



**APPLICATION TO DETERMINE ELIGIBILITY
TO RENT AN AFFORDABLE APARTMENT
TOWN OF DOVER**

NewBridge Services, Inc., is responsible to qualify individuals or families as COAH certified households. As such, these households would be able to rent an apartment in the Town of Dover that has been set aside for individuals or families with low or moderately low income limits. Rental of such units is made in accordance with the Town of Dover Affordable Housing Rules and Regulations, and without discrimination as to race, religious principles, color, national origin, ancestry, age, sex, marital status, or any other basis prohibited by law.

This application is to be used to provide NewBridge with the information needed to determine whether an individual or household may qualify as either a low-income or moderately-low household. As such, this would qualify you to rent an affordable unit when they become available in the Town of Dover.

Notice: All rental units advertised herein are subject to the Federal Fair Housing Act, which makes it illegal to act on any preference, limitation, or discrimination because of race, color, religion, sex, handicap, familial status, or national origin, or intention to make any such preference, limitation, or discrimination. All persons are hereby informed that all dwellings advertised are available on an equal opportunity basis.

COMPLETE ALL SECTIONS:

1. HOUSEHOLD COMPOSITION

The term "Applicant" means the person(s) who desire(s) to live in an affordable rental unit.

HEAD OF HOUSEHOLD:

Name: _____ Birth Date: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address, if different: _____

Telephone: Home _____ Work: _____

Cell: _____

Social Security Number: ____-____-____
(provide copy of Social Security Card)

JOINT APPLICANT:

Name: _____ Birth Date: ____/____/____

Social Security Number: ____-____-____
(provide copy of Social Security Card)

Other members of the household:

The term "household" means all other individuals who intend to live in the rental unit. These are individuals who will be named in the Lease as a resident.

NAME	GENDER (circle)	BIRTHDATE
1. _____	M F	____/____/____
2. . _____	M F	____/____/____
3. . _____	M F	____/____/____

2. INCOME*

For each income source that applies, provide the necessary verifications.

	APPLICANT (Annual Amount)	CO-APPLICANT (Annual Amount)
SOCIAL SECURITY	_____	_____
	-provide annual statement or printout of monthly statement	
SSI	_____	_____
	-provide annual statement or printout of monthly statement	
PENSION	_____	_____
	-provide award letter or annual pension notice Must prove gross amount of pension	
WAGES:	_____	_____
	-provide pay stubs for last four pay periods	
UNEMPLOYMENT	_____	_____
	-Attach current year's stub	
DISABILITY	_____	_____
	-provide award letter and proof of receipt	
ALIMONY/ CHILD SUPPORT	_____	_____
	-Decree of divorce and award letter -Proof of receipt of alimony/child support	
INTEREST/ DIVIDENDS	_____	_____
	-provide three (3) months bank statements -provide quarterly statements from investment firm	
TAX RETURNS	-provide last three years' W2's and tax returns	
TOTAL INCOME: \$	_____	\$ _____

*Income includes, but is not limited to, compensation for employment services, interest and dividends (taxable and non-taxable), pension benefits, government benefits, rent, unemployment compensation, welfare payments, disability income, support payments and asset income as defined herein.

3. ASSETS

Provide complete information regarding all assets of each applicant and each member of the household. In all cases, report the amount of principle and rate or interest or dividend. Information shall be included by not limited to:

Checking Accounts	Savings Account
Certificates of Deposit	Stocks, Bonds, Annuity
IRA (s)	Trust Benefits

Provide the three (3) months most recent bank statements or most recent quarterly report and year end report from investment service.

Name of Institution, Address and Fax #	Name on Account	Account #	Balance

(If necessary, use other side)

4. OWNERSHIP OF ANY REAL PROPERTY OWNED ANYWHERE

Do you own any real property?_____ Note that ownership of real property, even if in default status, will result in rejection of eligibility for an affordable housing unit.

5. CREDIT REPORT

Provide a copy of a credit report dated within the past 30 days. New Jersey residents are entitled to one free report from each bureau each year.

Experian Info. Solutions	Equifax Credit Info	Trans Union Corp.
PO Box 2104	PO Box 105873	PO Box 2000
Allen, TX 75013-0949	Atlanta, GA 30374	Chester, PA 19022
1-866-200-6020	1-800-685-1111	1-800-916-8800
www.experian.com/freestate	www.equifax.com	www.transunion.com

You will need the following information when requesting your credit report in writing: Name, Social Security number, date of birth, current address and all addresses for the past two years, name of employer (if applicable). Only one report is required (you may select which credit bureau the report comes from).

6. REFERENCES

Provide the names of three individuals.

NAME	ADDRESS/PHONE	RELATIONSHIP

7. EMPLOYMENT

If applicable, please provide information about your past three employers.

EMPLOYER	ADDRESS/PHONE	CONTACT PERSON

8. TAX RETURNS

Please provide a copy of your last three years tax returns.

9.COMPLETED AND SIGNED APPLICATION CHECKLIST

Copy Attached on page 6

10. CERTIFICATION

I (we) hereby certify that the statements and information made in this application are accurate, true and complete to the best of my knowledge. I (we) am aware that providing willfully false or misleading information or statements may be subject to sanctions as permitted by law and may disqualify my application for a moderately income apartment rental.

Initial(s) of Applicant (s)_____

I authorize NewBridge to verify the information on this application and to obtain or share any other information as needed to evaluate this application through the use of third party verifications.

Initial(s)of Applicant(s)_____

I understand that NewBridge may ask for additional information in order to determine the status and eligibility of my application to be included in the lottery.

Initial(s) of Applicant(s)_____

I also understand that NewBridge may share information from this application and any of the supporting information required to be submitted with this application with third parties involved in the rental process for the purposes of processing this application.

Initial(s) of Applicant(s)_____

Unit Preference: ☐ **Efficiency Apartment** ☐ **1 Bedroom**

If unit preference is not available, but the other unit option is, would you like your application to still be considered? (note – if you elect to not accept the alternative unit, and you are eligible for the units, your name will be placed on the waiting list in the order your application was drawn).

☐ Yes

☐ No

The Applicant and all joint applicants must sign below. Failure to sign this application and provide thorough and complete verification(s) where requested will mean disqualification from the lottery process.

Applicant_____ Date:_____
(Signature)

Applicant_____
(Print Name)

Co-Applicant:_____ Date:_____
(Signature)

Co-Applicant:_____
(Print Name)

APPLICATION CHECKLIST

Please check off that you have completed any section that is necessary for your application to be considered complete.

- ___ Completed Application to Determine Eligibility
- ___ Copy of Social Security card for each member of household
- ___ All income verifications that apply (Social Security, SSI, pension (wages, unemployment, disability, alimony/child support, interest/Dividend, etc.)
- ___ All Asset Information (Name(s), address and fax # of each financial institution)
- ___ Two real estate appraisals, tax bill, realtor's contact, block and Tax number (if applicable)
- ___ Tax returns from the last three years
- ___ Signed Certification (page 6)
- ___ Signed Application Checklist (page 7)

Signature

Date

RETURN THIS COMPLETED APPLICATION TO:

Dover Affordable Housing
c/o NewBridge Services, Inc.
PO Box 336
Pompton Plains, New Jersey 07444

Please note that applications that do not state "Dover Affordable Housing" in the address may jeopardize their position in the lottery (if applicable).

Questions? Call Shawna Ebanks at 973-406-0078