

# HOUSING PARTNERSHIP

NeighborWorks®  
HomeOwnership Center

2 East Blackwell Street, Suite 12, Dover, NJ 07801  
Phone: 973-659-9222 Fax: 973-659-9220 Email: [contact@hpnj.us](mailto:contact@hpnj.us)

Dear Applicant,

Thank you for your interest in the affordable rental housing opportunity at 25 E Main Street in Mendham Borough, NJ. We are now accepting preliminary applications from qualified low income 2 BR families for a two-bedroom low income apartment.

## GUIDELINES:

Number of Bedrooms	Income Category	MINIMUM CREDIT SCORE	Monthly Rent	MAXIMUM INCOME BY HOUSEHOLD SIZE		
				2 Person	3 Person	4 Person
Two-Bedroom	Low	580	\$1,204	\$49,532	\$55,723	\$61,914

## PROCESS:

if you are interested in applying, please complete the attached Preliminary Application and return it to the Housing Partnership no later than 4 p.m. on Monday, October 23, 2023. Be sure to complete all sections of the application. If you wish to hand-deliver your application, please note that our offices work remotely on Mondays and Fridays, however you can place the applications in an envelope and drop off in the mail slot to the left of our interior door.

Applications can be submitted by:

Fax—973-659-9220

Mail—Housing Partnership, 2 East Blackwell Street, Dover, NJ 07801

Email: [homes@hpnj.us](mailto:homes@hpnj.us)

There will be a random drawing at 9:30 a.m. on Wednesday, October 25, 2023, via zoom, to establish the waiting list. Any applications received after the lottery will be placed at the bottom of the waiting list. Applicants will be contacted in order off the waiting list. Please note that income must be sufficient to cover rental. A minimum of a two person household will be required to be eligible for this home. A Final Application requiring documentation of income, assets and family composition will be required when applicants are selected from the waiting list. Minimum and maximum income, credit standards, and other requirements will apply.



This is an equal housing opportunity. Federal law prohibits discrimination against any person making application to buy or rent a home with regard to age, race, religion, national origin, sex, handicapped or familial status. State law prohibits discrimination on the basis of race, creed, color, national origin, ancestry, nationality, marital or domestic partnership or civil union status, familial status, sex, gender identity or expression, affectional or sexual orientation, disability, source of lawful income or source of lawful rent payment.

# PRELIMINARY APPLICATION FOR 25 EAST MAIN STREET, MENDHAM BORO., NJ RENTAL HOUSING

**A. Head of Household Information**

Last Name: _____	Soc. Sec. No. _____
First Name: _____	Home Phone: _____
Home Address: _____	Phone: _____
City _____	State: _____ Zip: _____
County: _____	Email: _____

**B. Credit Score (if known) \_\_\_\_\_ (Estimated)**

**C. Household Composition and Income (List ALL sources of income, including, but not limited to Salary, Dividends, Social Security, Alimony & Pensions. DO NOT include income from Assets listed in Section C.)**

FULL NAME (First, Middle & Last)	Relation TO	Date of Birth	Sex	Gross Annual Income
List everyone who will occupy the apartment				
#1	Head of Household			
#2				

**D. Assets (Bank Accounts, Cert. of Deposit, Mutual Funds, Real Estate, Etc. If you own the home in which you live, clearly indicate BOTH the market value and your equity in the home. Your equity equals the market value less any outstanding mortgage principal.**

Type of Asset	Current Market Value of Asset	Estimated Annual Income	Interest Rate
			%
			%
			%
			%

**F. Authorization & Certification (Must be signed by everyone over the age of 18.)**

I(We) hereby authorize the Housing Partnership, their agents and/or employees to obtain information regarding the status of my/our credit history and to check the accuracy of any and all statements and representations made in this application. I/We certify that all information in this application is accurate, complete and true. I/we understand that if any statements made are willingly false, the application is null and void, and I/we may be subject to penalties imposed by law. If left unsigned, this application will be considered null and void.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
 Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**D. Additional Information**

Do you receive Section 8 Rental Assistance that will apply to the affordable apt.? \_\_\_\_\_  
 If so, how much is voucher for? \_\_\_\_\_  
 Name of Case Manager: \_\_\_\_\_  
**Please attach proof of Rental Assistance Amount.**  
 Do you PAY alimony and/or child support to someone outside the household? \_\_\_\_\_  
 If you do, how much to you pay per month? \$ \_\_\_\_\_  
 Do you RECEIVE alimony and/or child support \_\_\_\_\_  
 If you so, how much do you receive per month? \$ \_\_\_\_\_

**E. Preferences**

Do you require a handicap-accessible unit? \_\_\_\_\_