



**PRELIMINARY APPLICATION  
FOR RENTAL UNITS  
FOR THE HILLSBOROUGH TOWNSHIP  
AFFORDABLE HOUSING PROGRAM  
AFFORDABLE RENTAL UNITS**

**DISCLOSURE**

If you are interested in the Hillsborough Township affordable housing program, complete this application and return it to: CME Associates, 1460 Route 9 South, Howell, NJ 07731, Attn: Patty Gallagher.

1. Renters of Hillsborough Township Affordable Housing units must be Low and Moderate Income Families as determined by the New Jersey Affordable Housing guidelines. Proof of gross annual household income is required to assure that you are qualified. You must also demonstrate that your income is adequate to be able to afford and maintain the unit.
2. Affordable units must be occupied by the named renter and be used as your primary residence. Each renter shall certify in writing that he/she is renting the affordable unit for the express purpose of primary living quarters and for no other reason beyond what is allowable.
3. Renters of affordable units have the same rights, privileges, duties and obligations as any other renters in Hillsborough Township, with the exception of the restrictions in the Township of Hillsborough's Ordinances and Regulations pertaining to Low and Moderate Income Housing. Selection of participants in the Hillsborough Township Affordable Housing Program is made on the basis of income, family size and available units.

If you would like more information regarding rental units in Hillsborough Township, please contact CME Associates at [pgallagher@cmeusa1.com](mailto:pgallagher@cmeusa1.com) or 732-289-8395/732-462-7400X1030.

**To Be Eligible To Rent A Unit You Must Meet The Following Income Criteria:**

<b>HOUSEHOLD SIZE</b>	<b>VERY LOW INCOME*</b>	<b>LOW INCOME*</b>	<b>MODERATE INCOME*</b>
<b>1</b>	<b>\$30,702</b>	<b>\$51,170</b>	<b>\$81,872</b>
<b>2</b>	<b>\$35,088</b>	<b>\$58,480</b>	<b>\$93,568</b>
<b>3</b>	<b>\$39,474</b>	<b>\$65,790</b>	<b>\$105,264</b>
<b>4</b>	<b>\$43,860</b>	<b>\$73,100</b>	<b>\$116,960</b>
<b>5</b>	<b>\$47,369</b>	<b>\$78,948</b>	<b>\$126,317</b>
<b>6</b>	<b>\$50,878</b>	<b>\$84,796</b>	<b>\$135,674</b>

The following application must be completed in full to be accepted and processed. This application is not transferable and original documentation must be submitted. Please call CME Associates at 732-462-7400 X 1030 if you have any questions regarding your application. Once the application has been completed please return it via U.S. Mail (CME Associates 1460 Route 9 South, Howell, NJ 07731), email ([pgallagher@cmeusa1.com](mailto:pgallagher@cmeusa1.com)) or fax (732-409-0756).



**PLEASE DO NOT SEND ANY SUPPORTING DOCUMENTS WITH THIS APPLICATION.**

Once your application has been reviewed you will be notified of our preliminary determination of eligibility. **It is your responsibility to make sure that all information you provide this office is true and accurate.**

The information in this application and any other information required by the Township of Hillsborough will be kept confidential. No part of this application or your file will be given to any person, entity or business not related to the Township of Hillsborough, or their agents without your written request or consent.

“Family” includes **ALL** persons living in a single unit, whether or not they are related by blood, marriage or otherwise. The information required to complete this application includes information about all persons intending to reside in the unit. Only those families who have been certified by CME Associates and pass the credit check will be able to rent a unit.

You will need a good credit history and must satisfactorily pass the landlord’s credit screening. Applicants will need to have a credit check done in person and there is a non-refundable fee per application as well as a deposit that will be applied towards the security deposit if approved (if you are not approved your deposit will be returned to you). Each applicant will be considered in the overall credit worthiness of the application. **DO NOT SEND ANY FUNDS WITH THIS APPLICATION** – Fees and deposits are due when you are offered an affordable housing unit and made payable directly to the management company.

