



RED BANK AFFORDABLE HOUSING CORPORATION

HOUSING ELIGIBILITY WORKSHEET

DOCUMENT CHECKLIST

Please submit this checklist and the following documents in the order shown below. Only include documents that pertain to you and your particular household. You may make copies of the enclosed Affidavits as necessary.

DO NOT INCLUDE ORIGINAL DOCUMENTS. FORWARD COPIES ONLY. DOCUMENTS ARE NOT RETURNED.

PLEASE NOTE: An incomplete packet will not be reviewed and will not be returned to the sender.

APPLICATION FEES: \$150 (non-refundable) to submit application for income eligibility certification. If successfully certified, an additional \$150 is due upon receipt of certification.

APPLICANTS NAME

UNIT ID/ADDRESS

CO-APPLICANTS NAME

DEVELOPMENT NAME

For purchase applications: please submit a copy of a Mortgage Pre-qualification from a licensed financial lending institution.

SECTION I - HOUSEHOLD COMPOSITION for ALL household members

- Complete Housing Eligibility Worksheet (11 pages) with all Affidavits and signatures
- Copy of official Birth Certificate for ALL household members
- Copy of Marriage Certificate (if married)
- Copy of Divorce Decree (if divorced)
- Copy of Social Security Card for ALL household members
- Copy of Certificate of Naturalization, Permanent Resident or Resident Alien Card (if applicable)
- Copy of Driver's License for **ALL household members over age 18**
- Verification of Custody of ALL minor children not claimed on Federal Tax Returns
- Verification of full-time student status if over age 18

SECTION II - INCOME VERIFICATION for ALL household members age 18 or older

- Four (4) current consecutive pay stubs for all employment, including bonuses, overtime or tips, (**Please note: if new employment, submit an Employment Verification Letter from the Human Resources Department detailing the number of hours worked weekly, the rate of pay, and the anticipated annual gross wages**)
- Pension letter that verifies current gross amount received
- Social Security of SSI award Letter of **ALL Household members including minors**
- Copy of court order for alimony
- Copy of court order, divorce decree or probation letter for child support
- TANF **current** award letter
- Unemployment Benefit verification
- Workers Compensation letter

→ → If you have already completed, in the last 12 months, a HUD certified Housing Counseling Program or Homebuyer Education Seminar, please submit copy of your Certificate of Achievement.

SECTION III - ASSET VERIFICATION for ALL household members age 18 or older

- Copies of signed Federal Income Tax Return and W-2 forms, including all filed schedules, for the last three years (**Please note: Any an adult household member that did not file must submit a letter from the IRS stating there was "no record found"**)
- Bank statements, copies of passbooks, certificates of deposit, or other accounts for the past **SIX (6) MONTHS** – (send hard copies from banking institution – Internet copies that do not have name and account numbers are unacceptable)
- Bank verification of current interest rate on all accounts including: Checking, Savings, CD's, IRA's, etc.
- Stock or Bond statements showing current value
- Evidence or reports of income from real estate or business assets
- Copy of latest mortgage balance and **proof** of market value an Appraisal (less than 1 year old) or a Competitive Market Analysis (CMA) from a licensed Real Estate Agent
- Copy of latest tax bill, if applicant is a property owner
- Disposal of Assets Form, attached (fully completed, signed and dated)



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All Household members over age 18 must complete and sign this application

APPLICANT INFORMATION

Applicant			Sex (M/F)	
Date of Birth	Social Security Number	Home Phone	Work Phone	
Current Street Address		City	State	Zip Code
Mailing Address or P.O. Box #		City	State	Zip Code
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated				

Co-Applicant			Sex (M/F)	
Date of Birth Social Security	Number Home Phone		Work Phone	
Current Street Address		City	State	Zip Code
Mailing Address or P.O. Box #		City	State	Zip Code
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated				

HOUSEHOLD COMPOSITION

Please list all household members, including the Applicant and Co-Applicant, who will live in the new residence.

	Name	Relationship	Sex	Date of Birth	Social Security Number
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

CURRENT HOUSING INFORMATION

Do you rent or own your home?
 Rent Own
 Other: _____
 What is your monthly rent or mortgage
 Payment? \$ _____
 How long have you lived at this address?
 _____ Years _____ Months
 Selling current home? Yes No (If yes, provide a copy of listing.)

