

**Preliminary Application for Affordable Housing
Township of Morris, NJ**

administered by



This is a *preliminary* application for resale for an existing affordable housing unit in the Township of Morris.

Return completed form to: Housing Partnership, 2 East Blackwell Street, Suite 12, Dover, New Jersey 07801

Fee Simple Home Sales: The Housing Partnership maintains a list of candidates hoping to purchase an affordable housing re-sale in Morris Township. You may submit your name and information, and when a unit becomes available the names on the interested parties list will be drawn in random fashion to determine who is eligible to submit a completed application for the unit. Those already on the wait list prior to 2011 will be considered first.

Complete and mail this form to the above address if you are **at or below** the moderate income limits noted below so that we may make a preliminary determination of your qualifications.

<u>HH Size</u>	<u>Low Inc. Max*</u>	<u>Mod. Inc. Max*</u>	<u>HH Size</u>	<u>Low Inc. Max*</u>	<u>Mod. Inc. Max*</u>
1 person	\$30,735	\$49,176	4 persons	\$43,907	\$70,252
2 persons	\$35,126	\$56,201	5 persons	\$47,420	\$75,872
3 persons	\$39,517	\$63,226	6 persons	\$50,932	\$81,492

*New Jersey Council on Affordable Housing (COAH) Morris County Income limits as of April 2010 and are subject to yearly changes

1. Who will live in the unit:

<u>Name:</u>	<u>Sex</u>	<u>Age</u>	<u>Relat.</u>	<u>Name</u>	<u>Sex</u>	<u>Age</u>	<u>Relat.</u>
_____	_____	_____	self	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

A household member requires a first floor accessible unit and can provide medical documentation.

2. Total gross income for all people over age 18 who will live in unit:

2009 \$ _____ 2010 \$ _____ 2011 (projected) \$ _____

Funds Available for Down Payment and Closing

- None \$1,000 \$2500 \$5,000 \$6,000 or more
 I can get funds gifted to me and can provide documentation of same.

3. Please PRINT your contact information:

_____		_____	
First Name		Last Name	
_____		_____	_____
Street Address	City	State	Zip Code
_____	_____	_____	_____
Home Phone Number	Work / Cell Phone Number	email	
_____	_____	_____	
Employer's Name and Address		Years on the Job	PT or FT?
_____		_____	_____

I certify the information provided on this preliminary application is accurate. I will advise the Housing Partnership of any changes from this form as to mailing address, family members and financial changes that may affect my eligibility.

I understand that to submit a complete application I will need to pay a fee of \$35 and take home buyer education, Step by Step to Home Ownership, that will prepare me for home purchase. See www.housingpartnershipnj.org for a registration form. The two night workshop is presented monthly. Call 973-659-9222 for further information.

Signature: _____ **Date:** _____