

Avon-by-the-Sea
Accessory Apartment Program

Preliminary Application
for
Affordable Housing

Affordable Housing Application Information: 609-786-1100

For Owner / Developer Information: 732-502-4510x2

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 apartment becomes available, eligible candidates will be contacted. At that time, we will provide you with a list of documentation that you will need 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.

The Accessory Apartments are privately owned and operated by individual Landlords, who are solely responsible for the rental offering and lease agreement; as well as the condition and maintenance of the apartment. Affordable housing certification and monitoring services are provided by Piazza & Associates, Inc. on behalf of the Borough of Avon-by-the-Sea, New Jersey. 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. Rental rates, terms and conditions are subject to change without notice.



Affordable Housing Policies and Requirements

Avon-by-the-Sea

Accessory Apartment Program

For All Applicants _____

- ◆ This is an equal housing opportunity. It is unlawful to discriminate against any person making application to rent a home with regard to race, color, 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 in the affordable apartment must be listed in the Preliminary Application. If changes in household composition occur during the application process or after occupancy, the applicant or resident is required to notify Piazza & Associates, Inc. and the apartment owner (if one has been identified) 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.
- ◆ Specific documentation to verify income and assets will be required at a later date, during the final portion of the application process.
- ◆ The Landlord (private Owner / Operator) may set forth additional requirements, including, but not limited to credit worthiness, income, rental history, identification, occupancy guidelines, a lease agreement and security deposit.
- ◆ Neither the Borough of Avon-by-the-Sea, nor Piazza & Associates, Inc. can guarantee that any low- or moderate- income apartment will be affordable to any specific applicant.
- ◆ Once leased, rents will NOT be adjusted to accommodate fluctuations in household income. Rental rate increases may occur annually, but are subject to limitations set forth by the State of New Jersey.

DO NOT SEND SUPPORTING DOCUMENTATION WITH THIS APPLICATION.

Please detach the application form and mail to:

Piazza & Associates, Inc.

216 Rockingham Row - Princeton, NJ 08540



Preliminary Application for Affordable Housing



Avon-by-the-Sea

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A. Head of Household Information

Last Name: _____	Soc. Sec. No: _____ -- _____ -- _____
First Name: _____	Home Phone: () _____ -- _____
Home Address: _____	Work Phone: () _____ -- _____
P.O. Box or Apt. No.: _____	County: _____
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				\$

The total number of members in this household is: _____

Do you require a handicap-accessible apartment?: _____

Do you currently receive Section 8 Rental Assistance?: _____

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

D. Current Situation

Do you currently:

Rent?

Own?

If you own, what is the value of your home?

\$ _____

What is the Principal Balance of your Mortgage?

\$ _____

F. Important Information (Must be signed by everyone over the age of 18.)

I(We) hereby authorize the Landlord 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. THIS APPLICATION IS VOID IF NOT SIGNED.

Signed: _____ Date: _____

Signed: _____ Date: _____

E. Preferences

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

One?

Two?

Do you prefer:

1st Floor?

2nd Floor?

Will accept

either 1st or 2nd.

Additional Information

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

