

WYCKOFF AFFORDABLE HOUSING APPLICATION  
FOR ELIGIBILITY & CERTIFICATION OF PURCHASERS/RENTERS

1. Please fully complete the attached information so that a determination of household income eligibility can be made. The required data will be used to determine if you qualify as a Potential Income Eligible Purchaser/Renter. Failure to submit complete & **notarized** information will result in a rejection and require the filing of another application. Written notification of change of address, phone number, household composition, income or job status must be provided. Everyone 18 years and older must submit information. If you are not currently married or living with another adult but plan to do so, complete data for all who will live in unit.
2. Attach copy of **FEDERAL TAX RETURNS** (FORM 1040) for the three most recent years. For the Housing Consultant to verify income, obtain Form 1040 Tax Summary from local Internal Revenue Service Center or call 1-800-829-1040, hold, as if you have a rotary phone, ask agent to **mail you a copy of your 1040 Tax Summary** for the three most recent years. **Mail a copy of statement that you receive to this office at the address below.**
3. Attach copy of most recent **Pay Stub, Alimony Check, Child Support Check, Pension Check, Unemployment, Disability, Social Security Statement and Divorce Decree/Separation/Custody and/or Child Support Agreement** for all family members 18 years and over. If you have an interest in a **Corporation or Partnership** include tax returns for the three most recent years. If self-employed, include a current **Certified Profit & Loss Statement** and **Balance Sheet**.
4. Attach a copy of the most current **Bank Statement** for all checking, savings, money market funds, certificates of deposit, pension, IRA, stock, bond, investment and/or all other types of accounts.
5. If you or co-applicant own an interest in any kind of home, building or land: include a copy of **Market Value Appraisal or Realtor Comparative Market Analysis and Bank/Mortgage Co. Statement** indicating **Current Mortgage Balance**. If you own rental property attach copies of all leases.
6. **VERIFICATION OF EMPLOYMENT** – Item 1-employer's address, Item 5-your name & address, Item 6-signature, Item 7-social security number. **FILL OUT IN DUPLICATE** (2 copies per employer). **Mail one copy to us and mail one to each employer.**
7. **VERIFICATION OF DEPOSIT** – use one form per bank, IRA, pension or investment account. Fill in Item 1-institution's name & address, Item 5-account # & information, Item 6-your name & address, Item 7-signature, Item 8-social security number. **FILL OUT IN DUPLICATE** (2 copies per bank). **Mail one copy to us and mail one to each bank, etc.**
8. The application package and a **nonrefundable money order or check** for \$40.00, made payable to **Township of Wyckoff**, should be mailed to:

**Cheryl A. Zega,**  
**700-76 Broadway, PMB 382, Westwood, NJ 07675-4848**
9. If your household becomes certified you may be considered for an affordable housing unit when one becomes available. Unfortunately, Wyckoff cannot guarantee the availability of an affordable housing unit for each certified household. Your certification will remain on record until you are notified that you may be among other applicants being considered for a unit. At that time a new application must be filed and a processing fee paid if your certification was issued more than 8 months before you were advised that a unit becomes available.

PURCHASER/RENTER APPLICANT QUESTIONNAIRE  
COMPLETE AND INCLUDE WITH APPLICATION

<u>YES</u>	<u>NO</u>	<u>N/A</u>	Answer either YES, NO or Non-applicable (N/A) to each question.
_____	_____	_____	1. Is application signed and notarized by all members 18 or older?
_____	_____	_____	2. Are signed and completed federal tax returns attached for the three most recent years? If not why _____
_____	_____	_____	3. Did you include a copy of your pay stub, alimony, child support, pension check, welfare, disability, unemployment, or social security statement?
_____	_____	_____	4. Did you include a copy of your divorce decree, separation, custody, and/or child support agreement?
_____	_____	_____	5. Do you own any interest in a business, corporation or partnership?
_____	_____	_____	6. If you are self employed did you include a Profit and Loss Statement, and Balance Sheet?
_____	_____	_____	7. Did you include an official statement for checking, savings, money market, certificate of deposit, pension, IRA, stock, bonds investment or any other deposit?
_____	_____	_____	8. Are all verifications of employment complete including your name and address, employers name and address for all persons working in the household? A. Has 1 copy been mailed to your employer(s)? B. Has 1 copy been included in the application package?
_____	_____	_____	9. Are all verifications of deposit complete including your name and address, account number(s) and balance(s), financial institution name and address for all members of your household? A. Has 1 copy been mailed to your financial institution(s)? B. Has 1 copy been included in the application package?
_____	_____	_____	10. If you own rental property, did you include copies of all leases?
_____	_____	_____	11. If you rent an affordable unit, what will be done with your current home? _____
_____	_____	_____	12. Did you include a check or money order for \$40.00 made payable to <b>'Township of Wyckoff'</b> ?
_____	_____	_____	13. Are you a resident of Bergen, Passaic, Hudson, or Sussex County?