Are utilities included in your rent/mortgage payment?
 Yes No
 If yes, which utilities are included?
 Heat Electricity Gas Water Hot Water
 Sewer Trash
 Do you share you housing unit with another family?
 Yes No



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EMPLOYMENT INFORMATION

List information for **each** household member who is **18 years of age or older** and receives income from employment. If Years at Job are less than two years, please indicate previous employment. Be sure to include all part-time employment. Attach additional sheets if necessary.

1.

Applicant Name		Job Title	
Employer Name			
Employer Address	City	State	Zip Code
Immediate Supervisor & Title			
Phone No.	Years at Job	Full/Part Time?	

2.

Applicant Name		Job Title	
Employer Name			
Employer Address	City	State	Zip Code
Immediate Supervisor & Title			
Phone No.	Years at Job	Full/Part Time?	

3.

Applicant Name		Job Title	
Employer Name			
Employer Address	City	State	Zip Code
Immediate Supervisor & Title			
Phone No.	Years at Job	Full/Part Time?	

4.

Applicant Name		Job Title	
Employer Name			
Employer Address	City	State	Zip Code
Immediate Supervisor & Title			
Phone No.	Years at Job	Full/Part Time?	

5.

Applicant Name		Job Title	
Employer Name			
Employer Address	City	State	Zip Code
Immediate Supervisor & Title			
Phone No.	Years at Job	Full/Part Time?	



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FINANCIAL INFORMATION

DEBTS: List all outstanding debts including charge accounts, student loans, automobile loans, credit cards, mortgage or home equity payment, child support, and alimony:

Name of Creditor:	Unpaid Balance	Monthly Payment
TOTAL MONTHLY DEBT PAYMENT		\$

INCOME: All income information from all sources is required for every household member who is 18 years of age or over regardless of employment status.

Calculate all **GROSS INCOME** on an annual basis. Monthly income should be multiplied by 12, weekly by 52, bi-weekly by 26 or semi-monthly by 24 and entered as monthly for a total Gross annual figure. Income verification must be attached to this Form.

State the amount of income received from each applicable source.

	Weekly	Bi-weekly	Monthly	Annually
1. Gross Salary or Wages	\$	\$	\$	\$
2. Gross Salary or Wages	\$	\$	\$	\$
3. Gross Salary or Wages	\$	\$	\$	\$
Pension	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Unemployment Compensation	\$	\$	\$	\$
Disability Payment	\$	\$	\$	\$
TANF/Welfare	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Other:	\$	\$	\$	\$

State the amount of any additional income and how often it is received:

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ = \$ _____
 Tips/Commission Regular Overtime Alimony Child Support Other Annually

ANNUAL SUBTOTAL FROM WAGES, SALARY AND OTHER SOURCES \$ _____



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ASSETS:

List all checking and savings accounts including CD's, money market funds, assets held by financial institutions, stocks, bonds or other assets and attach verification and proof of current interest rate.

Name of Financial Institution (Bank and/or Credit Union)	Type of Account (Savings, Checking, IRA, Money Market, etc.)	Current Value	Interest Earned (Annually)
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

If you own a home, indicate amounts: Actual equity \$ _____ Estimated Value \$ _____
 Mortgage \$ _____ Other debts \$ _____

