

Clinton Township

Affordable Housing Preapplication

Interested in Purchase Rental of an affordable unit in Clinton Twp, NJ

**In order to be an eligible applicant for affordable housing
TOTAL FAMILY INCOME MUST BE WITHIN THESE LIMITS:**

Persons in Household	1	2	3	4	5	6
Maximum Income	\$81,872	\$93,568	\$105,6264	\$116,960	\$125,317	\$135,674

Please Return this Pre-Application to:
 Clinton Twp Affordable Housing Program
 1225 Route 31 South
 Lebanon NJ 08833

Or scan and email it to ClintonTwpAffordableHousing@gmail.com

Priority is given to applicants who live OR work in either Hunterdon, Middlesex, or Somerset County

Name: _____ Home phone # _____

Current Address: _____ Cell phone # _____

 City, State, Zip _____ Email address _____

Though we do not live in either Hunterdon, Middlesex, or Somerset County, at least one of us works there

Total # of persons in your household ____ Gross Annual Family Income all adults \$ _____

Our current monthly rent + gas, electric, sewer, water, trash collection or parking if paid separately \$ _____

Number of adults ____ Number of children under 18: Boys ____ Girls ____

Our Gross Family Income is below the maximum on the chart above. Yes No

Check off any of the following sources of income or support currently received in your household

Wages Social Security/Disability Pension/annuity Self employment

Section 8/Food Stamps Unemployment Child Support Alimony

Number of bedrooms you require based on family size & composition 1br 2br 3br

For additional information, contact the Clinton Affordable Housing Coordinator
 732-485-0756 ClintonTwpAffordableHousing@gmail.com

I certify that all information on this preapplication is true and correct to the best of my knowledge. I understand that any willful misstatement of material fact may be grounds for disqualification. I certify that if selected to receive assistance, the unit I occupy will be my only residence. I authorize the Program to verify any information provided on this pre-application or a complete application in order to determine eligibility to continue in the Affordable Housing selection process.

Applicant Signature _____ Date _____

Co-Applicant signature _____ Date _____