



MONTVILLE TOWNSHIP AFFORDABLE HOUSING
PRELIMINARY APPLICATION

revised 5/19/25

Fill out and return completed **first page only** to:

Montville Township, Affordable Housing, 195 Changebridge Rd. Montville, NJ 07045
Questions? Contact the Affordable Housing Office at (973) 331-3340/973-334-0180 (FAX)
Email: housing@montvillenj.org

APPLICANT NAME: _____

CURRENT ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE: _____ Email address: _____ BIRTHDATE: _____

*** ALL INFORMATION PROVIDED IS CONFIDENTIAL**

My estimated income is at or below the guidelines noted below:

Household Size/Income Limit*	Low Income	Moderate Income
— 1 person -	\$47,400	\$75,840
— 2 people -	\$54,150	\$86,640
— 3 people -	\$60,900	\$97,440
— 4 people -	\$67,650	\$108,240
— 5 people -	\$73,100	\$116,960
— 6 people -	\$78,500	\$125,600

*income limits updated 05/19/25

Total income for **all** people who will live in unit:
2024 \$ _____ 2025: \$ _____ (estimate)

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.

#	NAME	RELATION (ie spouse, child, mother etc)	BIRTH DATE	SEX
1		Applicant		
2				
3				
4				
5				
6				

Do you wish to rent an apartment at Rachel Gardens? _____ Do you wish to purchase a condo unit? _____

Are you interested in a Senior Citizen unit at Briar Hill (55 and older one bedroom units only) **for purchase?** _____

Are you interested in a Senior Citizen unit at Longview (62 and older) **for purchase?** _____

*** To be in the Doremustown Lottery, you must apply by contacting them **Directly** at www.affordablehomesnewjersey.com

*** For Avalon Bay Rentals, you should apply by contacting them **Directly** at www.affordablehomesnewjersey.com

*** If interested in renting at Modera Montville, Towaco Village Center or Shops on Main, you should apply by Contacting them **Directly** at www.housingquest.com

C. Applicant's Signature - I understand this is preliminary information for listing purposes only and that this list is used to establish a certified waiting list for rental and fee simple affordable housing units.

Signature: _____ Dated: _____

* Your name will be listed based on income in the category marked.

*Do not file financial information or fee at this time & KEEP A COPY FOR YOUR RECORDS

MONTVILLE TOWNSHIP
AFFORDABLE HOUSING PROGRAM
GENERAL INFORMATION ~GUIDELINES ~INQUIRY REGISTRATION

*******PLACEMENT IN A UNIT IS NOT IMMEDIATE*******

WE RECEIVE A GREATER NUMBER OF APPLICATIONS THAN THERE ARE UNITS AVAILABLE

INCOME REQUIREMENTS

To qualify for low or moderate income, the family's total income from all sources *cannot exceed* the income shown on Page 1. Income includes, but is not limited to, salary, wages, unemployment compensation, social security, pensions, interest, dividends, child support, alimony, 5 ½% of all assets and investment property. 5 ½% of the net value of the investment property is included as income.

If you are successful in obtaining an affordable housing resale unit, you are required to comply with the Montville Township Housing Agreement and the Affordable Housing Rules and Regulations. An owner may sell the unit, but may not *sub-let or rent* the unit to anyone else. However, in order to retain the affordable housing characteristics of the unit, it must be sold to another eligible buyer. There is an appeal process of denial of a rental and/or affordable housing resale. Contact the Housing Director at (973) 331-3340 for further information.

THE FOLLOWING DEVELOPMENTS CONTAIN AFFORDABLE HOUSING COMPONENTS FOR PURCHASE

<u>DEVELOPMENTS</u>	<u>LOCATION</u>	<u>UNITS</u>
MONTVILLE CHASE	Changebridge Rd.	76
JADE MOUNTAIN	Route 202	22
HUNTING HILLS	Route 202	22
LONGVIEW*	Vreeland Ave.	113
BRIAR HILL**	Vreeland Ave	6

* Longview Affordable Housing consists of 24 non-age restricted units and 95 Age Restricted Units (you must be 62 years of age to apply for a Senior Unit)

** Briar Hill at Montville consists of 6 Age Restricted Units (you must be 55 years of age to apply).

RENTAL APARTMENTS LOCATED WITHIN RACHEL GARDENS – Please call direct for rent amounts – 973-882-9800

RENTAL APARTMENTS AT AVALON BAY – Please contact them Directly for rents www.affordablehomesnewjersey.com

RENTAL APARTMENTS AT MODERA MONTVILLE, TOWACO TRANSIT VILLAGE OR SHOPS ON MAIN - Please contact them Directly for rents www.housingquest.com

CONFIDENTIALITY

All information included in this preliminary application and any additional information requested will be kept in strict confidence, in accordance with any applicable law or any provision thereof. Any request for information relating to your application from sources other than those associated with the Housing Committee will not generally be honored without your written consent. All information acquired herein is to be used solely for the purpose of determining eligibility for affordable housing.