Do you own an income-producing real estate (rental property)? Yes No

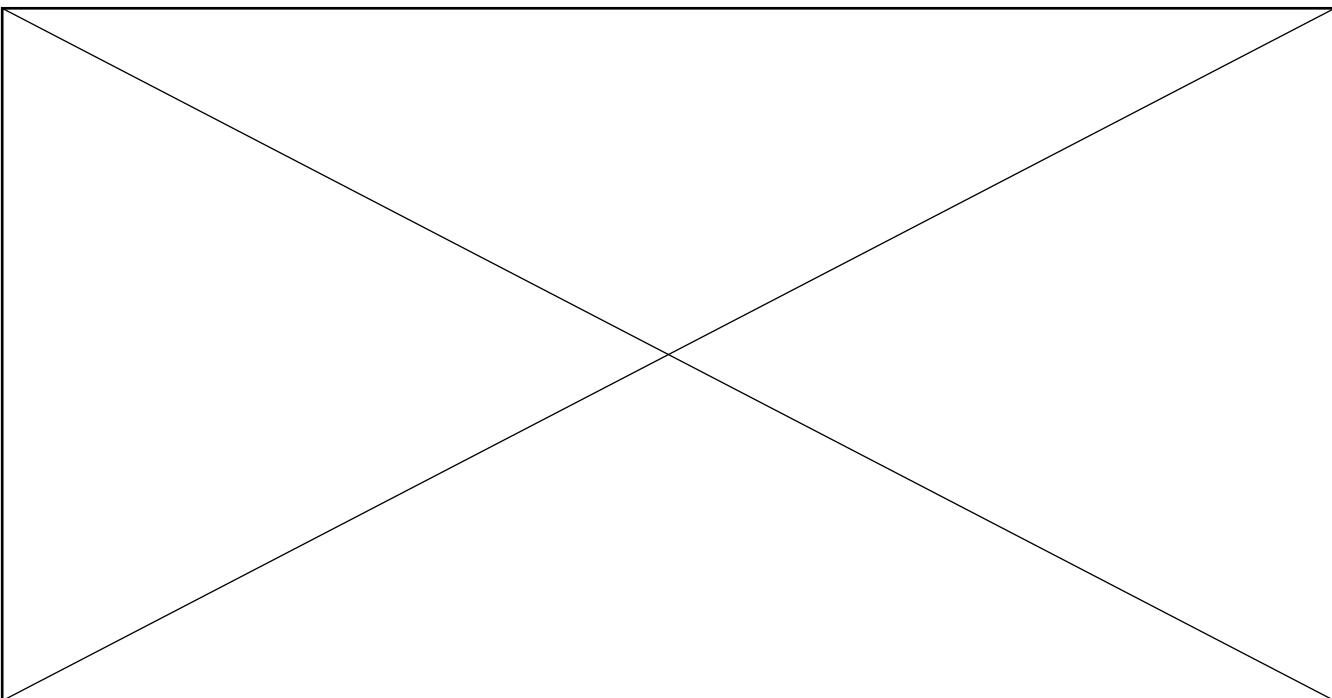
If yes, list the net income and attach IRS documentation or other form of verification:

Net Monthly Income \$ _____ Net Annual Income \$ _____

ANNUAL SUBTOTAL FROM ASSETS, RENTS, AND BUSINESS RECEIPTS \$ _____

Add all subtotal from each completed income section and enter amount below:

TOTAL ESTIMATED GROSS ANNUAL INCOME FROM ALL SOURCES \$ _____





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DEMOGRAPHIC INFORMATION (optional)

Disclaimer: This section is in no way related to the eligibility determination process but is used for informational purposes only.

Racial/Ethnic: (Check one)

- 1-White 2- African-American/Black 3-American Indian 4-Asian
 5-Hispanic (Non-black) 6-Hispanic (Non-white) 7-Other: _____

ACKNOWLEDGEMENT

I/We, the applicant(s), acknowledge that this applicant shall be considered fraudulent if the applicant or any persons or entities acting at the direction of applicant or with applicant's knowledge or consent, are deemed to have given materially false, misleading or inaccurate information or statements to RBAHC or failed to provide RBAHC with material information in connection with the application. Material information includes, but is not limited to, representations concerning applicant's employment, income, household composition, assets, marital status, or occupancy of the property as applicant's principal residence. A Certificate of Eligibility based upon materially false, misleading or inaccurate information, omissions or statements concerning applicant's employment, income, household composition, assets, marital status, or occupancy of the property as applicant's principal residence, shall be void. In such event, the applicant shall be deemed ineligible for the affordable housing program and RBAHC reserves all rights to legal and equitable remedies against applicant.

_____ Signature of Applicant	_____ Date
_____ Signature of Co-Applicant	_____ Date
_____ Signature of other Household member(s) over age 18	_____ Date
_____ Signature of other Household member(s) over age 18	_____ Date



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AFFIDAVIT OF HOUSEHOLD COMPOSITION FOR AFFORDABLE UNIT

STATE OF _____)

COUNTY OF _____)

Personally came and appeared before me, the undersigned Notary, the within named _____, who is a resident of _____ County, State of _____, and made this his/her statement and general affidavit upon oath and affirmation of belief and personal knowledge that the following matters, facts and things set forth are true and correct to the best of his/her knowledge.

In connection with my applicant to rent or purchase an affordable unit, I, _____, certify that I am Married Divorced Single Separated. I further certify that my household, for certification and occupancy purposes, is comprised of the following people (including spouse if married):

Please list ALL occupants (including applicants):

I further certify that although I am married to _____, my Husband Wife has not resided in my household since _____. My spouse's income does not support my household in a defined amount or on a regular basis.

Please complete a separate Affidavit of Household Composition for each signature.

Applicants Signature _____ Date _____

Co-Applicants Signature _____ Date _____

Print Name _____

Print Name _____

I declare under penalty of perjury that the information I have provided in this affidavit is true and correct to the best of my knowledge.

