

Township of Robbinsville
Office of Affordable Housing
2298 Route 33
Robbinsville, NJ 08691

PRELIMINARY APPLICATION and COVER LETTER

Dear Affordable Housing Applicant:

Thank you for inquiring about affordable housing with The Township of Robbinsville. We currently administer 190 AFFORDABLE HOUSING UNITS throughout Robbinsville/Mercer County. 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 Department of Community Affairs (DCA). Income limits are determined by region. Our housing units are located in Region 4, which includes the following counties: Mercer, Monmouth, and Ocean. Income limits can vary from year to year and depend upon the number of persons in the household. The income limits for 2018 are:

Number of persons in household	Maximum Annual Income Very Low-Income Units	Maximum Annual Income Low - Income Units	Maximum Annual Income Moderate - Income Units
1	\$20,834	\$34,723	\$55,557
2	\$23,810	\$39,684	\$63,494
3	\$26,787	\$44,644	\$71,431
4	\$29,763	\$49,605	\$79,368
5	\$32,144	\$53,573	\$85,717
6	\$34,525	\$57,541	\$92,066
7	\$36,906	\$61,510	\$98,416
8	\$39,287	\$65,478	\$104,765

If you believe you fall within these income limits, fill out and submit this preliminary application to our office. If we approve your preliminary application, you will be placed in our applicant pool of eligible BUYERS. When a unit becomes available we randomize our list. 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, we will go to the next person on the list. However, when the next unit becomes available, our list is re-randomized, meaning that you will not receive preference for the next available unit. If you are interested, you will be required to submit all necessary documentation and income verification. Since the unit is for purchase, you will be required to obtain a mortgage. If you are certified as an eligible prospective purchaser, you will complete a more detailed application. If you do not meet all certification criteria, you will be removed from our list and must reapply when, and if, you meet the income requirements.

Please remember that all applications and documents are held in the strictest confidence. If you have any further questions please contact us at (609) 259-3600 x 110.

Gail M. Pfister
MHL/AA



Preliminary Application
for
Affordable Housing
Sales Program

Township of Robbinsville
New Jersey

This is a Preliminary Application only. Do not send supporting documentation at this time. You will be notified as to the status of your preliminary eligibility based on the information that you provide in this application. When an affordable home becomes available, eligible candidates will be contacted. At that time, we will provide you with a list of documentation required to support and verify the information submitted in this application. We cannot and do not guarantee housing based on the approval of this Preliminary Application. All of the affordable sales housing is privately owned. Application services are provided by Township of Robbinsville Office of Affordable Housing. This is an Equal Housing opportunity. This program is subject to municipal and state affordable housing regulations, but no guarantee can be made that these homes are affordable to all applicants. This program is subject to availability. Prices, terms and conditions are subject to change without notice.

Affordable Housing Policies and Requirements

Township of Robbinsville

New Jersey

For All Applicants

- ◆ It is unlawful to discriminate against any person making application to buy or rent a home with regard to age, race, religion, national origin, sex, handicapped, familial status or sexual orientation.
- ◆ This affordable housing must be the intended primary residence of the applicant.
- ◆ All household members who intend to reside at the affordable homes must be listed in the Preliminary Application. If changes in household composition occur during the application process, or if there is a change of address, the applicant is required to notify *the Township of Robbinsville, Office of Affordable Housing* in writing, immediately.
- ◆ Applications must be truthful, complete and accurate. Any false statement makes the application null and void, and subjects the applicant to penalties imposed by law.
- ◆ Annual Income includes, but is not limited to, salary or wages, alimony, child support, social security benefits, unemployment 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.
- ◆ 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 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).
- ◆ Specific documentation to verify income and assets will be required at a later date, during the final portion of the application process.
- ◆ Please understand that the pricing for affordable housing is established and governed by Federal, State and / or municipal regulations. Although consideration is made for low- and moderate- categories of household incomes, sales prices do not fluctuate on the basis of each individual applicant's income. Therefore, we cannot and do not guarantee that any home will be affordable to YOU or YOUR household.
- ◆ We do not provide financing to purchase affordable homes. Financing for an affordable home is subject to terms and conditions set forth by the State of New Jersey. Monthly payments, including principal, interest, property taxes, insurance and condominium fees, may not exceed 33% of your income without the applicant receiving home- buyer counseling by an agency approved by HUD or the N. J. Department of Banking and Insurance, which details the advisability of such a mortgage loan. For a list of approved counseling agencies, contact HUD, the N. J. Department of Banking and Insurance or our website: HousingQuest.com.
- ◆ If you need assistance completing this application, please contact us 609-259-3600 x110

DO NOT SEND SUPPORTING DOCUMENTATION WITH THIS APPLICATION.
Please mail your application to the address, below, or fax it to us at 609-259-2327.

Township of Robbinsville, Office of Affordable Housing
2298 Route 33, Robbinsville, NJ 08691



Preliminary Application for Foxmoor sales units



Township of Robbinsville
New Jersey

A. Head of Household Information

1. Last Name: _____	Soc. Sec. No: _____ -- _____ -- _____
2. First Name: _____	Home Phone: () _____ -- _____
3. Home Address: _____	Work Phone: () _____ -- _____
4. P.O. Box or Apt. No.: _____	Email: _____
5. City: _____	County: _____
	State: _____ ZIP: _____

B. Household Composition and Income (List ALL sources of income, including, but not limited to Salary, Dividends, Social Security, Child Support, Alimony & Pensions. DO NOT include income from Assets listed in Section C.)

Full Name (First, Middle & Last) List everyone who will occupy the house.	Relation To	Date of Birth	Sex	Gross Annual Income
#1	Head of Household			\$
#2				\$
#3				\$
#4				\$
#5				\$
#6				\$

Do you PAY child support and/or alimony to anyone outside of your household? ____

C. Assets (Bank Accounts, Cert, of Deposit, Mutual Funds, Real Estate, Etc. If you own the home in which you live, clearly indicate BOTH the market value & your equity in the home. Your equity equals the market value less any outstanding mortgage principal.)

Type of Asset	Current Market Value of Asset	Estimated Annual Income	Annual Interest
			%
			%
			%
			%

F. Important Information (Must be signed by everyone over the age of 17.)

I(We) hereby authorize the Township of Robbinsville Office of Affordable Housing, their agents and/or employees to obtain information regarding the status of my(our) credit, and to check the accuracy of any and all statements and representations made in this application. I (We) certify that all information in this application is accurate, complete and true. I (We) understand that if any statements made are willingly false, the application is null and void, and I (we) may be subject to penalties imposed by law. Void if not signed.

Signed: _____ Date: _____

Signed: _____ Date: _____

Please use back of application for additional information.

D. Current Situation

Do you currently own your home?

Yes

No

Do you have a mortgage?

Yes

No

Please be sure to indicate your Equity in your home in Section C to the left.

E. Preferences

No. of Bedrooms (limited by number in household): _____

Do you require a Handicap-accessible home?: _____

Additional Information

Please use this page to provide us with any additional information about your application.

