

**AFFORDABLE RENTAL HOUSING PRE- APPLICATION
FOR THE BOROUGH OF BELMAR**

Please print clearly and legibly to ensure we can accurately capture your information.

Applicant Name: _____ Spouse/Partner Name: _____

Street Address: _____ Apt # _____

City/State/Zip _____ **TOTAL Gross Annual Household Income: \$** _____

Home Phone _____ Work Phone _____ Mobile Phone _____

E-Mail Address: _____

Number of People in Household: _____ Number of Bedroom(s): _____

ADDITIONAL HOUSEHOLD MEMBERS INFO:

Name: _____ **Age:** _____

Relationship to Head of Household: _____

Name: _____ **Age:** _____

Relationship to Head of Household: _____

Name: _____ **Age:** _____

Relationship to Head of Household: _____

Name: _____ **Age:** _____

Relationship to Head of Household: _____

Name: _____ **Age:** _____

Relationship to Head of Household: _____

Do you currently rent a residence in Ocean, Monmouth or Mercer County? _____

If renting, please specify landlord's name / address / phone number: **Phone #:** _____

Name: _____

Address: _____

Any household member(s) with Special Needs? Yes___ No___ Do you have any pets? Yes___ No___

Applicant Questionnaire: Please answer the following questions:

- Are all members of the household US Citizens or permanent residents of the United States?.....Yes___ No___
- Has anyone in the family, as appearing on this application, been convicted of a felony?..... Yes___ No___
- Has anyone on this application been evicted from a rental unit in the past?..... Yes___ No___
- Is anyone named on this application subject to a lifetime registration as a sex offender?.....Yes___ No___
- Do you received Section 8 Rental Assistance?.....Yes___ No___

EMPLOYMENT INFORMATION

Applicant's Employer: _____ # of Years Employed: _____
Employer's Address: _____ City/State/Zip _____
Work Phone: _____ Ext. _____ Annual Gross Salary? _____

Spouse/Partner's Employer: _____ # of Years Employed: _____
Employer's Address: _____ City/State/Zip _____
Work Phone: _____ Ext. _____ Annual Gross Salary? _____

**OTHER HOUSEHOLD INCOME - NECESSARY for ALL working household members - Part-time or Full-time.
IF NECESSARY, USE ADDITIONAL SHEET FOR OTHER HOUSEHOLD MEMBERS**

Household Member's Name: _____ # of Years Employed: _____
Additional Employer: _____
Employer's Address: _____ City/State/Zip _____
Work Phone: _____ Ext. _____ Annual Gross Salary? _____

CERTIFICATION

I (we) hereby certify that the information provided herein is true and accurate to the best of my knowledge. I (we) further agree that the representation contained in this application and relied upon by the Borough of Belmar and REHABCO, Inc., in connection with its determination of my eligibility shall become part of the non-returnable application to include all documentation, that if found to be false or misleading will result in a termination of any signed lease. I permit the Borough of Belmar or its designee to verify all information contained in this application and will provide any information needed to determine eligibility.

I (we) certify that if approved for affordable housing in the Borough of Belmar hold members who will be occupying the unit have been fully disclosed herein. I (we) understand that in the event I (we) am selected that all household members will be subject to a criminal and civil litigation background check by the Borough of Belmar and/or Rehabco, Inc. Based on this information and the applicable suitability and screening procedures, I (we) may be deemed ineligible to rent said unit. I (we) hereby permit the staff of Rehabco Inc. to request, compile, review and obtain verification and/or documentation of any and all financial information which the program deems necessary to ascertain my eligibility for affordable rental housing. This may include but is not limited to federal income tax returns, social security and disability benefits, unemployment benefits, welfare, savings, and certificates of deposits, pension, assets, profit and loss statements, dividends and any interest bearing accounts.

Applicant Signature _____ Date _____ Co-Applicant Signature _____ Date _____

Please mail / email the signed and legibly completed form to:
Rehabco, Inc.
44 E. Water St., 2nd Floor
Toms River, NJ 08753
Email: rehabconj@gmail.com Phone: 732-477-7750

Please print clearly and legibly to ensure we can accurately capture your information.