

Preliminary Application for Affordable Housing



City of New Brunswick

Middlesex County, 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 can not and do not guarantee housing based on the approval of this Preliminary Application. Skyline Tower is a development of Skyline Tower Urban Renewal Assoc., LP. Affordable Housing application services are provided by Piazza & Associates, Inc., an affordable housing services corporation. 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. Household composition, income and current residency requirements will apply.

Piazza & Associates, Inc. ♦ Affordable Housing Services

216 Rockingham Row ♦ Princeton Forrestal Village ♦ Princeton, NJ 08540

Telephone: 609-786-1100 ♦ Facsimile: 609-786-1105

E-mail: NewBrunswick@HousingQuest.com



Affordable Housing Policies and Requirements



For All Applicants

- ◆ It is unlawful to discriminate against any person making application to rent a home with regard to age, race, religion, national origin, sex, handicapped or familial status.
- ◆ This affordable housing must be the intended primary residence of the applicant.
- ◆ All household members who intend to reside at the affordable apartment 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 Piazza & Associates, Inc. in writing, immediately.
- ◆ Full time students who are head of the household, with no dependents, are generally not permitted to occupy the LIHTC apartments.
- ◆ 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 the current HUD "Passbook Rate." 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, during which no changes will be allowed.
- ◆ Please understand that the rental rates for this affordable housing are established and governed by State and / or municipal regulations. Although consideration is made for low- and moderate- categories of household incomes, rental rates do not fluctuate on the basis of each individual applicant's income. Therefore, we can not and do not guarantee that any apartment for rent will be affordable to YOU or YOUR household.
- ◆ The owners and managers of affordable apartments will set forth additional requirements, including, but not limited to an application fee, a lease agreement, security deposit and minimum credit standards.
- ◆ Once leased, rents will NOT be adjusted to accommodate fluctuations in household income. Rental rate increases may occur annually, but are subject to limitations.
- ◆ If you need assistance completing this application, please contact us at 609-786-1100.

DO NOT SEND SUPPORTING DOCUMENTATION WITH THIS APPLICATION.
Please mail your application to the address, below, or fax it to us at 609-786-1105.

Piazza & Associates, Inc.

216 Rockingham Row - Princeton, NJ 08540



Preliminary Application for Affordable Housing



City of New Brunswick, Middlesex County

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.: _____	County: _____
5. City: _____	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 apartment.	Relation To	Date of Birth	Sex	Gross Annual Income
#1	Head of Household			\$
#2				\$
#3				\$
#4				\$

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	Interest Rate
			%
			%
			%
			%

D. Addition Information

Do you receive Section 8 Rental Assistance that will apply to the affordable apt?: _____

Do you PAY alimony and/or child support to someone outside the household? _____

If you do, how much do you pay per month?
\$ _____

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

I(We) hereby authorize the City of New Brunswick; Skyline Tower Urban Renewal Assoc., LP; and/or Piazza & Associates, Inc., 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: _____

E. Preferences

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

- One?
- Two?

Do you require a handicap-accessible home?: _____