## Purchaser/Tenant Application

### Household Information

Complete the following information for each household member that will occupy the unit at the time of move-in:

Name First, Middle Initial, Last	Relationship to Head of Household	M/F	Social Security Number	Date of Birth Month, Date, Year

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

Day Phone # (\_\_\_\_) \_\_\_\_\_ Cell# (\_\_\_\_) \_\_\_\_\_ Evening Phone # (\_\_\_\_) \_\_\_\_\_

Email Address (Head of Household): \_\_\_\_\_

Do you currently own your own residence \_\_\_\_\_ or rent \_\_\_\_\_ Do you wish to purchase \_\_\_\_\_ or rent \_\_\_\_\_

Marital Status: Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widow(er) \_\_\_ Student \_\_\_ Engaged \_\_\_

Other \_\_\_ Please explain \_\_\_\_\_

Answer YES or NO to each question. YES    NO

1. Do you expect any addition to the household within the next twelve months? \_\_\_\_\_

2. Do you have full custody of your child(ren)? \_\_\_\_\_

Explanation of custody arrangements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Have you ever filed for bankruptcy? \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Income information

Please use a separate column for each household member who is 18 years of age and receives income. Annual amounts (12 Months) a full year must be provided. **Include documentation for all income sources.**

	Member 1	Member 2	Member 3	Member 4
Gross salary	_____	_____	_____	_____
Tips, bonuses, commissions, and cash payments	_____	_____	_____	_____
Self employment Include profit & loss statement	_____	_____	_____	_____
Armed Forces pay	_____	_____	_____	_____
Unemployment or Workmen's Compensation	_____	_____	_____	_____
Public Assistance, General Relief or Aid to Families with Dependent Children, Welfare	_____	_____	_____	_____
Child Support and/or Alimony Any awarded amounts	_____	_____	_____	_____
Payments from Social Security Administration	_____	_____	_____	_____
Veteran's Benefits, Pensions Retirement Benefits or Annuities	_____	_____	_____	_____
Severance payments	_____	_____	_____	_____
Regular gifts or payments from anyone outside household	_____	_____	_____	_____
Payments from rental property, land contracts or other real estate income	_____	_____	_____	_____
Settlements Such as insurance	_____	_____	_____	_____
Disability, death benefits or life insurance dividends	_____	_____	_____	_____
Educational grants, Scholarships, or other Student Benefits	_____	_____	_____	_____
Lottery winnings or Inheritances	_____	_____	_____	_____
Any other type of income not listed above	_____	_____	_____	_____

**Asset Information:**

Include all assets held and the corresponding annual interest rate, dividends or any other income derived from the asset. Asset is defined as any lump sum amount that you hold and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

Include **ALL** assets held by **ALL** household members including minors.

**Account Information:**

Please list all checking, savings, CDs, money market accounts, treasury bills, mutual funds, IRA, pension, profit-sharing and other accounts/assets held by financial institutions for all persons who will live in unit.

<u>Name &amp; Address of Financial Institution</u>	<u>Account #</u>	<u>Current Value</u>	<u>Annual Income</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Asset Information:**

Please list all stocks, bonds, real estate (home, building, land, mobile homes, vacation homes or commercial property), cash on hand over \$500.00 and personal property as an investment (paintings, coin or stamp collections, artwork, collector or show cars, and antiques)

<u>Name of Asset</u>	<u>Current Value</u>	<u>Annual Income</u>	<u>Number of Shares/ Other Information</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you or any household member disposed of or given away any asset(s) for **LESS** than the fair market value within the past two years?

Explanation: \_\_\_\_\_

**Zero Income Verification:**

Are **YOU** or is any **OTHER ADULT** member of your household claiming zero income? If so, who?

