



**TOWN OF CLINTON**  
 INCORPORATED APRIL 5, 1865  
 43 Leigh St., P.O. Box 5194  
 Clinton, N.J. 08809-5194  
 (908) 735-8616 FAX (908) 735-8082

Dear Affordable Housing Applicant:

Thank you for inquiring about affordable housing within the Town of Clinton. We currently administer 44 sale and 2 rental units throughout the Town. However, we receive a greater number of applications than there are units available, so placement in a unit is often not immediate.

In order to be eligible for an affordable housing unit, you must meet certain income limits as determined by the New Jersey Council on Affordable Housing. Income limits are determined by region. Our housing units are located within Region III, which includes Hunterdon, Somerset and Middlesex counties. Income limits can vary from year to year and depend upon the number of persons in the household. The income limits for 2015 are:

# of Bedrooms	Income Category	Maximum Income 1 Person	Maximum Income 2 Persons	Maximum Income 3 Persons	Maximum Income 4 Persons	Maximum Income 5 Persons	Maximum Income 6 Persons
1	Low	\$36,750	\$42,000				
1	Moderate	\$58,800	\$67,200				
2	Low		\$42,000	\$47,250	\$52,500		
2	Moderate		\$67,200	\$75,600	\$84,000		
3	Low			\$47,250	\$52,500	\$56,700	\$60,900
3	Moderate			\$75,600	\$84,000	\$90,720	\$97,440

\*The maximum income is based on the total number of persons who will reside in the affordable home. Maximum Incomes are adjusted annually. All limits, terms and conditions are subject to change without notice.

**If you believe you fall within these income limits, fill out and submit this application for certification to our office.** If certified, you will be placed on our list of eligible buyers/renters. When a unit becomes available, we will consult the list of eligible buyers/renters based on your current ranking. If the first person on the list is interested, they will have the first opportunity to purchase/rent the unit in question. If they are not interested, or no longer eligible, we will go to the next person on the list, and so on and so forth. It should be noted that if you are interested in purchasing an available unit you will be required to obtain a mortgage.

**Also, you must provide all the applicable documentation listed on the attached checklist. We need this information to verify your income and household size.**

Please remember that all applications and documents are held in the strictest confidence. If you have any further questions please contact the Affordable Housing Administrator, Richard Phelan at 908-735-8616.

**APPLICATION FOR CERTIFICATION AS A QUALIFIED PURCHASE/RENTER**

Applicant Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ E-Mail \_\_\_\_\_

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

1. Do you wish to rent or purchase? **(SELECT 1 ONLY)**      \_\_\_\_\_ rent      \_\_\_\_\_ purchase
2. List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head.

#	MEMBERS FULL NAME	RELATION	BIRTH DATE (MM/DD/YYYY)	SEX	SOCIAL SECURITY #
1		<b>Applicant</b>			
2					
3					
4					
5					
6					

3. Does anyone live with you now who is not listed above:    Yes \_\_\_\_\_    No \_\_\_\_\_

4. Do you expect a change in your household composition?    Yes \_\_\_\_\_    No \_\_\_\_\_  
**(Explain if you answered “Yes” to either questions)**

\_\_\_\_\_

\_\_\_\_\_

5. Please identify any special housing needs.

\_\_\_\_\_

\_\_\_\_\_

6. Number of bedrooms requested based on family composition: \_\_\_\_\_

## INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each “Yes”, provide details in the charts below.  
Does **any** member of your household:

1.	Work full-time, part-time or seasonally?	Yes		No	
2.	Expect to work for any period during the next year?	Yes		No	
3.	Work for someone who pays you cash?	Yes		No	
4.	Expect a leave of absence from work due to lay-off, medical, maternity or military leave?	Yes		No	
5.	Now receive or expect to receive unemployment benefits?	Yes		No	
6.	Now receive or expect to receive child support?	Yes		No	
7.	Entitled to child support that he/she is not now receiving?	Yes		No	
8.	Now receive or expect to receive alimony?	Yes		No	
9.	Have an entitlement to receive alimony that is not currently being received?	Yes		No	
10.	Now receive or expect to receive public assistance (welfare)?	Yes		No	
11.	Now receive or expect to receive Social Security or disability benefits?	Yes		No	
12.	Now receive or expect to receive income from a pension or annuity?	Yes		No	
13.	Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?	Yes		No	
14.	Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds or income from rental property?	Yes		No	
15.	Own real estate or any assets for which you receive no income (checking account, cash)?	Yes		No	
16.	If you own a home, do you maintain a mortgage on the property?	Yes		No	
17.	Have you sold or given away real property or other assets (including cash) in the past two years?	Yes		No	
18.	Are you responsible for paying child support or alimony? This amount will be deducted from your total annual income. Amount Paid Monthly: \$	Yes		No	

