yes, submit copies of four current and consecutive check stubs or a copy of the most recent benefits statement.
  - Yes  No Social Security and/or Disability. If yes, submit a copy of the most recent benefits statement.
  - Yes  No Unemployment compensation. If yes, submit a copy of the most recent benefits letter showing total benefit.
  - Yes  No Section 8 or other rental assistance. If yes, submit a copy of the voucher or other official documentation.
  - Yes  No Interest income from IRA’s, Savings Bonds or any other retirement accounts. If yes, submit copies of these documents.
  - Yes  No Alimony and/or child support. If yes, submit court documentation stating the amount and frequency of these payments AND a copy of the divorce/separation agreement with signatures.
  - Yes  No Income from rental properties. If yes, submit copies of four months of payments and copies of the leases for each property.
  - Yes  No Any other sources of income, i.e. worker’s compensation, military pay, etc. If yes, submit copies of payments received.
- Yes  No Do you have a checking account, savings account, money market, CD or any other accounts? **DO NOT submit on-line statements**. If yes, submit copies of three consecutive and current months/statements of all pages of each account(s) statement, whether interest bearing or not. (If a statement has 1 through 6 pages, copies of all 6 pages must be submitted.)  
If no, a notarized letter signed by you stating that you do not have any bank accounts must be submitted.
- Yes  No Do you have a minimum 5% down payment for a sale unit or the security deposit for a rental unit? If yes, submit proof of amount available or a notarized letter stating how amount will be obtained. If no, submit a notarized letter stating why.
- Yes  No Are you over 5 months pregnant? If yes, submit documentation from your physician confirming your due date.
- Yes  No Do you own a home or any other property? If yes, submit the following for each property owned:
  - A notarized letter indicating the amount of proceeds and how they will be distributed/used.
  - Copy of the deed
  - Copy of the current Tax Assessment card
  - Documentation indicating value of the property (i.e. market value appraisal); AND
  - Mortgage statement showing outstanding mortgage debt, if there is no mortgage on the property a notarized letter *must* be submitted stating so.
- Yes  No Are you divorced or separated? If yes, a copy of the divorce or separation agreement with signatures *must* be submitted.
- Yes  No Are you going through a divorce or separation? If yes, *a notarized letter signed by both parties* *must* be submitted stating circumstances.
- Yes  No Are you a single parent, remarried with custody of a child from a previous marriage or responsible for a child not your own? If yes, proof of custody of minor child(ren) must be submitted. Either court documentation with signatures or a notarized letter stating circumstances of minor child(ren).
- Yes  No Are you paying court ordered alimony and/or child support to another household? If yes, these payments will be excluded from the household income. Copies of the court documents stating the amount and frequency of these payments *must* be submitted.
- Yes  No Are you requesting an age-restricted unit? If yes, you must submit proof of age for all household members showing that at least one member of your household is 62 years of age or older AND NONE are under the age of 18.

**Please keep pages 1-4 for your records. Pages 5 and 6 must be completed, signed and notarized before being submitted.**



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**Head of Household Information**

<b>Applicant Name</b> (Last, First, MI) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____			<input type="checkbox"/> Married <input type="checkbox"/> Civil Union <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)			<b>Social Security Number</b>		<b>File Number</b> <i>(office use only)</i>	
<b>Home Address</b>						<b>Home Telephone</b>			
<b>City</b>				<b>State</b>	<b>Zip</b>		<b>County</b>		
Mailing Address (only if different from above)				<b>City</b>		<b>State</b>		<b>Zip</b>	

**Household Composition & Income**

Full name of <i>everyone</i> to occupy housing (including unborn children)	Relation to Head of Household	Date of Birth	Sex	Full-time student?	Gross annual income
1)	Head of Household				\$
2)					\$
3)					\$
4)					\$
5)					\$
6)					\$

**Assets** (Checking/Savings Accounts, CDs, Money Market, Real Estate, ...)

Type of Asset	Current Market Value of Asset	Annual Interest	Estimated Annual Income
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$

**Employment** (use reverse side for additional information)

Employer Name			
Mailing Address			
City:		State:	Zip:
Work Location (city or town)			
Years/months at this job	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Telephone	
Job Title	Yearly Salary		
Pay Periods: <input type="checkbox"/> weekly <input type="checkbox"/> bi weekly <input type="checkbox"/> monthly <input type="checkbox"/> bi-monthly <input type="checkbox"/> other			

**Present Housing Description**

Do you:  own  rent  live with family  other  
 Monthly Rent/Mortgage: \$ \_\_\_\_\_ month  
 Do you receive tenant based Section 8?  yes  no  
 Number of household members: Adults \_\_\_\_\_ Children \_\_\_\_\_  
 Is unit shared by more than your household?  yes  no  
 Number of bedrooms: \_\_\_\_\_  
 Do you have a private entrance?  yes  no  
 Do you have exclusive use of the bathroom?  yes  no  
 Do you have exclusive use of the kitchen?  yes  no

