

Dear COAH Applicant:

Thank you for inquiring about affordable housing with Kernan Engineers. We currently administer AFFORDABLE HOUSING UNITS throughout the Townships of Monroe and Washington Township. 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 Council on Affordable Housing. Income limits are determined by region. Our housing units are located in Region 5, which includes the following counties: Burlington, Camden, and Gloucester. Income limits can vary from year to year and depend upon the number of persons in the household. The income limits for 2012 are:

Number of Persons in Household	Very Low-Income Units Maximum Annual Income	Low - Income Units Maximum Annual Income	Moderate - Income Units Maximum Annual Income
1	\$17,130	\$28,550	\$45,680
2	\$19,560	\$32,600	\$52,160
3	\$22,020	\$36,700	\$58,720
4	\$24,450	\$40,750	\$65,200
5	\$26,430	\$44,050	\$70,480
6	\$28,380	\$47,300	\$75,680
7	\$30,330	\$50,550	\$80,880
8	\$32,280	\$53,800	\$86,080

If you believe you fall within these income limits, fill out and submit this application for certification to our office. If certified, you will be placed on our list of eligible renters and/or 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 the unit is for purchase, you will first be required to obtain and submit a pre-qualification from a mortgage lending agency before given an opportunity to view the unit. If you are not interested, we will go to the next person on the list. When the next unit becomes available, our list is re-randomized, meaning you will not receive preference for the next available unit.

Also, you must provide all the applicable documentation listed on the attached checklist. We need this information to verify your income and household size.

Please remember that all applications and documents are held in the strictest of confidence.

If you have any further questions please contact us at (856)251-9500, x127.

Best regards,

J. TIMOTHY KERNAN, INC.

Robin L. Dunn
Administrative Agent Representative

APPLICATION FOR AFFORDABLE HOUSING

APPLICANT NAME: _____

CURRENT ADDRESS: _____

CITY, STATE, ZIPCODE: _____

PHONE: _____ WORK _____ OTHER: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. 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.

#	MEMBERS FULL NAME	RELATION	BIRTH DATE	SEX	SOCIAL SECURITY #
1		Applicant			
2					
3					
4					
5					
6					
7					
8					
9					

2. Does anyone live with you now who is not listed above: ____ Yes ____ No

3. Do you expect a change in your household composition? ____ Yes ____ No

Explain if you answered yes to either question: _____

4. Please identify any special housing needs. _____

5. Number of bedrooms requested based on family composition: ____

6. Please indicate your preference: ____ rent ____ purchase ____ either

7. Please indicate any **specific properties** of interest: _____

INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each “yes”, provide details in the charts below.

Does any member of your household:

Yes	No	1.	Work full-time, part-time or seasonally?
Yes	No	2.	Expect to work for any period during the next year?
Yes	No	3.	Work for someone who pays you cash?
Yes	No	4.	Expect a leave of absence from work due to lay-off, medical, maternity or military leave?
Yes	No	5.	Now receive or expect to receive unemployment benefits?
Yes	No	6.	Now receive or expect to receive child support?
Yes	No	7.	Entitled to child support that he/she is not now receiving?
Yes	No	8.	Now receive or expect to receive alimony?
Yes	No	9.	Have an entitlement to receive alimony that is not currently being received?
Yes	No	10.	Now receive or expect to receive public assistance (welfare)?
Yes	No	11.	Now receive or expect to receive Social Security or disability benefits?
Yes	No	12.	Now receive or expect to receive income from a pension or annuity?
Yes	No	13.	Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
Yes	No	14.	Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds or income from rental property?
Yes	No	15.	Own real estate or any assets for which you receive no income (checking account, cash)?
Yes	No	16.	If you own a home, do you maintain a mortgage on the property?
Yes	No	17.	Have you sold or given away real property or other assets (including cash) in the past two years?
Yes	No	18.	Are you responsible for paying child support or alimony? This amount will be deducted from your total annual income. Amount Paid Monthly: \$ _____

MEMBER	SOURCE / TYPE OF INCOME	TOTAL GROSS ANNUAL INCOME

ASSETS

1. List all checking and savings accounts (including IRAs, Keogh accounts, and Certificate of Deposit) of all household members.

MEMBER	BANK NAME	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

2. List all stocks, bonds, trusts, pensions, or other assets, including a house, and their value, owned by any household member: _____

3. List any assets disposed of for less than their fair market value during the past two years: _____

PREVIOUS RENTAL HISTORY OR OWNERSHIP HISTORY

Name and address of your Present Landlord or Current Address:

_____	Telephone: _____
_____	How long have you lived here? _____
_____	Reason for leaving? _____

Name and address of your Former Landlord or Previous Address:

_____	Telephone: _____
_____	How long did you live there? _____
_____	Reason for leaving? _____

EMPLOYMENT HISTORY

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

_____	Telephone: _____
_____	Supervisor's Name? _____
_____	How long have you worked there? _____

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

_____	Telephone: _____
_____	Supervisor's Name? _____
_____	How long have you worked there? _____

APPLICANT CERTIFICATION

I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law.

Signature of Head of Household _____ Date: _____

Signature of Spouse/Co-Head _____ Date: _____

Signature of Administrative Agent _____ Date: _____

How did you hear about the COAH program?: _____

We Do Business in Accordance With the Federal Fair Housing Law (The Fair Housing Amendments Act of 1988). It is Illegal to Discriminate Against Any Person Because of Race, Color, Religion, Sex, Handicap, Familial Status, or National Origin.



The following documentation (if applicable) MUST be provided for all members of your household so we can verify your income and household size.

Personal identification (Driver's License, passport, birth certificate or social security card, etc.)

Checking - 6 consecutive months of statements

Savings Account (CD's, IRA's, etc) statements and current interest rates

Bonds

Stocks

Real Estate (total value minus any outstanding mortgage balance, closing costs, broker's fees, etc) and income from real estate or businesses.

(4) Most recent consecutive pay stubs for all employed household members

Social Security: S.S. Computer Printout or Award Letter

Pension Letter received from pension fund

Verification of Temporary Assistance for Needy Families (TANF)

Verification of Support (Child Support and/or Alimony)

Verification of Military Pay

Workman's Compensation - Letter from Workmen's Compensation.

Verification of Unemployment Benefits

1040 Federal Tax Return (Both front and back) (last 3 years)

State Tax Return (last 3 years)