RENTALS When a vacancy becomes available, the MHC provides a list that is originated by a first come first served basis by date application is received and sends this certified order of names to Rachel Gardens. The Apartment Complex will contact each name listed in the order certified to set up an appointment at which time you will be requested to bring them your financial documents to verify income eligibility.

FOR-SALE UNIT - Only the top 15 applicants will be requested to file financial information to be pre-certified on the purchase lists. Review of these documents that will result in a formal certification indicating income and category eligibility according to the *Certification Review Process List*.

MONTVILLE TOWNSHIP
AFFORDABLE HOUSING PROGRAM
DOCUMENT SUBMISSION CHECKLIST
*** RESALES ONLY*** (DO NOT FILL OUT FOR RENTALS)

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

- ❖ A **\$250 processing fee** payable to Montville Township (not refundable). **RESALES ONLY DO NOT SUBMIT FOR RENTALS**

- ❖ Legible copies (**COPIES WILL NOT BE RETURNED**) of the following for each person who will live in the unit:

Personal identification (Driver's License, passport, *birth certificate (required for all family members)*, social security card, etc.)

- 6 months of statements for Checking & Savings Accounts (CD's, IRA's, etc); Bonds; Stocks
- Real Estate (total value minus any outstanding mortgage balance, closing costs, broker's fees, etc) and income from real estate or businesses. If applicant owns real estate with rental units, all leases and/or letters from tenants stating monthly rent. If applicant owns a home, an appraisal by a professional appraiser establishing the present value of any real estate holdings. Closing statements and/or contracts of sale on all real estate transactions occurring within the last two (2) years.
- (4) most recent consecutive pay stubs for all employed household members
- If self-employed, profit and loss statements and balance sheet showing current value of any owned business as well as income
- Complete Federal, and State income tax returns for the last three years, including all supporting schedules and attachments, such as W-2s, 1099s, dividend and interest statements.
- Social Security: S.S. Computer Printout or Award Letter
- Pension Letter received from pension fund
- Disability notices indicating type and amount of payments
- Verification of Support (Child Support and/or Alimony)
- Verification of Military Pay
- Workers' Compensation - Letter from Workmen's Compensation.
- Verification of Unemployment Benefits
- Birth certificates and/or other evidence of citizenship or guardianship for children under eighteen (18) residing with the Applicant.
- If divorced or legally separated, full Judgment of Divorce, court orders for support and maintenance or legal separation agreement. If currently married, both parties income must be considered.
- Current lease agreement; if not renting this office reserves the right to request additional information

I. HOUSEHOLD COMPOSITION

- Unless assistance is required, this form must be completed by the applicant/tenant.
- List each person who will reside in the unit along with the relationship to the head of household, date of birth, and social security number.
- Do not include minors who will be present less than 50% of the time.
- List FT student status for any member who is currently enrolled, expects to become enrolled, or was previously enrolled for any part of 5 months in the calendar year. Include grades K-12; college; university; technical; trade; and mechanical schools.

HOUSEHOLD MEMBER NAME	RELATIONSHIP	DOB	SSN	FT STUDENT?
1.	HEAD			☐ YES ☐ NO
2.				☐ YES ☐ NO
3.				☐ YES ☐ NO
4.				☐ YES ☐ NO
5.				☐ YES ☐ NO
6.				☐ YES ☐ NO
7.				☐ YES ☐ NO
8.				☐ YES ☐ NO

Are any HH changes expected in next 12 months? ☐ YES ☐ NO

If YES explain: _____

Are any student changes expected in next 12 months? ☐ YES ☐ NO

If YES explain: _____

II. STUDENT STATUS

Is every member of the household a FT student as defined above?	☐ YES ☐ NO
• If NO continue to Section III • If YES please complete the following questions:	
Does a student receive assistance under Title IV of the Social Security Act (i.e. TANF or AFDC but not SS or SSI)?	☐ YES ☐ NO
Was a student previously a foster child?	☐ YES ☐ NO
Is a student enrolled in the Workforce Investment Act or similar federal/state/local program?	☐ YES ☐ NO
Is a student married and eligible to file a joint tax return?	☐ YES ☐ NO
Is a student a single parent who is not claimed as a dependent by another individual?	☐ YES ☐ NO
Are the minors in the household claimed as a dependent by a parent?	☐ YES ☐ NO