**For Statistical purposes only, please check the appropriate box:**

<input type="checkbox"/> White	<input type="checkbox"/> Native American
<input type="checkbox"/> Asian	<input type="checkbox"/> Handicapped/Disabled
<input type="checkbox"/> African American	<input type="checkbox"/> Age 62 and over
<input type="checkbox"/> Hispanic	<input type="checkbox"/> _____

**Do you wish to** (choose any): **# of bedrooms preferred:**

<input type="checkbox"/> Rent at Wescott Preserve	<input type="checkbox"/> 2 Bedrooms
<input type="checkbox"/> Rent at The Hamlet	<input type="checkbox"/> 2 Bedrooms
<input type="checkbox"/> Rent at The Hamlet	<input type="checkbox"/> 3 Bedrooms
<input type="checkbox"/>	

Are you requesting an age-restricted unit:  no  yes,  
*If yes, Proof of age must be submitted.(62 or older, no one under 18)*

Is every household member a permanent US Citizen?  yes  no

Detach and Return to: Affordable Housing Services // Township of Delaware // PO Box 500 // Sergeantsville, NJ 08557,  
 along with all of the documentation requested on the Application Checklist. Please save instructions for future reference.

**TOWNSHIP OF DELAWARE  
AFFORDABLE HOUSING SERVICES  
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**Additional Information (please add additional pages if needed)**

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**Summary of Disclosure Statement**

I/We, \_\_\_\_\_, am/are making this certificate, for my/our household, in connection with my/our certification to purchase/rent an Affordable Housing unit located in Delaware Township. I/We am/are aware, that if I/we am/are an Owner/Renter of any Affordable unit, I/we am/are subject to the requirements listed below as well as any others that may be added by the NJ Council of Affordable Housing (COAH) and/or the Township of Delaware.

1. I/We understand the Affordable Housing unit shall be utilized as my/our primary residence. Primary residence is defined as a unit wherein a household maintains continuing residence for no less than nine months of each calendar year.
2. I/We understand I/we cannot rent or sublet the Affordable unit to any other person, not even to a family member.
3. I/We understand I/we am/are not allowed to make any improvements to any Affordable unit unless they have been approved by the Affordable Housing Administrator.
4. As an Owner of an Affordable unit, I/we understand:
  - I/We cannot take out any loans of any kind secured by my Affordable unit unless I/we receive written consent from the Affordable Housing Administrator and that such requests must be made in writing. The total amount of mortgage loans that I/we am allowed to have is limited by law.
  - The price for which I/we can sell my/our Affordable unit is limited by law, and that the Affordable unit shall not be resold at a sales price that exceeds the initial sales price for the unit (base price) plus a restricted increase based on the percentage of change approved by COAH.
  - Home improvements of Affordable Housing units shall be made at the owner's expense. Owners must obtain written approval from the Affordable Housing Administrator to qualify for a resale price adjustment.
  - The restrictions imposed on an Affordable Housing unit will be contained in an Affordable Housing Agreement, which I/we will sign as the Owner(s) and will be recorded with the deed in the Hunterdon County Clerks office.

- I/We understand that as a Purchaser of an Affordable unit I/we will be required to sign a repayment mortgage and note that obligates me/us to repay 95 percent of the difference between the fair market price and the restricted price that accrues to the unit during the restricted period. This payment is due at closing of the first resale of the unit if Delaware has elected to release the affordable unit from the restrictions. Delaware may elect to extend the controls for an additional period of time.
  - I/We understand the terms, restrictions and provisions of the Affordable Housing Agreement shall end: (1) at the first resale occurring after the ending date stated on the Affordable Housing Agreement on file for the individual unit provided Delaware does not elect to extend the restrictions for an additional period of time; or (2) on the date when a first purchase money mortgagee receives a judgment of foreclosure on a restricted sales unit.
5. As a Renter of an Affordable unit, I/we understand:
    - I/We am/are required to pay all rent set forth in my/our lease on time and in the manner proved for in my/our lease and that all renters of Affordable Housing rental units must have a signed lease with the owner for a minimum of one year. Leases may be for a time period that is longer than one year as long as the rent remains the same. Automatic rent increases will not be allowed during a long-term lease
    - The maximum rent I/we am/are supposed to pay to my/our landlord is limited by law and is announced each year by May 30th and that I/we can call Affordable Housing Services at any time if I/we have any questions about my rent.
    - The restrictions imposed on Affordable Housing rental units are contained in an Affordable Housing Agreement that is signed by the owner and is recorded with the deed in the Hunterdon County records office.
  6. I/We understand this is just a summary of the rules and regulations put forth by COAH and the Township of Delaware and that these rules and regulations are subject to change.
  7. **Finally, I/we know that if I/we break any of these rules I/we will be breaking the law, and that I/we will be subject to penalties provided by law, including having to pay fines and/or eviction/foreclosure.**

I, \_\_\_\_\_, a Notary Public in the State of \_\_\_\_\_, County of \_\_\_\_\_, do hereby certify that the above named party(ies) appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Commission Expires

\_\_\_\_\_  
Applicant 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant 2

\_\_\_\_\_  
Date

**VOID IF NOT NOTARIZED**

**Please make sure that all of the documentation requested on the application checklist is enclosed for each household member over the age of 18.**

