



OFFICE USE ONLY Date Received: _____ Time: _____ Application # _____

3535 Route 66 Parkway 100 Complex Building 4 Neptune, NJ 07753
 Phone: (732) 389-2958 Fax: (732) 922-4100

Preliminary Rental Application for Affordable Housing Program

A. Head of Household Information

Last Name: _____	Social Security # _____
First Name: _____	Home Phone _____
Home Address: _____	Work/Cell Phone _____
P.O. Box or Apt. # _____	County: _____
City: _____	State _____ Zip Code _____
Email Address _____	

B. Composition & Income (ALL sources of income, including but not limited to Salary, Dividends, Social Security, Pensions, Alimony, Unemployment Benefits, 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 and Last Name of <i>everyone</i> in your household	Relationship	Full Time Student (Yes/ No)	Date of Birth	Sex	Gross Annual Income	Social Security Number
1.					\$	
2.					\$	
3.					\$	
4.					\$	
5.					\$	
6.					\$	
7.					\$	
8.					\$	

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 Status

Do you currently:
 _____ Rent _____ Own
 _____ Other (specify) _____

E. Preferences

of bedrooms (limited by # in household)
 _____ One _____ Two _____ Three _____ Four

Do you require a handicap-accessible unit? _____ Yes _____ No
 Do you require a handicapped-accessible unit on the first floor only? _____ Yes _____ No

F. Please indicate which facility you are applying for. You may apply for more than one, but do not write in any area other than those listed. The properties on this application are the only ones that you may indicate.

Properties Owned and Managed by the Affordable Housing Alliance

- Carver Inn Apartments (must be 55+) – Efficiencies and 1 Bedrooms**
312 Myrtle Avenue, Neptune
- Beacon Place Condominium – 1, 2, 3 Bedroom units**
Highway 36, Belford (Middletown)
- Monmouth Highland Apartments – 1 Bedroom units**
37 Navesink Avenue (Highway 36), Highlands
- Viking House – Single Room Occupancy (shared baths, all utilities included, furnished)**
109 Main Street, Keansburg
- Millstone House – Single Room Occupancy (shared baths, all utilities included, furnished)**
25 Burnt Tavern Road, Millstone Twp. (Clarksburg)
- Allen House – (must be 62+) – 1 Bedrooms**
477 Stagecoach Road, Millstone Twp. (Clarksburg)
- Park Road Apartments – 2 Bedroom Townhomes**
615 Park Avenue, Port Monmouth (Middletown)
- Single Family Home – 2 Bedrooms**
6 Novad Court, Millstone Twp. (Clarksburg)
- Oceanport Manor I and II – 1, 2 and 3 Bedrooms**
25 Main Street, Oceanport
- Grandview Apartments – 1, 2 and 3 Bedrooms**
104 Carr Avenue, Keansburg
- Warren Avenue Apartments – 1, 2 and 3 bedrooms**
Warren Avenue, Spring Lake

Properties that the AHA is the Administrative Agent for:

- New Brunswick - Unity Square – 3 Bedroom Single Family Homes**
- Long Branch – Affordable Rentals (Scattered Sites) 3 Bedrooms**
- Atlantic Highlands – Affordable Rentals (Scattered Sites) 1, 2 and 3 Bedrooms**

2020 Minimum/Maximum income requirements (does not apply to Single Room Occupancy) for rentals:

Household Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Moderate	\$ 61,175	\$ 69,915	\$ 78,654	\$ 87,393	\$ 94,385	\$ 101,376	\$ 108,368	\$ 115,359
Very Low	\$ 22,941	\$ 26,218	\$ 29,495	\$ 32,772	\$ 35,394	\$ 38,016	\$ 40,638	\$ 43,260

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: _____

Have you ever evicted? Yes No

G. Subsidy Information

Do you have a Section 8 Voucher? Yes No

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

H. Current Employment History:

Head of Household

Employer Name	# of Yrs. Employed	Supervisor Name	Supervisor Telephone #

Spouse or Co-Head of Household

Employer Name	# of Yrs. Employed	Supervisor Name	Supervisor Telephone #

I. Important Information (Must be signed by every household member over the age of 18)

I hereby authorize the Affordable Housing Alliance and/or their employees to obtain information regarding the status of my /our credit 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. Void, if submitted without the signature of the applicant(s).