INCOME INSTRUCTIONS:

- List gross amounts anticipated to be received in the 12 month period following move in or recertification
- For minors include unearned income such as benefits, SSA, SSI, gifts, child support, income from assets
- For adults include both earned income from jobs and unearned income
- Answer each YES-NO question. For each YES include the gross amount and frequency
- Do not leave any unanswered questions

III. HOUSEHOLD INCOME

	Head of Household			Co Head and/or Other Member		
	First Name	Last Name	Emergency	First Name	Last Name	Emergency

[illegible]

Income #	HH Member	Name of Source	Address/Phone/Email
----------	-----------	----------------	---------------------

[illegible]

IV. HOUSEHOLD ASSETS

- List assets for all household members including minors
- Cash value is market value minus any costs/penalties/fees required to convert to cash
- Do not list assets that are not accessible to the family

Type of Asset	Head of Household		Co Head and/or Other Member	
	Check One	Apprx Cash Value	Check One	Apprx Cash Value
1. Checking account	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$
2. 2 nd checking account	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$
3. Savings account	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$
4. 2 nd savings account	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$
5. Debit card	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$
6. 2 nd debit card	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$
7. Cash on hand	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$
8. Certificate of Deposit	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$
9. Other bank account	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$
10. Mutual Fund	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$
11. Stocks	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$
12. Portfolio/brokerage	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$
13. IRA/401K/etc.	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$
14. 2 nd IRA/401K/etc.	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$
15. Treasury bills/bonds	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$
16. Company retirement acct	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$
17. Annuity	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$
18. Pension	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$
19. Revocable trust	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$
20. Life insurance (not term)	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$
21. Real estate equity	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$
22. Other asset	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$
23. Other asset	☐ YES ☐ NO	\$	☐ YES ☐ NO	\$
24. Has anyone received any lump sum amounts in the past 2 years (i.e. lottery/gambling/inheritance)? ☐ YES ☐ NO				
25. Has anyone disposed of any assets for less than fair market value in the past 2 years? ☐ YES ☐ NO				
<i>If yes, please list details such as the type of asset; the disposal date; the fair market value, and the amount received:</i>				
<i>For each asset checked YES above, please complete the following:</i>				
Asset #	HH Member	Name of Source	Address/Phone/Email	

Under penalties of perjury, I/we certify that the information presented on this form is true and accurate to the best of my/our knowledge. False, misleading, or incomplete information may result in the termination of this application/lease.

Head of Household Signature

Printed Name

Co Head and/or Other Member Signature

Printed Name

Management Signature

Date



**MONTVILLE TOWNSHIP
AFFORDABLE HOUSING
MANDATORY CERTIFICATION OF ACCURACY**

Dear Affordable Housing Applicant:

This form **MUST BE SIGNED AND SUBMITTED** with the requested paperwork for Pre-Certification of Affordable Housing Resales within Montville Township. The following certifications are required:

I. Certification of Accuracy of All Information & Acknowledgement and Permission to Review Records

Applicant certifies to:

All information provided in this application for me and joint applicants (PRINT NAME(S)) _____ and supporting documentation is accurate and true to the best of my knowledge and I understand that willfully providing false or misleading statements may subject me to sanctions as provided by law. I, and any joint applicants, also allow the Montville Township Housing Committee and their representatives to request verification, as deemed necessary, of information contained in the application, including but not limited to credit history, criminal and driving records.

Date: _____

Signature of Applicant

YOUR APPLICATION WILL BE DENIED IF THERE IS: Willful misrepresentation of facts, submission of false or misleading information, criminal record or poor credit history

Date: _____

Signature of Co-Applicant

Applications can also be dismissed for the following reasons:

- The application is not signed or submitted on time.
- The applicant commits fraud, or the application is not truthful or complete.
- The applicant cannot or does not provide documentation to verify their income or other required information when due.
- The household income does not meet the minimum or maximum income requirements for a particular property.
- The applicant owns assets that exceed the Asset Limit.
- The applicant fails to respond to any inquiry in a timely manner.
- The applicant is non-cooperative or abusive with the staff, property manager, landlords or the Sellers of affordable units.
- The applicant changes address or other contact information without informing the MHL/AA in writing.
- The applicant is unable to obtain suitable and legitimate financing for a sale unit or fails to verify attendance in a homebuyer credit counseling program when required to do so by the program rules.
- The applicant does not respond to periodic update inquiry in a timely fashion.
- The applicant fails to sign the Compliance Certification, Certificate for Applicant, Contract for Sale, Deed Restriction as may be required.
- The applicant, once approved, fails to close on a sale in a timely manner.