Explanation: \_\_\_\_\_

**Additional Information:**

Are **YOU** or is **ANYONE** in your household:

YES      NO

- |  |       |       |
|--|-------|-------|
| 1. Currently a full-time student, or planning to be one within the next 12 months?                               | _____ | _____ |
| 2. Married and currently filing a joint tax return?  | _____ | _____ |
| 3. Received AFDC (Aid to Families with Dependent Children)?  | _____ | _____ |
| 4. Enrolled in Job Training Partnership Act (JTPA) or another similar local, county or state program?            | _____ | _____ |
| 5. A single parent with child(ren) and neither you nor the child(ren) re dependents on anyone else's tax return? | _____ | _____ |
| 6. Own or share in a business    Corp _____ Partnership _____ Self Employed _____                                |       |       |
| 7. Own real estate, rental property, or land   | _____ | _____ |

**Section 8 Rental Assistance:**

- |   |       |       |
|---|-------|-------|
| 1. Will your household be receiving Section 8 rental assistance at time of move-in? | _____ | _____ |
|---|-------|-------|

Name of Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

- |   |  |  |
|---|--|--|
| 2. Will your household be eligible or are your applying to receive Section 8 rental assistance in the next 12 months? |  |  |
|---|--|--|

Explanation: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

All questions that were answered **YES** will be verified through the appropriate third-party source. It will be your responsibility to provide the Township of Wyckoff with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone, and fax numbers, account numbers where applicable and any other information required to expedite this process. If information is not promptly provided you will not be certified.

Notarized Signature

All signatures must be **NOTARIZED**. No application will be accepted without notarization. All members of your household 18 years of age or older **must** sign the application. If you cannot obtain original signatures, please attach affidavits empowering you to sign on their behalf.

Signature Clause

I (We) understand that the Township of Wyckoff is relying on this information to prove my household's eligibility. I (We) certify that all information and answers to the above questions are true and complete to the best of my knowledge. I (We) consent to release the necessary information to determine my eligibility. I (We) understand that providing false information or making false statements may be grounds for denial of my application.

I (We) am (are) further aware and agree that the representations contained in this application, and attachments thereto relied upon by the Township of Wyckoff in connection with its determination of my eligibility shall become part of the contract/lease of the Affordable Housing Unit, and the contract/lease may be terminated by the Township of Wyckoff, if any of said representations are found to be false or misleading.

I (We) also certify that the Affordable Housing Unit I (we) am (are) seeking to purchase/rent will be used as my (our) primary residence. I (We) also certify that all income and other relevant data of all household members who will be occupying the condominium, have been fully disclosed herein. I (We) also fully understand that this application does not obligate me (us) in any way to purchase/rent an affordable housing unit, but will be used to determine my (our) eligibility to purchase/rent.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

I CERTIFY that on (date) \_\_\_\_\_ (name) \_\_\_\_\_  
personally came before me and acknowledged under oath to my satisfaction that they are named and personally signed this document.

State of \_\_\_\_\_, County of \_\_\_\_\_ Notary \_\_\_\_\_

I CERTIFY that on (date) \_\_\_\_\_ (name) \_\_\_\_\_  
personally came before me and acknowledged under oath to my satisfaction that they are named and personally signed this document.

State of \_\_\_\_\_, County of \_\_\_\_\_ Notary \_\_\_\_\_

I CERTIFY that on (date) \_\_\_\_\_ (name) \_\_\_\_\_  
personally came before me and acknowledged under oath to my satisfaction that they are named and personally signed this document.


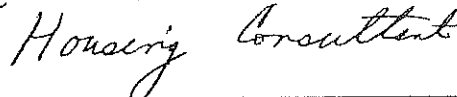
State of \_\_\_\_\_, County of \_\_\_\_\_ Notary \_\_\_\_\_

I CERTIFY that on (date) \_\_\_\_\_ (name) \_\_\_\_\_  
personally came before me and acknowledged under oath to my satisfaction that they are named and personally signed this document.

State of \_\_\_\_\_, County of \_\_\_\_\_ Notary \_\_\_\_\_

## REQUEST FOR VERIFICATION OF EMPLOYMENT

Part I – Request – Applicant complete items 1 through 7

1. To: Name and Address of EMPLOYER	2. From: Cheryl A. Zega, Housing Consultant 700-76 Broadway, PMB 382 Westwood, NJ 07675
3. Signature 	4. Title 

I hereby authorize the employer in box 1 to release the information below to Cheryl A. Zega, Wyckoff Housing Consultant.

5. Name and Address of APPLICANT (include employee or badge number)	6. Signature of Applicant
	7. Social Security Number

Part II – Verification of Employment – Employer complete items 8 through 19. Return to address in item 2.