Signed: _____

Date: _____

Signed: _____

Date: _____

Signed: _____

Date: _____

**ATTENTION – ALL HOUSEHOLD MEMBERS OVER THE AGE OF 18
MUST COMPLETE THIS FORM (ADDITIONAL COPIES HAVE BEEN
ATTACHED)**

National Tenant Network

First Name: _____ **MI:** _____ **Last Name:** _____

Social Security # _____ **Date of Birth:** _____

Present Address: _____

How long have you lived at the address: _____

Former Address: _____

How long have you lived at this address: _____

Do you have a criminal record: **YES** or **NO**

If yes, where and when? _____

Have you ever lived out of state of New Jersey in the past 12 years? _____

I hereby grant the Affordable Housing Alliance the right to process this Credit Report Application for the purpose of obtaining a rental lease. In compliance with the fair credit reporting act, this notice is to inform you that the processing of this application includes but is not limited to making inquiries deemed necessary to verify the accuracy of the information herein, including procuring information from consumer reporting agencies, obtaining credit information from other credit institutions and criminal background checks from appropriate law enforcement and additional information about the nature of this investigation. The undersigned agrees that this application shall remain the property of the apartment complex landlord, regardless if the rental lease is granted.

Applicant's Signature: _____ **Date:** _____

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MULTIPLE DWELLING REPORTING RULE TENANT/APPLICANT INQUIRY

The **New Jersey Law Against Discrimination**, *N.J.S.A. 10:5-1 to -49*, makes it unlawful to discriminate in the sale or rental of housing based on a person's race, creed, color, national origin, ancestry, nationality, affectional or sexual orientation, disability, gender, marital status, familial status (whether you have a child, a parent-child relationship with a minor, or you are pregnant), lawful source of income or rental subsidy used for rental payments

The **New Jersey Division on Civil Rights** is the State agency that is authorized to enforce the Law Against Discrimination. Under the Division's **Multiple Dwelling Reporting Rules**, *N.J.A.C. 13:10-1.1 to -2.6*, the Division requires landlords to collect and record information about applicants for apartment rentals and tenants in apartment complexes throughout New Jersey. The **Multiple Dwelling Reporting Rule** requires landlords to provide a summary of this information to the Division and to retain the information on this form. **The information is used to prevent and eliminate discrimination in housing.** Your cooperation in filling out this form will assist the Division in enforcing the Law Against Discrimination.

Please note that, although landlords must record certain information about the race and ethnicity of applicants and tenants, it is unlawful to record or ask applicants or tenants about other characteristics such as religion, gender, marital status or affectional or sexual orientation.

If you feel you have been denied housing or treated differently for one of the reasons listed above, you may contact the Division on Civil Rights at (609) 984-3138 for referral to a local Division office for additional information or assistance. Visit the Division on Civil Rights Web site at: www.NJCivilRights.org

Tenants/applicants: Fold & tear along dotted line and retain top portion for your records

MULTIPLE DWELLING REPORTING RULE TENANT/APPLICANT INQUIRY

If the tenant/applicant chooses not to complete this form, the landlord or the landlord's representative is required to conduct a visual observation of the tenant or applicant and then complete this form as accurately as possible.

This form is not intended to be a part of the rental application process and must be kept separate and apart from rental records.

Tenant Applicant Name: _____

Address: _____

City: _____ State: _____ Zip code: _____ Phone Number: _____

Race/Ethnicity: Please check all that apply to leaseholders (tenants) or applicants.

- Black or African American:** a person having origins in any of the original peoples of Africa
- Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish origin or culture, or a person having a Spanish surname
- Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- American Indian or Alaska Native:** a person having origins in any of the original peoples of North or South America
- Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White or Caucasian:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Date: _____ Completed by: **Tenant Applicant Landlord**

If you have any questions regarding this inquiry please contact the Division on Civil Rights, Multiple Dwelling Unit at 609-984-3138 between the hours of 9:00 to 5:00 Monday through Friday, or e-mail the MDRR unit at DCRMDRR@njcivilrights.org DCR/HIU/MDRR/LS2005