

**PRELIMINARY APPLICATION
FOR
AFFORDABLE HOUSING UNITS FOR PURCHASE**

BARNEGAT TOWNSHIP – OCEAN COUNTY – NEW JERSEY

DISCLOSURE

If you are interested in the Barnegat Township affordable housing program, complete this application and return by mail to: CME Associates, 1460 Route 9 South, Howell, NJ 07731, Attn: Patty Gallagher; by email to pgallagher@cmeusa1.com or by fax 732-409-0756.

1. Buyers of Barnegat Township Affordable Housing units must qualify as Low or Moderate income households as determined by the New Jersey Affordable Housing guidelines. Proof of gross annual household income is required to assure that you qualify. Each household must also demonstrate that the total household income is adequate to be able to afford and maintain the unit.
2. Affordable units must be occupied by the applicant household and be used as their primary residence. Each buyer shall certify in writing that he/she is purchasing the affordable unit for the express purpose of primary living quarters and for no other reason beyond what is allowable.
3. Owners of affordable units have the same rights, privileges, duties and obligations as any other owners or renters in the Township of Barnegat, with the exception of the restrictions in the Township's Ordinances and Regulations pertaining to Low and Moderate Income Housing. Selection of participants in the Township of Barnegat Affordable Housing Program is made on the basis of income, family size and available units.

Income Limits are as follows:

HOUSEHOLD SIZE	VERY LOW INCOME*	LOW INCOME*	MODERATE INCOME*
1	\$25,749	\$42,915	\$68,665
2	\$29,428	\$49,046	\$78,474
3	\$33,106	\$55,177	\$88,283
4	\$36,785	\$61,308	\$98,092
5	\$39,727	\$66,212	\$105,940
6	\$42,670	\$71,117	\$113,787

**These are 2022 figures and may change annually.*

The following application must be completed in full. This application is not transferable and original documentation must be submitted. Once the application has been completed please return it to CME Associates, 1460 Route 9 South, Howell, NJ 07731, Attn: Patty Gallagher; by email to pgallagher@cmeusa1.com or by fax at 732-409-0756.

Once your application has been reviewed you will be notified of our determination of eligibility. **It is your responsibility to make sure that all information you provide to this office is true and accurate.**

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The information in this application and any other information required by the Township of Barnegat will be kept confidential. No part of this application or your file will be given to any person, entity or business not related to the Township of Barnegat, or their agents without your written request or consent.

A household includes **ALL** persons living in a single unit, whether or not they are related by blood, marriage or otherwise. The information required to complete this application includes information about all persons intending to reside in the unit. Only those households who have been certified by CME Associates and pass the credit check will be able to rent or purchase a unit.

The Disclosure Statement is 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.

Priority selection for the affordable Purchase units may need to be made through a random selection process (lottery). A random selection is held whenever there are more eligible applicants than units available. Only income certified applicants will be included in the random selection process. If there are no affordable units available in your category at the time you apply, then you will be placed on a waiting list.

Regional Preference: Households living and/or working in Region 4 (Ocean, Mercer, and Monmouth counties) shall receive preference for the affordable housing units in Barnegat Township.

Signature of Applicant

Signature of Co-Applicant

Date

Date



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AFFORDABLE HOUSING APPLICATION

INSTRUCTIONS:

- 1) This is a Preliminary Application for affordable housing with CME Associates. It will be utilized to determine if you are generally eligible to be considered for an affordable unit. **NEITHER THIS APPLICATION NOR ANY NOTICE OF AVAILABILITY IS AN OFFER TO SELL OR RENT.**
- 2) This Preliminary Application **IS NOT THE FINAL APPLICATION AND DOES NOT SATISFY YOUR APPLICATION REQUIREMENTS.**
- 3) Please understand that the pricing rates for affordable housing are established and governed by Federal, State and / or municipal regulations. Although consideration is made for low-and moderate-categories of household incomes, sales and rental prices do not fluctuate on the basis of each individual applicant's income. Therefore, we cannot and do not guarantee that any home, for sale or rental, will be affordable to YOU or YOUR household.
- 4) After you have completed this application, sign it, detach it from these instructions and mail it directly to: **CME Associates – 1460 Route 9 South, Howell, NJ 07731**, or scan and email to Patty Gallagher at pgallagher@cmeusa1.com.
- 5) Please allow at least two (2) weeks for your application to be processed. Once your application has been reviewed, you will be notified in writing regarding your **PRELIMINARY** eligibility status for the affordable housing program administrated by CME Associates.
- 6) Once it has been determined that you are generally eligible to rent or purchase a "**Very-Low, Low, or Moderate-Income**" affordable unit under the program, you will then be placed in a lottery drawing with other pre-qualified applicants. When a unit is available that meets your income category and appropriate bedroom size you will be mailed a complete application package. Once your application package and all supporting documentation has been submitted and reviewed for program eligibility and you are deemed qualified for the available unit, you will be notified and referred to the seller/developer to negotiate a contract in the case of a for-sale unit or the rental agent for a rental unit.
- 7) **Annual Income** includes, but is not limited to, salary or wages, 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 of all household members. The household's total gross annual income cannot exceed program guidelines.
- 8) If you own a home in which you are currently residing and which you intend to sell prior to living in an affordable home, compute your income from this asset by taking the market value of your home, subtracting any applicable broker fees AND the current outstanding principal of your mortgage, and multiply the balance by 2%. Income from other real estate holdings is determined by the actual income you receive from the asset (less expenses, but not less your mortgage payment), which cannot exceed the COAH 2021 Region 4 real property asset limits.
- 9) Purchase applicants are strongly encouraged to complete a HUD homebuyer workshop in order to purchase an affordable housing unit.
- 10) **Preliminary** waiting list applicants will be required to submit updates in order to remain on the list. If any applicant fails to respond to an update notice they will be removed off of the waiting list immediately and will be required to re-apply in order to get back on the waiting list, **no exceptions**. Applicants who are no longer eligible to remain on the list will be notified in writing.