If you are offered an apartment, please be aware that a lease is usually required to be signed within two (2) weeks of the offer. First month’s rent and a month security will be required **AT THAT TIME**.

One (1) pet (not in excess of 35 pounds) per unit is allowed. There is a non-refundable pet fee and an additional per month pet rental charge. All tenants with a pet must sign and agree to terms in the Pet Addendum. Copy of the Pet Addendum can be obtained from the leasing office.

The Disclosure Statement is part of this application. Please read the Statement for important information. You may wish to consult with an attorney of your choice with respect to the Disclosure Statement, the Affordable Housing Plan or the Application for Certification.

Your income certification qualifies you to rent an affordable housing unit in, that may become available to rent in your specific category. Your category is determined by your income and household size. You will be given information on units currently for rent when you are determined to be income eligible by CME Associates.

Priority selection for the affordable rental units may need to be made through a random selection process (lottery). A random selection is held whenever there are more eligible applicants than units available. Only income certified applicants that filled out a credit application, paid the credit check fee and have passed the credit check will be included in the random selection process. If there are no affordable rental units available in your category at the time you apply, then you will be placed on a waiting list.

**PRELIMINARY APPLICATION FOR AFFORDABLE RENTAL UNIT IN  
HILLSBOROUGH TOWNSHIP, NJ**

Complete the entire application. If a question does not apply to you or your household enter N/A.

**DO NOT SEND ANY SUPPORTING DOCUMENTATION AT THIS TIME**

Is this application for the Rental  or the Purchase (Adult community 55+)

**1. HOUSEHOLD COMPOSITION:**

**Applicant:**

Name: \_\_\_\_\_

Sex: Male  Female  Non-Binary  Do not wish to disclose

Date of Birth: \_\_\_\_\_ Last Four (4) Digits of Social Security Number \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Mailing Address if Different: \_\_\_\_\_

Marital Status: Married  Single  Divorced  Separated

Are you Currently Serving in the Military Yes  No

Are you a Veteran Yes  No

Are you the Spouse of a Veteran Yes  No

**Co-Applicant:**

Name: \_\_\_\_\_

Sex: Male  Female  Non-Binary  Do not wish to disclose

Date of Birth: \_\_\_\_\_ Social Security Number (last 4 digits only) \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Mailing Address if Different: \_\_\_\_\_

Are you Currently Serving in the Military Yes  No

Are you a Veteran Yes  No

Are you the Spouse of a Veteran Yes  No

Please list all household members will reside in this home:

NAME	RELATIONSHIP	GENDER	DATE OF BIRTH	FULL TIME STUDENT
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

**FOR STATISTICAL PURPOSES:** Please indicate your racial/ethnic group below:

Native Indian       White/Non-Hispanic       Hispanic - Black       Asian American   
Alaskan Native       Hispanic - White       Hispanic - White       African American   
Other \_\_\_\_\_

**PLEASE RESPOND TO THE FOLLOWING:**

Do you own your own home? Yes  No

If yes, how much do you pay a month for mortgage? \_\_\_\_\_

Do you currently rent? Yes  No

If yes, how much do you pay a month for rent? \_\_\_\_\_

Do you currently receive Section 8 Rental Assistance that will apply to the affordable housing unit? \_\_\_\_\_

Number of bedrooms required (limited by number of members in household)? \_\_\_\_\_

Do you require a handicap accessible unit? Yes or No

Other applicable information/comments or special details above your household situation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. EMPLOYMENT INFORMATION**

Please provide information for **ALL** household members who receive income from present employment and are 18 years of age or older (also include any part-time employment). Use additional pages if more than three household members have employment income.