8. Applicant's Date of Employment	9. Present Position	10. Probability of continued employment
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11. Current gross base pay (use applicable pay period)

Annual \_\_\_\_\_ Hourly \_\_\_\_\_ average number of hours \_\_\_\_\_  
 Monthly \_\_\_\_\_ Weekly \_\_\_\_\_ use average weekly pay  
 Bi weekly \_\_\_\_\_ Bi monthly \_\_\_\_\_

Type	Year to Date thru	Past year	Past year	If overtime or bonus is applicable, is its continuance likely?
Base pay				Overtime YES NO
Overtime				Bonus YES NO
Commissions				Please circle
Bonus				
Total				

12. Date of last pay increase _____	13. Amount of last pay increase _____
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14. Other applicable information:

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Part III – Authorized signature

15. Signature of Employer	16. Title	
17. Print or type named signed above	18. Phone Number	19. Date



## REQUEST FOR VERIFICATION OF EMPLOYMENT

Part I – Request – Applicant complete items 1 through 7

1. To: Name and Address of EMPLOYER	2. From: Cheryl A. Zega, Housing Consultant 700-76 Broadway, PMB 382 Westwood, NJ 07675
3. Signature <i>Cheryl A. Zega</i>	4. Title <i>Housing Consultant</i>

I hereby authorize the employer in box 1 to release the information below to Cheryl A. Zega, Wyckoff Housing Consultant.

5. Name and Address of APPLICANT (include employee or badge number)	6. Signature of Applicant
	7. Social Security Number

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Monthly \_\_\_\_\_ Weekly \_\_\_\_\_ use average weekly pay \_\_\_\_\_

Bi weekly \_\_\_\_\_ Bi monthly \_\_\_\_\_

Type	Year to Date thru	Past year	Past year	If overtime or bonus is applicable, is its continuance likely? Overtime YES NO Bonus YES NO Please circle
Base pay				
Overtime				
Commissions				
Bonus				
<b>Total</b>				

12. Date of last pay increase _____	13. Amount of last pay increase _____
-------------------------------------	---------------------------------------

14. Other applicable information:

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Part III – Authorized signature

15. Signature of Employer	16. Title
17. Print or type named signed above	18. Phone Number
	19. Date

## REQUEST FOR VERIFICATION OF DEPOSIT

Part I – Request – Applicant complete items 1 through 7

1. To: Name and Address of INSTITUTION


2. From:

Cheryl A. Zega, Housing Consultant  
700-76 Broadway, PMB 382  
Westwood, NJ 07675

3. Signature



4. Title



I hereby authorize the institution in box 1 to release the information below to Cheryl A. Zega, Wyckoff Housing Consultant.

5. Information to be verified

Type of Account	Account in Name of	Account Number	Balance

6. Name and Address of APPLICANT

7. Signature of Applicant

8. Social Security Number

Part II – Verification of Depository – Depository complete items 9 through 16. Return to address in item 2.

9. Deposits to be verified

Type of Account	Account in Name of	Account Number	Balance

10. Please provide detail on any outstanding loan balance(s).

11. Please include any additional information which may be of assistance in determination of credit worthiness.

12. If the name(s) on the account(s) differ from those listed in item 6, please supply the name(s) as reflected by your records.

17. Signature of Representative

18. Title



19. Print or type named signed above

20. Phone Number

21. Date

## REQUEST FOR VERIFICATION OF DEPOSIT

Part I – Request – Applicant complete items 1 through 7

1. To: Name and Address of INSTITUTION	2. From: Cheryl A. Zega, Housing Consultant 700-76 Broadway, PMB 382 Westwood, NJ 07675
3. Signature 	4. Title 

I hereby authorize the institution in box 1 to release the information below to Cheryl A. Zega, Wyckoff Housing Consultant.

5. Information to be verified

Type of Account	Account in Name of	Account Number	Balance

6. Name and Address of APPLICANT	7. Signature of Applicant
	8. Social Security Number

Part II – Verification of Depository – Depository complete items 9 through 16. Return to address in item 2.

9. Deposits to be verified

Type of Account	Account in Name of	Account Number	Balance

10. Please provide detail on any outstanding loan balance(s).

11. Please include any additional information which may be of assistance in determination of credit worthiness.

12. If the name(s) on the account(s) differ from those listed in item 6, please supply the name(s) as reflected by your records.

17. Signature of Representative	18. Title	
19. Print or type named signed above	20. Phone Number	21. Date