Preliminary Application for Affordable Housing

Township of Barnegat Ocean County, NJ

Check all that apply regardless of availability

I am interested in an age restricted (55+) affordable unit

I am interested in an affordable housing unit (not age-restricted)

1. HOUSEHOLD COMPOSITION:

Name: _____ Sex: M / F
Date of Birth: _____ Social Security Number: _____
Home phone: _____ Work phone: _____
Cell phone: _____ Email: _____
Current address: _____
City: _____ State: _____ Zip code: _____
Mailing address if different: _____
Marital status: Married _____ Single _____ Divorced _____ Separated _____

Co-Applicant:

Name: _____ Sex: M / F
Date of Birth: _____ Social Security Number: _____
Home phone: _____ Work phone: _____
Cell phone: _____ Email: _____
Current address: _____
City: _____ State: _____ Zip code: _____
Mailing address if different: _____
Marital status: Married _____ Single _____ Divorced _____ Separated _____

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Please list all household members will reside in this home in the table below

Name	Relationship	Gender	Date Of Birth	Full Time Student

PLEASE RESPOND TO THE FOLLOWING:

Do you own your own home? Yes or No

If yes, how much do you pay a month for mortgage? _____

Do you currently rent? Yes or No

If yes, how much do you pay a month for rent? _____

Do you currently receive Section 8 Purchase Assistance that will apply to the affordable housing unit? _____

Number of bedrooms required? _____

Determined/limited by number of members in household

Do you require a handicap accessible unit? Yes or No

Other applicable information/comments or special details above your household situation:

2. EMPLOYMENT INFORMATION

Please provide information for **ALL** household members who receive income from present employment for household member 18 years of age or older (also include any part-time employment). Use additional pages if more than three household members have employment income.

Household Member Name: _____

Employer Name: _____

Employer Address _____

County: _____

How Long at Current Job? _____

Immediate Supervisor _____

Phone Number () - _____

Job Title _____

Household Member Name: _____

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Employer Name:	
Employer Address	
County:	How Long at Current Job?
Immediate Supervisor	Phone Number () -
Job Title	

Do you **RECEIVE** alimony and/or child support from someone outside the household?

Yes or No

If yes, how much do you receive per month in alimony \$ _____

child support \$ _____

Do you **PAY** alimony and/or child support to someone outside the household?

Yes or No

If yes, how much do you pay per month in alimony \$ _____

child support \$ _____

3. INCOME SOURCES:

Please state the amount of your current annual projected gross income from each applicable source. Use additional pages if more than two adults have income:

Source of Income	Adult #1	Adult #2
Gross Salary/Wages		
Pension(s)		
Social Security		
Unemployment Compensation		
Child Support Received (added to income)		
Child Support Paid (deducted from income)		
Disability Payment		
Welfare		
Tips/Commissions		
Alimony		
Other		
Sub-Totals		

TOTAL OF ALL ADULT INCOMES: \$ _____

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Name & Address of Financial Institution	Account Number	Current Balance/Value	Projected Annual Interest Income

TOTAL PROJECTED INTEREST INCOME FROM THIS SECTION: _____

4. INVESTMENT INCOME

Please list all stocks, bonds and 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 or No

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

If you own a business, what is the gross income and expenses (4 month average)

Do you have other sources of income Yes or No

Please Describe:

TOTAL HOUSEHOLD GROSS ANNUAL INCOME FROM ALL SOURCES: (combine sections 3, 4 and 5 of this application) _____

5. GENERAL

Do you own a home or other real estate: Yes or No

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 asset and the imputed

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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? Please explain.

CERTIFICATION

I hereby certify that the above information concerning my family size, actual gross income as well as all other information contained herein is true and accurate to the best of my knowledge. I understand the CME Associates and the Township of Barnegat 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 original documents.

I understand all documents submitted will become the property of Township of Barnegat 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 or illness. 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 CME Associates, the Township of Barnegat 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 banks, etc.

Signature of Applicant

Signature of Co-Applicant

Date

Date

