

LAKEWOOD TOWNSHIP AFFORDABLE HOUSING

March 5, 2020

Dear Applicant:

The Mayor and Township Committee of Lakewood and NJ Hand are pleased to announce that applications will be accepted for the affordable, for-sale housing units available at the “Lakewood Commons” development phases V, VI and VII. The price of the units has not been finalized. Previous prices have been between \$169,146 and \$299,000 and contain three (3) or four (4) bedroom units.

You must meet household size, income and asset limits. Please see the chart on page two of the application. The requirements for these units are as follows:

- Must be a First Time Homebuyer.
- Must meet household size, income and asset guidelines.
- Must be willing and able to purchase a unit.
- Must provide a deposit and obtain a commitment for financing upon selection
- Deed restrictions are placed on each unit.
- Unit must be used as only residence.
- Preference will be given to Mercer, Monmouth and Ocean County residents and workers.
- If selected, every adult household member (over age 18) will be required to submit to a civil and criminal background check.

These units will be filled based on a lottery system. *

The Affordable Housing Program is being administered by the Township’s Housing Administrative Agent, Rehabco, Inc. Rehabco will make applications available beginning March 9, 2020 through May 7, 2020. Applications will be made available at Lakewood Town Hall at Township Clerk’s Office, Lakewood Resource and Referral Center (LRRC), on the Lakewood Township Website (www.lakewoodnj.gov) and Rehabco’s website (www.rehabconj.com). All applications will be reviewed for eligibility by Rehabco, Inc. and pre-certified eligible applicants will be sent a letter with their lottery number and an invitation to attend the public lottery drawing*. After the lottery, the final certification will be performed and the prospective owners will be required to secure financing on their own. Units are expected to be ready for occupancy December 2020.

Enclosed please find the application you requested. Carefully and legibly complete all sections of the application and send in copies of all required documentation. Please sign the application in ink.

The application with all required documentation can be: Hand Delivered to Lakewood Town Hall at Township Clerk’s Office, 2nd Floor OR can be mailed to Rehabco, Inc. (see application for more details.) NO LATER THAN May 7, 2020 (Please keep a copy of the application and a receipt of delivery for yourself.)

Only one (1) application will be accepted per household.

Do not hesitate to contact this office 732-477-7750 should you have any questions.

Thank you,
Rehabco, Inc.

**Lottery means a chance to purchase. If pre-certified as eligible, a numbered ball with your personally-issued number will be placed in a drum and drawn for a position to purchase a unit in your bedroom size and income level.*

LAKEWOOD TOWNSHIP AFFORDABLE HOUSING APPLICATION

Lakewood Commons- Phases V, VI & VII - 2020

Applicant Name: _____ Spouse/Partner Name _____

Street Address: _____

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

Home Phone: _____ Work Phone: _____ Ext.: _____

Mobile Phone: _____ e-mail: _____

Number of People in Household (existing) _____ Number of Males _____ Number of Females _____

Are you expecting a child? _____ * **A Doctor's Note on Dr's letterhead must be submitted WITH this application. Pregnancy notes or any other changes to family size WILL NOT be accepted after this application is submitted.**

Do you currently own or rent your residence in Monmouth, Ocean or Mercer County (check one)? Own Rent

If renting, please specify landlord name/address/phone number: _____

Do you intend to have any pets? _____ Any household member special needs? _____

THE FOLLOWING INFORMATION SHALL BE REQUIRED FOR ALL HOUSEHOLD MEMBERS:

Name _____ Birthdate _____ Gender _____ Name _____ Birthdate _____ Gender _____

Name _____ Birthdate _____ Gender _____ Name _____ Birthdate _____ Gender _____

Name _____ Birthdate _____ Gender _____ Name _____ Birthdate _____ Gender _____

Name _____ Birthdate _____ Gender _____ Name _____ Birthdate _____ Gender _____

Name _____ Birthdate _____ Gender _____ Name _____ Birthdate _____ Gender _____

Name _____ Birthdate _____ Gender _____ Name _____ Birthdate _____ Gender _____

***Pregnancy requires a Doctor's Verification. (If you already have a household of five or more, no Doctor's note is needed.)**

EMPLOYMENT INFORMATION:

