

Colts Neck Township Municipal Building

© 1999 Marilyn Lane  
Cedar Drive, Colts Neck, New Jersey

124 Cedar Drive  
Colts Neck, New Jersey 07722  
Web: [www.colts-neck.nj.us](http://www.colts-neck.nj.us)  
E-mail: [cnplanners@optonline.net](mailto:cnplanners@optonline.net)

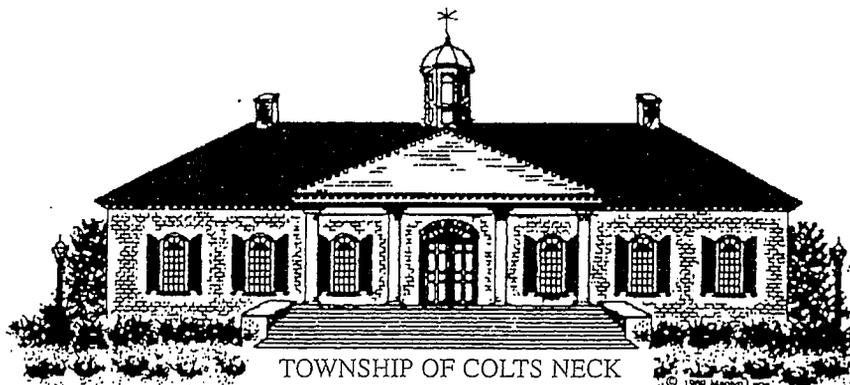
Phone: (732) 409-7135  
Fax: (732) 409-0571  
TDD-TYY: (732) 462-6090

## TOWNSHIP OF COLTS NECK AFFIRMATIVE FAIR HOUSING PROGRAM

### APPLICATION FOR CERTIFICATION AS A QUALIFIED PURCHASER OR TENANT (Please print or type clearly)

- I. The Township of Colts Neck in Monmouth County, New Jersey Affirmative Fair Housing Plan promotes the availability of housing to persons of low and moderate income regardless of the individual's race, color, religion, sex or national origin.
- II. Information on sex or date of birth will be used only to determine the number of bedrooms and size of the unit required.
- III. Total income for all adult members of the family unit is to be verified and counted as part of the family income. Applicants must include a signed copy of the latest Federal and State Income Tax return of each member of the family age 18 or over with the Application. Your Application will not be considered complete without all income information attached. Income includes annual salary (including overtime, tips & bonuses); social security checks; unemployment checks; welfare, disability and pension benefits; alimony and child support payments; annual interest income from savings accounts, C.D.'s, stocks/bonds, money market and trust funds.
- IV. The submission of false information will result in disqualification of the Application.
- V. Please sign and complete the following application so that the Township can verify that you are eligible to purchase or rent a low or moderate income housing unit.





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Dear Applicant:

Thank you for your interest in participating in the Colts Neck Township Affirmative Fair Housing Program. In order to partake in the program you must complete and submit the following information:

1. A signed and completed Colts Neck Township Affirmative Fair Housing Plan Application.
2. Copies of two recent pay stubs for all household members employed.
3. Copy of the latest filing year Federal and State Income Tax Return (1040) for all persons residing in unit to be rehabilitated.
4. An Employment Verification Form completed and signed by your employer.
5. A verification of Deposit Form completed and signed by your financial institutions.

Please submit the Application package to:

Timothy Anfuso  
Township Planner  
124 Cedar Drive  
Colts Neck, NJ 07722

Very truly yours,

Timothy Anfuso, P.P.  
Township Planner

TA/tl

**COLTS NECK TOWNSHIP  
AFFIRMATIVE FAIR HOUSING PLAN  
APPLICATION**

A. NAME AND ADDRESS OF APPLICANT(S)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Day Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Day Phone Number: \_\_\_\_\_

B. ABOUT YOUR FAMILY:

1. The word "family" shall mean all persons occupying a housing unit as a single non-profit housekeeping unit. Family shall also be synonymous with household.
2. List in the space provided, all of the persons who will live in the dwelling unit. Attach a separate sheet of paper if more space is required.

(a.)	Name of Adults 18 yrs. or older	Address	Daytime Phone #	Date of Birth
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

(b.)	Name of Children Under 18 yrs.	Daytime Phone #	Sex
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

(c.) Total Number of Adults \_\_\_\_\_  
Total Number of Children \_\_\_\_\_

C. YOUR PRESENT HOUSING

1. Do you own your own home \_\_\_\_\_; or do you rent \_\_\_\_\_?
2. If you own your own home, please answer the following questions:
  - (a.) Address: \_\_\_\_\_
  - (b.) What is the market value? \_\_\_\_\_
  - (c.) What is the balance owed on the mortgage? \_\_\_\_\_
3. If you rent, please answer the following questions:
  - (a.) How much rent do you pay per month? \_\_\_\_\_
  - (b.) Does the rent include utilities? Yes \_\_\_\_\_ No \_\_\_\_\_
  - (c.) If not, how much do you pay monthly for utilities?  
Electric \_\_\_\_\_ Gas \_\_\_\_\_ Heat \_\_\_\_\_ Water \_\_\_\_\_

D. ABOUT YOUR HOUSEHOLD INCOME

"Household income" means income from all sources received by all persons living in the dwelling unit. Income shall include annual salary (including overtime, tips and bonuses), social security checks; unemployment checks; welfare, disability and pension benefits; alimony and child support payments; annual interest income from savings accounts; C.D.'s, stocks, bonds, money market and trust funds.

"Prospective Household" means all persons who will be living in your new housing unit.

1. Income from Employment: Fill out the following for every working member of your prospective household.

**NOTE:** All persons named below must fill out a wage verification form, attached to this Application.

(a.) Name of Wage Earner \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Amount of gross salary *before* deductions: Weekly \$ \_\_\_\_\_ Yearly \$ \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Supervisors Name: \_\_\_\_\_  
How long have you worked here? \_\_\_\_\_

(b.) Name of Wage Earner \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Amount of gross salary *before* deductions: Weekly \$ \_\_\_\_\_ Yearly \$ \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Supervisors Name: \_\_\_\_\_  
How long have you worked here? \_\_\_\_\_

(c.) Name of Wage Earner \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Amount of gross salary *before* deductions: Weekly \$ \_\_\_\_\_ Yearly \$ \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Supervisors Name: \_\_\_\_\_  
How long have you worked here? \_\_\_\_\_

2. Dividend or interest income from savings accounts, checking accounts, stocks, bonds or other securities. State all dividend or interest income for everyone in your prospective household:

(a.) Source of Income: \_\_\_\_\_  
\_\_\_\_\_  
Annual Income: \_\_\_\_\_

(b.) Source of Income: \_\_\_\_\_  
\_\_\_\_\_  
Annual Income: \_\_\_\_\_

(c.) Source of Income: \_\_\_\_\_  
\_\_\_\_\_  
Annual Income: \_\_\_\_\_

(d.) Source of Income: \_\_\_\_\_  
\_\_\_\_\_  
Annual Income: \_\_\_\_\_

3. Miscellaneous Income:
- (a.) Social Security checks: \_\_\_\_\_
  - (b.) Pension benefits \_\_\_\_\_
  - (c.) Disability benefits \_\_\_\_\_
  - (d.) Alimony \_\_\_\_\_
  - (e.) Child Support \_\_\_\_\_
  - (f.) Rental Real Estate Income \_\_\_\_\_
  - (g.) Unemployment benefits \_\_\_\_\_
  - (h.) Welfare benefits \_\_\_\_\_

4. Use this space to tell us anything else about your household income: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**E. ABOUT YOUR HOUSEHOLD ASSETS**

“Assets” means the monetary value of all holdings by each household member. Assets shall include: equity in real estate holdings, value of all stocks, bonds, mutual funds, certificate of deposits, securities, trusts, balance of savings and checking accounts as well as equity in any corporation, partnership, joint venture, limited liability corporation or independent business.

1. List all checking and savings accounts and their average monthly balance for all household members:

Account: _____	Balance: _____
Account: _____	Balance: _____
Account: _____	Balance: _____

2. List the current value of each equity owned (stocks, bonds, certificates of deposit, trusts, mutual funds or other security) for all household members.

Source: _____	Balance: _____

3. List the current market value of all real estate holdings by each household member.

Address: \_\_\_\_\_

Value: \_\_\_\_\_ Mortgage Debt: \_\_\_\_\_

Address: \_\_\_\_\_

Value: \_\_\_\_\_ Mortgage Debt: \_\_\_\_\_

4. Have you sold any real estate property, either residential or commercial, in the last three years? \_\_\_\_\_

5. List the total value and percentage of interest held in any corporation, partnership, joint venture, limited liability corporation or individual business.

Entity: \_\_\_\_\_  
 Value: \_\_\_\_\_ Percentage Interest: \_\_\_\_\_

Entity: \_\_\_\_\_  
 Value: \_\_\_\_\_ Percentage Interest: \_\_\_\_\_

F. GENERAL INFORMATION:

1. You have an obligation to promptly notify the office of the Township of Colts Neck of any change in the number of people living in your household, or in your total household income.
2. You must attach signed copies of your Federal and State Income Tax returns for the latest filing year for every member of your household who filed tax returns.
3. The Township Planner may ask for additional information as may be deemed necessary to verify that you are eligible to participate in the Township Affirmative Fair Housing Program.
4. By signing this form, the applicant hereby gives the Township of Colts Neck the authority to verify all the information contained herein.

Please note that your most current income will be used for both income eligibility and mortgaging, should you be selected for a rental unit or home purchase.