Knowingly submitting false information on this form could subject you to criminal prosecution for perjury.

State of New Jersey)
)SS
County of)

Sworn and subscribed to before me this _____ day of _____, 20_____

Notary Public

My commission expires



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AFFIDAVIT OF INCOME

I, _____, hereby certify that my total gross annual income is from the following sources:

Current Employer: _____
 Annual Salary: \$ _____

Unemployment Compensation
 By-weekly Payment: \$ _____

Disability Compensation
 Monthly Payment: \$ _____

TANF/Welfare
 Monthly Stipend: \$ _____

Unreported/Other Income
 Source: _____ \$ _____/per month
 Source: _____ \$ _____/per month
 Source: _____ \$ _____/per month
 Source: _____ \$ _____/per month

Unemployment

I, _____, hereby certify that I am currently unemployed as of _____ (date of unemployment) and am receiving no income from stable employment for the following reason(s):

- I was injured
- I am out on disability
- Other (briefly explain) _____

- I certify that at this time I have not applied for and am not receiving income from any source.
- I certify that I have no current offers of employment.

I declare, under penalty of perjury, that the income information that I provided in this affidavit is true and correct to the best of my knowledge.

 Signature Date

 Print Name

State of New Jersey)
)SS
 County of)

Sworn and subscribed to before me this
 _____ day of _____, 20_____

 Notary Public

 My commission expires



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APPLICANT'S CERTIFICATION PERTAINING TO ASSETS

I, _____, hereby certify that I possess the following assets which I am required to present for determination of eligibility of affordable housing:

Please indicate name of banking institution where accounts are located, current balance and interest rate (if any).

Account	Bank Name	Account Number	Balance	Interest Rate
Checking			\$	%
			\$	%
			\$	%
Savings			\$	%
			\$	%
			\$	%
CD(s)			\$	%
			\$	%

Investment Accounts:

Type	Current Value	Interest Rate
IRA(s)	\$	
Savings Bonds	\$	
Stocks	\$	
Real Estate	\$	
Municipal Bonds	\$	

Other:

Asset Type	Type	Current Value
Other Bonds		\$
		\$
Other Assets		\$
		\$
		\$

1) Are you receiving disbursement from any IRA accounts? Yes No Monthly Disbursement \$_____

2) Have you disposed of any assets for less than their fair market value in the past 2 years? Yes No

Total Value: \$_____

Certification of No Assets

I certify that I do not hold any of the above accounts and/or assets.

I hereby certify that the above statements are correct at this time and that I have no expectation of a change in the above information in the near future.

Signature

Print Name

Date

State of New Jersey)
)SS
 County of)

Sworn and subscribed to before me this
 _____ day of _____, 20_____

Notary Public

My commission expires



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PARTICIPANT'S CONSENT TO THE RELEASE OF INFORMATION

Organization Requesting Release of Information:

Red Bank Affordable Housing Corporation
PO Box 2207
Red Bank, NJ 07701

This form is not be used to request a copy of tax returns. Instead, use IRS form 4506, Request for a copy of Tax Forms.

Your signature on this form, and the signature of each member of your household who is 18 years of age or older, authorized the above-named organization to obtain employee income information and employment status from current and previous employers.

CONFIDENTIALITY: RBAHC shall maintain files on the certification of family income. Such files are to be kept confidential and shall not be accessible to, nor shall information contained therein, be disclosed to any person except an authorized representative of the RBAHC. RBAHC shall require identification from each person claiming authority to review such confidential files and maintain a list of individuals who have been provided access to the same. If RBAHC is not satisfied that a person requesting review has proper authority, review shall be denied.

INSTRUCTIONS: Each adult member of the household must sign this from at time of application for certification.

EMPLOYMENT INFORMATION: I/We, the undersigned, authorize the above name organization to obtain information regarding my/our income and employment state from current and former employers.

CONDITIONS: I/We agree that photocopies of this authorization may be used for the purposes stated above. If I/We, fail to sign this authorization, I/We understand that this action may constitute grounds for denial of certification for consideration to rent or purchase an affordable housing unit.

Applicant/Head of Household – signature, printed name & date:

Co-Applicant/Adult Member of the Household – signature, printed name & date:

Adult Member of the Household – signature, printed name & date

Adult Member of the Household – signature, printed name & date

For Office Use Only:

Lottery date/number::	Application received:
Date certified:	Development/Unit: