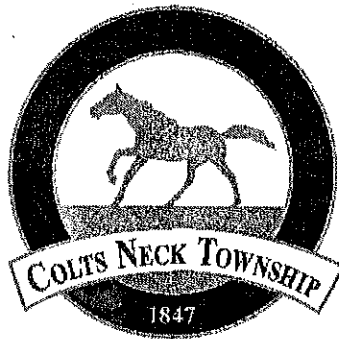


1 Veterans Way  
Colts Neck, NJ 07722  
Web: [www.coltsneck.org](http://www.coltsneck.org)



Phone: (732) 462-5470  
TDD-TYY: (732) 462-6090

Dear Applicant:

Thank you for your interest in participating in the Colts Neck Township Affirmative Fair Housing Program. In order to participate 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. Copies of two recent bank stubs for all household members employed.
4. Copy of the latest filing year Federal and State Income Tax Return (1040) for all persons in the household.
5. Copies of the latest W-2, Wage and Tax Statement for all persons in the household.
6. If you receive Social Security payments, forward copies of your current year Social Security Benefit Statement and two recent pay stubs.
7. An Employment Verification Form completed and signed by your employer.
8. A verification of Deposit Form completed and signed by your financial institutions.
9. A completed Certification of Zero Income.

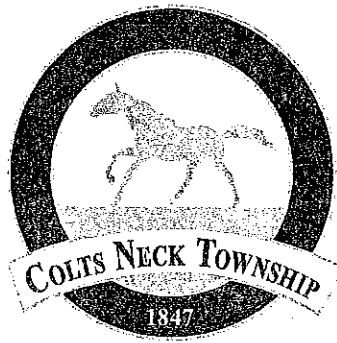
Please submit the Application package to:

Timothy Anfuso, P.P.  
Affordable Housing Administrator  
1 Veterans Way  
Colts Neck, NJ 07722

Very truly yours,

*Timothy Anfuso*

Timothy Anfuso, P.P.  
Affordable Housing Administrator



## **COLTS NECK TOWNSHIP AFFIRMATIVE FAIR HOUSING PROGRAM**

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

- I. The Colts Neck Township, Affirmative Fair Housing Program 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.

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

**A. NAME AND ADDRESS OF APPLICANT(S)**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Day Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Day Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**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: _____ |
| Source: _____ | Balance: _____ |
| Source: _____ | Balance: _____ |
| Source: _____ | Balance: _____ |
| 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 Affordable Housing Administrator 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 Affordable Housing Administrator 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 Colts Neck Township 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

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	
8. PRESENT POSITION	10B. EARNINGS			TYPE	MONTHLY PAYMENT
9. PROBABILITY OF CONTUED EMPLOYMENT	BASE PAY	YEAR TO DATE	PAST YEAR	BASE PAY	\$
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	OVERTIME			RATIONS	\$
	COMMISSION			FLIGHT OR HAZARD	\$
	BONUS			CLOTHING	\$
				CHARTERS	\$
				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.*

## CERTIFICATION OF ZERO INCOME

*Each adult household member claiming zero income must complete this form*

Applicant/Tenant:		Unit#:	
-------------------	--	--------	--

You have disclosed on the rental application that, *other than income derived from an asset*, you do not have any income. Please complete each part of the following to address how you will pay for rent and other household expenses.

<b>PART I: KNOWN ANTICIPATE INCOME</b>			
I <b>do not</b> expect to have any income in the next 12-months			<input type="checkbox"/> Yes <input type="checkbox"/> No
I have been hired for a new job that will start soon <i>(submit verification)</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
I have been approved for (or awarded) a regular recurring benefit that will start soon <i>(submit verification)</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PART II: SOURCES OF INCOME</b>			
I affirm, under penalty of perjury, that I do not receive income from any of the following sources. <i>If No is elected, complete the following and submit verification:</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Wages, bonus, commissions, tips, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Self-employment (includes Uber/Lyft, online sales, etc.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	Annuities, insurance policies, stocks, etc.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Worker's Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pensions, IRA, 401K
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	Income from rental property
<input type="checkbox"/> Yes <input type="checkbox"/> No	Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	Death Benefits
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	Direct Sales Consulting such as Mary Kay, Tupperware, Pampered Chef, etc.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security or SSI Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	Work for cash (babysitting, lawn care, etc.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Help with paying bills or other expenses or regular gifts of money from family or friends who don't live with you (including online donations such as GoFundMe or through a local bank)		
<b>PART III: HOUSEHOLD EXPENSES</b>			
Please explain how you will pay for the following expenses (check N/A for any expense that does not apply to your household)			
Rent	<input type="checkbox"/> N/A		
Child Care	<input type="checkbox"/> N/A		
Utilities	<input type="checkbox"/> N/A		
Food	<input type="checkbox"/> N/A		
Clothing/Shoes	<input type="checkbox"/> N/A		
School <i>(supplies, tuition, etc.)</i>	<input type="checkbox"/> N/A		
Phone (including cell phone)	<input type="checkbox"/> N/A		
TV	<input type="checkbox"/> N/A		
Internet	<input type="checkbox"/> N/A		
Medical Care	<input type="checkbox"/> N/A		
Medications & Prescription	<input type="checkbox"/> N/A		
Personal Care Products <i>(shampoo, toothpaste, etc.)</i>	<input type="checkbox"/> N/A		
Vehicle Expenses <i>(car payments, insurance, fuel, etc.)</i>	<input type="checkbox"/> N/A		
Other transportation <i>(bus pass, rideshare fares, parking fees, etc.)</i>	<input type="checkbox"/> N/A		
Payments on credit card balances	<input type="checkbox"/> N/A		
Other expenses not listed above	<input type="checkbox"/> N/A		
<p><i>Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of my lease agreement. I understand that I may be required to periodically update this information as requested by owner/agent.</i></p>			

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date