



NOT FOR PROFIT AFFORDABLE HOUSING DEVELOPER AND ADMINISTRATOR

"Creating environments that nurture positive development in lives and in our communities"

Dear Affordable Housing Applicant:

Thank you for inquiring about affordable housing with Homes Now, Inc., Administrative Agent for the Township of Brick and Township of Stafford, Ocean County. We currently administer both the rental and home ownership units throughout Brick Township and home ownership units in Stafford Township.

In order to be eligible for an affordable housing unit, you must meet certain income limits as determined by the New Jersey Council on Affordable Housing. Income limits are determined by region. Our housing units are located in Region 4 which includes Mercer, Monmouth and Ocean Counties. Income limits are adjusted after HUD income guidelines are adopted and are based on the number of persons in the household. This update was last completed, and adopted by the above-mentioned Townships in 2020 and are as follows:

2020 Income Guidelines

Number of persons in household	Low Income Guidelines	Moderate Income Guidelines
1	\$22,941 - \$38,235	\$38,235 - \$61,175
2	\$26,218 - \$43,697	\$43,697 - \$69,915
3	\$29,495 - \$49,159	\$49,159 - \$78,654
4	\$32,772 - \$54,621	\$54,621 - \$87,393
5	\$35,394 - \$58,990	\$58,990 - \$94,385
6	\$38,016 - \$63,360	\$63,360 - \$101,376
7	\$40,638 - \$67,730	\$67,730 - \$108,368
8	\$43,260 - \$72,099	\$72,099 - \$115,359

If your income falls within these limits, please complete the attached preliminary application and return it to our office at 2141 Route 88 East, Suite 1, Brick, NJ 08724. When a unit becomes available you will be contacted and asked to complete a full application, which includes a checklist of documents required to be considered for possible certification. If after the documents are reviewed you meet the certification criteria, you will have the opportunity to be certified as income eligible. A random selection process may be used to determine the priority of applications.

Please remember that all applications and documents are held in the strictest confidence. If you require assistance completing the application or have questions regarding any of the requested information, please contact our office at (732) 295-7380 Monday through Friday between 8:30 a.m. and 3:30 p.m.

Sincerely,

Homes Now, Inc.

Homes Now, Inc. • Homes Now Tudor Village, Inc.
Homes Now Beachview Residence, Inc. • Homes Now Sycamore Ridge, Inc.

PRELIMINARY APPLICATION
Homes Now, Inc.



Personal Information

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ Apt: _____ City: _____ State: _____ Zip Code: _____

County: _____ Home/Cell Phone: _____ E-Mail: _____

Household Composition and Income (List ALL sources of income, including but not limited to Salary, Dividends, Social Security, Child Support, Alimony and Pensions. DO NOT include income from assets.)

	NAME (first, last)	SEX (M/F)	RELATION	DATE OF BIRTH (MM/DD/YYYY)	GROSS ANNUAL INCOME
1			HEAD OF HOUSEHOLD		\$
2					\$
3					\$
4					\$
5					\$
6					\$

Total: _____

Assets (Checking & Savings Accounts, CD's, IRA, Real Estate, Etc.)

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

Current Situation

Do you currently: _____ Rent _____ Own

Other (specify): _____

Preference Please choose one

- One Bedroom
- Two Bedroom
- Three Bedroom

Please answer Yes or No to the following:

Yes	No	Do you require a handicap-accessible unit?
Yes	No	Do any members of your household pay child support and/or alimony to anyone outside of this household? If yes MONTHLY AMOUNT \$ _____.
Yes	No	Does your household receive any subsidy, i.e. Section 8, TBRA, SRAP, etc. If yes list MONTHLY AMOUNT \$ _____.

APPLICANT CERTIFICATION (Must be signed by everyone over the age of 18.)

I/we understand that the above information is being collected to determine my/our eligibility for a housing unit. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable by law.

Signature of Applicant: _____

Date: _____

Signature of Co Applicant: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

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