EMPLOYMENT HISTORY

Name and address of Head of Household's present employment:

Telephone: _____
Supervisor's Name _____

Name and address of spouse's or co-head employer:

Telephone: _____
Supervisor's Name _____

FOR YOUR RECORDS

FOR POTENTIAL RENTERS: If you are the first person selected, you will be invited to view the unit to see if you are interested. If you are not interested, your name will be placed at the "END" of the current waiting list. If you are interested, you will be required to submit all necessary documentation and income verification, as well as meet any credit and minimum income requirements of the developer, in order to be certified for occupancy.

FOR POTENTIAL PURCHASERS: If the unit is for purchase, you will be required to obtain a mortgage. If you are certified as meeting the income eligibility requirements you will be able to proceed with contracts on a unit when it becomes available and your name reaches the top of the list. The purchase list is a first come first served listing by date the application is received by the Housing Office. If you do not meet all certification criteria, you will be removed from our list and must reapply, when and if, you meet the minimum or maximum income requirements. If called by the Township on a resale and you refuse the home called for or are unable to obtain a mortgage, your name will be put to the "END" of the current waiting list.

DISCLAIMER: ADDITIONAL COSTS FOR BUYERS

It is YOUR responsibility to secure a means to pay for the unit either through cash, private loan, one time gift or mortgage through a lending institution such as a bank or mortgage company. The purchase of an affordable housing unit is a real estate transaction. Once completed, you will own the unit as you would a market rate condominiums. The only restriction on the unit is that cannot be sold on the real estate market since the value and appreciation is fixed by the State. The responsibility of the Township is to ensure that you qualify for an affordable housing unit, and any subsequent buyers, based on an analysis of your income and assets.

CLOSING AGENT: In New Jersey it is required that a closing agent, either a title company or attorney, close title on the property. This means that there will most likely be additional fees that you will have to pay to purchase the property to the closing agent and to secure a mortgage.

BANK & MORTGAGE FEES: Banks or mortgage companies each have different requirements. Some institutions require a certain percentage for a down payment such as 10% or 20% in cash, and also may charge fees or other closing costs. The Township is not involved in the lending process and does not pay to replace broken or damaged HVAC systems or units, appliances, carpet or paint.

The Township does not provide financial counseling or assistance for down payments. Call the Housing Partnership NeighborWorks Home Ownership Center at (973) 659-9222 or visit www.housingpartnershipnj.org for more information about homebuyer education, free counseling, bank incentives and programs, money to purchase a home, and a matched savings programs.

Revocation

The Administrative Agent and/or MHC may revoke a certification upon evidence of the following:

- (1) False, misleading or incomplete statements or information on the application for certification of eligibility or at the interview;
- (2) A change in the household income of the applicant prior to the purchase or rental of the unit such that the income level of the applicant would no longer meet the eligibility criteria for which he/she was certified;
- (3) Failure of the applicant to secure mortgage financing within sixty (60) days of submission of a mortgage application;

NOTE: THE MUNICIPAL HOUSING LIAISON/ADMINISTRATIVE AGENT REVIEWS FINANCIAL DOCUMENTS SUBMITTED. IF ADDITIONAL INFORMATION IS REQUIRED, YOU WILL RECEIVE A LETTER LISTING DEFICIENCIES AND/OR ADDITIONAL INFORMATION THAT MAY BE NEEDED. IF THE DOCUMENTS SUPPLIED SUPPORT THE CATEGORY OF HOUSING YOU LISTED ON YOUR PRELIMINARY FORM, YOU WILL RECEIVE A LETTER VERIFYING ELIGIBILITY. IF CALLED BY THE TOWNSHIP ON A RESALE AND YOU REFUSE THE HOME CALLED FOR OR ARE UNABLE TO OBTAIN A MORTGAGE, YOUR NAME WILL BE PUT AT THE 'END' OF THE CURRENT WAITING LIST. IT IS YOUR RESPONSIBILITY TO INFORM THIS OFFICE OF ANY CHANGE OF ADDRESS OR PHONE NUMBER. IF THIS OFFICE IS UNABLE TO CONTACT YOU DUE TO CHANGE OF CONTACT INFORMATION, YOUR NAME WILL BE REMOVED FROM THE LIST.

