

TOWNSHIP OF WASHINGTON



PRELIMINARY APPLICATION FOR DETERMINATION OF QUALIFICATION FOR HOUSING ASSISTANCE THROUGH THE BUY-DOWN PROGRAM

1. Please answer the following questions to determine preliminary eligibility:

	Circle One	
Is your household income below	Yes	No
\$31,715 for a 1-person household		
\$36,246 for a 2-person household		
\$40,777 for a 3-person household		
\$45,307 for a four-person household		
Do you have \$1,000 in savings?	Yes	No
Can you provide proof of income and assets?	Yes	No
Can you get a mortgage pre-qualification?	Yes	No
Have you or will you be willing to complete all five sessions of the Step by Step to Home Ownership workshop provided by the Housing Partnership of Morris (or similar program)? Program information can be found at www.housingpartnershipmorris.org	Yes	No

Please explain any no answers: _____

2. Return completed preliminary application along with documentation to:

Washington Township Buy-Down Program
43 Schooley's Mountain Road
Long Valley, NJ 07853
Fax: 908-876-5318
Email: acoppola@wtmorris.net

The applicant and joint applicant must sign below.

Failure to sign this application and provide verification where requested will mean disqualification.

APPLICANT

Signature _____ Date _____

Print Name _____

APPLICANT

Signature _____ Date _____

Print Name _____

Mailing Address: _____

Telephone(home): _____ (work): _____

Email: _____

We Do Business in Accordance With the Federal Fair Housing Law (The Fair Housing Amendments Act of 1988). It is Illegal to Discriminate Against Any Person Because of Race, Color, Religion, Sex, Handicap, Familial Status, or National Origin.



The following documentation (if it applies) will be required with the final application:

Personal identification (Driver's License, passport, birth certificate, social security card, etc.)

Checking - 6 months of statements

Savings Account (CD's, IRA's, etc) statements and current interest rates

A letter or appropriate reporting form verifying employment

(4) most recent consecutive pay stubs for all employed household members

1040 Federal Tax Return (Both front and back) (last 3 years)

State Tax Return (last 3 years)

A letter or appropriate reporting form verifying monthly benefits such as Social Security, unemployment, welfare, disability or pension income (monthly or annually)

A letter or appropriate reporting form verifying any other sources of income claimed by the applicant, such as alimony or child support

Income reports from bank or other financial institutions holding or managing trust funds, money market accounts, certificates of deposit, stocks or bonds

Evidence or reports of income from directly held assets such as real estate or businesses

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