**Please indicate which you are interested in:**

\_\_\_\_\_ Rental \_\_\_\_\_ Purchase \_\_\_\_\_ Either \_\_\_\_\_ Two Bedroom \_\_\_\_\_ Three Bedroom \_\_\_\_\_ Either

G. PURCHASER CERTIFICATION AND DECLARATION

I \_\_\_\_\_ (state your name) do hereby certify that the statements and information made in this application are accurate, true, and complete to the best of my knowledge and I further am aware that willfully false or misleading information or statements may subject me to sanctions as permitted by law and disqualification for purchase or rental of a low and moderate income housing unit. Please have all members of your household 18 years of age and older sign in the space provided below:

\_\_\_\_\_  
 Applicant (print name)

\_\_\_\_\_  
 Applicant Signature Date

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Signature Date

## REQUEST FOR VERIFICATION OF DEPOSIT

APPLICANT INSTRUCTIONS: complete Items 1 – 7. Forward directly to depositor named in Item 1.

DEPOSITORY INSTRUCTIONS: Please complete Items 8 – 12 and return DIRECTLY to person named in Item 2.

### PART I – REQUEST

1. TO: (Name & Address of bank or depository)

2. FROM: Timothy Anfuso  
TOWNSHIP OF COLTS NECK  
124 Cedar Drive  
Colts Neck, NJ 07722

3. SIGNATURE

4. DATE:

5. INFORMATION TO BE VERIFIED

TYPE OF ACCOUNT	ACCOUNT IN NAME OF	ACCOUNT NUMBER	BALANCE

DEPOSITORY: I have applied for a Mt. Laurel home and stated in my Financial Statement that the balance on deposit with you is as shown above. You are authorized to verify this information and to supply the person identified above with the information requested in Items 9 – 11. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.

6. NAME AND ADDRESS OF APPLICANT(S)

7. SIGNATURE OF APPLICANT(S)

### TO BE COMPLETED BY DEPOSITORY

### PART II – VERIFICATION OF DEPOSITORY

8. DEPOSIT ACCOUNTS OF APPLICANT(S)

Type of Account	Account Number	Current Balance	Average Balance For Previous Two Months	Date Opened
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

9. MORTGAGE LOANS OUTSTANDING TO APPLICANT(S)

LOAN NUMBER	DATE OF LOAN	ORIGINAL AMOUNT	CURRENT BALANCE	INSTALLMENTS (Monthly/Quarterly)
		\$	\$	\$ per
		\$	\$	\$ per
		\$	\$	\$ per

10. SIGNATURE OF DEPOSITORY

11. TITLE

12. DATE

*The confidentiality of the information you have furnished will be preserved except where disclosure is required by applicable law.*

## REQUEST FOR VERIFICATION OF EMPLOYMENT

INSTRUCTIONS: complete Items 1 – 6. Forward directly to employer named in Item 1.

EMPLOYER: Please complete Part II, items 7 thru 13 as applicable. Sign and return DIRECTLY to person named in Item 2.

### PART I – REQUEST

1. TO: (Name & Address of employer)

2. FROM: Timothy Anfuso  
TOWNSHIP OF COLTS NECK  
124 Cedar Drive  
Colts Neck, NJ 07722

**I HAVE APPLIED FOR A MT. LAUREL HOME AND STATED THAT I AM NOW OR WAS FORMERLY EMPLOYED BY YOU. MY SIGNATURE BELOW AUTHORIZES VERIFICATION OF THIS INFORMATION.**

3. SIGNATURE

4. DATE:

5. NAME & ADDRESS OF APPLICANT (include employee or badge number)

6. SIGNATURE OF APPLICANT

### PART II – VERIFICATION OF PRESENT EMPLOYMENT

EMPLOYMENT DATA	10A. CURRENT BASE PAY (Enter Amount & Check Period)	10C. FOR MILITARY PERSONNEL ONLY	
7. APPLICANTS DATE OF EMPLOYMENT	\$ _____ <input type="checkbox"/> Annual <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input type="checkbox"/> Weekly ( <i>Specify</i> ) <input type="checkbox"/> Bi-Weekly	PAY GRADE	
		TYPE	MONTHLY PAYMENT
8. PRESENT POSITION	10B. EARNINGS		BASE PAY
	TYPE	YEAR TO DATE	PAST YEAR
9. PROBABILITY OF CONTIUED EMPLOYMENT	BASE PAY		RATIONS
	OVERTIME		FLIGHT OR HAZARD CLOTHING
10. IF OVERTIME OR BONUS IS APPLICABLE, IS ITS CONTUNUANCE LIKELY? OVERTIME <input type="checkbox"/> Yes <input type="checkbox"/> No BONUS <input type="checkbox"/> Yes <input type="checkbox"/> No	COMMISSION		CHARTERS
	BONUS		PRO PAY
			OVERSEAS OR COMBAT
11. REMARKS ( <i>If paid hourly, indicate average hours worked each week during current and past year</i> )			
12. SIGNATURE OF EMPLOYER		13. DATE:	

*The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law.*