Employer's Name: _____

Employer's Address: _____

Phone No. _____ Ext. _____. Yearly Salary \$ _____ No. Years at job _____

Spouse/Partner's Employer: _____

Employer's Address: _____

Phone No. _____ Ext. _____. Yearly Salary \$ _____ No. Years at job _____

OTHER HOUSEHOLD INCOME

Employer's Name _____ Salary _____

Employer's Name _____ Salary _____

Child Support _____

ASSETS (SAVINGS, CERTIFICATES OF DEPOSIT, REAL ESTATE, ETC. - Please use separate page if necessary

<u>Type of Asset</u>	<u>Current Market Value</u>	<u>Estimated Annual Asset Income</u>
A. _____	_____	_____
B. _____	_____	_____

Total Gross Household Income: _____

HOUSING INTERESTS

1- Number of bedrooms preferred? (3 and 4 only available) _____

2- Are you a first time homebuyer? Yes _____ No _____

WITH THIS APPLICATION YOU MUST INCLUDE A COPY OF YOUR YEAR 2018 1040 TAX RETURN.

-- APPLICATION CONTINUES ON NEXT PAGE --

Residency Note:

Applicants are required to have been residents of Ocean, Monmouth or Mercer County for at least six (6) months prior to March 9, 2020 in order to be given preference. Lottery winners must provide firm evidence, such as proof of enrollment in local schools, and utility or credit card bills prior to application submission.

Income Note:

Maximum Income Eligibility Criteria (Income Limits):

Family of Four: \$75,500

Family of Five: \$81,550

Family of Six: \$87,600

Family of Seven: \$93,650

Family of Eight: \$99,700

I hereby certify that the information provided herein is true and accurate to the best of my knowledge. I (we) further agree that the representation contained in this application and the required documentation relied upon by the Township and REHABCO Inc., in connection with its determination of my eligibility shall become part of the non-returnable application to include all documentation, that if found to be false or misleading will result in a termination of any signed contract of real estate. I permit Lakewood Township or its designee to verify all information contained in this application and will provide any information needed to determine eligibility.

I (we) certify that if approved for affordable housing in Lakewood Township, it will serve as my only residence. I also certify that I am a first time homeowner. I also certify that all income and other relevant data of all household members who will be occupying the unit have been fully disclosed herein. I (we) understand that in the event I (we) am selected by lottery all household members will be subject to a criminal and civil litigation background check by Lakewood Township, Rehabco, Inc., and/or NJ HAND, Inc. Based on this information and the applicable suitability and screening procedures, I (we) may be deemed ineligible to actually purchase a unit. I (we) hereby permit the staff of Rehabco Inc. to request, compile, review and obtain verification and /or documentation of any and all financial information which the program deems necessary to ascertain my eligibility for affordable housing. This may include but is not limited to federal income tax returns, social security and disability benefits, unemployment benefits, welfare, savings, and certificates of deposits, pension, assets, profit and loss statements, dividends and any interest bearing accounts.

Signature _____ **Print Name** _____ **DATE:** _____

NOTE: This application and all other information relating to this will be kept confidential under the Privacy Act of 1974.

The New Jersey Law Against Discrimination (LAD) prohibits discrimination when selling or renting property. It is it unlawful to refuse to rent, show or sell property based on a person's race, creed, color, national origin, nationality, ancestry, marital status, domestic partnership status, familial status, affectional or sexual orientation, sex, or mental and physical disability, including AIDS and HIV-related illness. We Do Business in Accordance With the Federal Fair Housing Law (The Fair Housing Amendments Act of 1988). It is Illegal to Discriminate Against Any Person Because of Race, Color, Religion, Sex, Handicap, Familial Status, or National Origin.

APPLICATION MUST BE POST MARKED NO LATER THAN May 7, 2020

Please retain proof of delivery and copies of all documents for your records.

Please return completed application to:

VIA MAIL or HAND DELIVER TO: **OR:**
Rehabco, Inc.
470 Mantoloking Rd
Brick, NJ 08723
(732) 477-7750

Between 10 am & 3 pm M-Th
10 am & 12pm Friday

Mail delivery confirmation or tracking
(No certified mail will be accepted)

HAND DELIVER TO:
Lakewood Town Hall
Township Clerk, 2nd Floor
231 Third Street
Lakewood, NJ 08701

(732) 364-2773
Between 9 am & 5 pm M-F

Request a receipt /acknowledgement upon delivery