<b>MEMBER #</b>	<b>SOURCE OF INCOME / TYPE OF INCOME</b>	<b>TOTAL GROSS ANNUAL INCOME</b>
1		
2		
3		
4		
5		
6		

**ASSETS**

1. List all checking and savings accounts (including IRAs, Keogh accounts, and Certificate of Deposit) of all household members.

<b>MEMBER #</b>	<b>BANK NAME</b>	<b>TYPE OF ACCOUNT</b>	<b>ACCOUNT NUMBER</b>	<b>BALANCE</b>
1				
2				
3				
4				
5				
6				

1. List all stocks, bonds, trusts, pensions, or other assets, including a house, and their value, owned by any household member.

<b>MEMBER #</b>	<b>TYPE OF ASSETS(S)</b>	<b>OWNER OF ASSET(S)</b>	<b>TOTAL VALUE OF ASSET(S)</b>
1			
2			
3			
4			

5			
6			

2. List any assets disposed of for less than their fair market value during the past two years:

MEMBER #	ASSETS(S) DISPOSED OF	TOTAL VALUE OF ASSET(S)
1		
2		
3		
4		
5		
6		

**PREVIOUS RENTAL HISTORY OR OWNERSHIP HISTORY**

Name and address of your <b>current</b> landlord or <b>current</b> address:			
Home #		Work #	
Cell #		E-Mail	
How long have you lived here?			
Reason for leaving?			

Name and address of your <b>former</b> landlord or <b>former</b> address:			
Home #		Work #	
Cell #		E-Mail	
How long have you lived here?			
Reason for leaving?			

**EMPLOYMENT HISTORY**

Name and address of Head of Household's present employer:	
Supervisor's Name	
Number	
How long have you worked there?	

Name and address of spouse's or Co-Head of Household's present employer:	
Supervisor's Name	
Number	
How long have you worked there?	

The Town of Clinton has an Affirmative Fair Housing Market Plan and promotes the availability of housing to persons of low and moderate income regardless of the individual's race, sex, color, religion or national origin.

Information on sex and age will only be used to determine the number of bedrooms and the size of the unit required.

Statement of Confidentiality: The Town of Clinton is requesting that you fill out this application so that the Town's Affordable Housing Administrative Agent can verify that you are eligible to purchase/rent affordable housing in the Town of Clinton.

**THE INFORMATION IN THIS APPLICATION AND ANY OTHER INFORMATION BEING REQUESTED WILL BE KEPT IN STRICTEST CONFIDENCE IN ACCORDANCE WITH NEW JERSEY STATE LAW. NO PART OF THIS APPLICATION FILE WILL BE GIVEN TO ANY PERSON, ENTITY OR BUSINESS NOT RELATED TO THE TOWN OF CLINTON.**

**APPLICANT CERTIFICATION**

I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the the verification of all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law.

**(Must be signed by everyone over 17)**

Signed:		Date:	

**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.**



## **CHECKLIST OF REQUIRED DOCUMENTATION FOR ALL APPLICANTS**

**The following documentation (if it applies) must be provided so we can verify your income and household size.**

- Personal identification (Driver's License, passport, birth certificate, social security card, etc.)
- Checking - 6 months of statements
- Savings Account (CD's, IRA's, etc) statements and current interest rates
- Bonds
- Stocks
- Real Estate (total value minus any outstanding mortgage balance, closing costs, broker's fees, etc) and income from real estate or businesses.
- Four (4) most recent consecutive pay stubs for all employed household members
- Social Security: S.S. Computer Printout or Award Letter
- Pension Letter received from pension fund
- Verification of Temporary Assistance for Needy Families (TANF)
- Verification of Support (Child Support and/or Alimony)
- Verification of Military Pay
- Workers' Compensation - Letter from Workmen's Compensation.
- Verification of Unemployment Benefits
- 1040 Federal Tax Return (Both front and back) (last 3 years)
- State Tax Return (last 3 years)