Household Member Name: \_\_\_\_\_  
Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
County: \_\_\_\_\_ How Long at Current Job: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_

Household Member Name: \_\_\_\_\_  
Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
County: \_\_\_\_\_ How Long at Current Job: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_

**3. INCOME INFORMATION:**

Do you PAY alimony and/or child support to someone outside the household? Yes  No

If yes, how much do you pay per month in alimony \$ \_\_\_\_\_ child support \$ \_\_\_\_\_

Do you RECEIVE alimony and/or child support to someone outside the household? Yes  No

If yes, how much do you receive per month in alimony \$ \_\_\_\_\_ child support \$ \_\_\_\_\_

**4. INCOME SOURCES:**

Please state the amount of your current annual projected gross income from each applicable source. Use additional pages if more than two adults have income:

Source of Income	Adult #1	Adult #2
Gross Salary/Wages (per month)	_____	_____
Pension(s) (per month)	_____	_____
Social Security (per month)	_____	_____
Unemployment Compensation	_____	_____
Child Support Received (added to income)	_____	_____
Child Support Paid (deducted to income)	_____	_____
Disability Payment	_____	_____
Welfare	_____	_____
Tips/Commissions	_____	_____
Alimony Received (added to income)	_____	_____
Alimony Paid (deduct from income)	_____	_____
Other	_____	_____
Sub-Totals	_____	_____

**TOTAL OF ALL ADULT INCOMES: \$** \_\_\_\_\_

**OTHER INCOME/ASSET INFORMATION**

Please list all checking and savings accounts, CDs, Money Market Funds, Mutual Funds and any other assets held by financial institutions below, whether or not you gain any interest from them, for all household members.

Name & Address of Financial Institution	Account Number	Current Balance/ Value	Projected Annual Interest Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**TOTAL PROJECTED INTEREST INCOME FROM THIS SECTION:** \_\_\_\_\_

**5. INVESTMENT INCOME**

Please list all stocks, bonds and other sources of investment income:

Name of Assets	Number of Shares	Current /Value	Projected Annual Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**TOTAL PROJECTED INCOME FROM THIS SECTION:** \_\_\_\_\_

Do you own a business or income producing real estate? Yes  No

Do you receive income/monies/rent receipts from this asset? Yes  No

If you own a business, what is the gross income and expenses (4 month average) \_\_\_\_\_

Do you have other sources of income Yes  No

Please Describe: \_\_\_\_\_

\_\_\_\_\_

**TOTAL HOUSEHOLD GROSS ANNUAL INCOME FROM ALL SOURCES: (combine sections 4 & 5 of this application)** \_\_\_\_\_

**6. GENERAL**

Do you own a home or other real estate: Yes or No

If yes, please describe below all real estate owned by and if applicable, any persons who shall occupy the unit. Applicants owning real estate must provide documentation of a market value appraisal and outstanding mortgage debt. The difference will be treated as monetary value of asset and the imputed interest added to income. In addition to the appraisal, please provide copies of: the deed, most recent tax bill and latest mortgage statement.

Will you be selling the home or renting it out? Please explain.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### CERTIFICATION

I hereby certify that the above information concerning my family size, actual gross income as well as all other information contained herein is true and accurate to the best of my knowledge. I understand the CME Associates and the Hillsborough Township are relying on this information to determine whether I qualify for an affordable housing unit.

I further certify that the copies of the documents attached to this application are true and accurate copies of the original documents.

I understand all documents submitted will become the property of Hillsborough Township and will not be returned.

I further certify that I intend to personally occupy the unit as my primary residence except for reasonable periods of vacations or illness. I know that it would be illegal to rent or sublet the unit. I understand that only the parties listed on this application may reside in the affordable housing unit.

I authorize CME Associates, the Hillsborough Township and their agents to check for accuracy on any and all statements and representations made in this application. This may include calls to employers to verify income, contact banks, etc.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**REGIONAL PREFERENCE:** Households living and/or working in the West Central housing Region, Group 3 (Hunterdon, Somerset and Middlesex counties) may receive preference for the affordable housing units in Hillsborough Township. You must document proof of residence or employment in this region. Please photocopy and attach a driver’s license, voter registration card, utility bill or pay stubs as documentation of where you live and/or work.

**All adults who will be on the lease for an affordable rental unit must sign this Disclosure Statement.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

