

# **PUBLIC NOTICE**

## **AFFORDABLE HOUSING LOTTERY**

### **IN SUMMIT, NJ**

May 1, 2019 - The City of Summit is accepting preliminary applications for its Affordable Housing program. The Housing Authority of the City of Summit will conduct a lottery of income-eligible preliminary applicants to establish a waiting list for any affordable housing units which may become available throughout the City of Summit. This waiting list will replace any and all previous waiting lists.

In order to be placed on the waiting list, interested heads of household must submit a preliminary application. Application forms are available at the following websites, <http://cityofsummit.org> and <http://summitnja.org> and at the Summit Housing Authority Office, 512 Springfield Ave. Summit, NJ 07901. **Preliminary applications must be received by 4:00 PM on Monday, June 3, 2019.**

The lottery will take place at 10:00am on Friday, June 7, 2019 at the Summit Housing Authority Office. It is not necessary to attend to be included in the lottery, as long as you have submitted an application and have been preliminarily determined to be income-eligible. If you have any questions, please contact the Summit Housing Authority at 908-273-6413.

**The maximum income limits for households to be considered for eligibility are shown on the following table.**

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.

<b>Number of Persons in Household</b>	<b>Maximum Annual Income Low Income Units</b>	<b>Maximum Annual Income Moderate Income Units</b>
1	\$33,377	\$53,404
2	\$38,146	\$61,033
3	\$42,914	\$68,662
4	\$47,682	\$76,291
5	\$51,497	\$82,395
6	\$55,311	\$88,498

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# CITY OF SUMMIT

## APPLICATION FOR AFFORDABLE HOUSING

APPLICANT NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY, STATE, ZIPCODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

### **HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

1. List the Head of Household and all other members who will be living in the unit. Give the relationship to the head of household of each member of household (son, friend, etc.).

#	MEMBERS FULL NAME	RELATION	DATE of BIRTH	SEX	SOCIAL SECURITY #
1		Applicant			
2					
3					
4					
5					
6					
7					
8					
9					

2. Does anyone live with you now who is not listed above:    Yes                      No

3. Do you expect a change in your household composition?    Yes                      No

If you answered yes to either question above, please explain: \_\_\_\_\_

\_\_\_\_\_

4. Please describe any special housing needs: \_\_\_\_\_

\_\_\_\_\_

5. Number of bedrooms requested based on family composition: \_\_\_\_\_

6. Do you wish to rent or purchase?    \_\_\_\_\_ rent    \_\_\_\_\_ purchase    \_\_\_\_\_ either

## **INCOME AND ASSET INFORMATION**

Please circle yes or no for each of the following questions. For each "yes", provide details in the charts below.

Does any member of your household:

1.	Work full-time, part-time or seasonally?	Yes	No
2.	Expect to work for any period during the next year?	Yes	No
3.	Work for someone who pays you cash?	Yes	No
4.	Expect a leave of absence from work due to lay-off, medical, maternity or military leave?	Yes	No
5.	Now receive or expect to receive unemployment benefits?	Yes	No
6.	Now receive or expect to receive child support?	Yes	No
7.	Entitled to child support that he/she is not now receiving?	Yes	No
8.	Now receive or expect to receive alimony?	Yes	No
9.	Have an entitlement to receive alimony that is not currently being received?	Yes	No
10.	Now receive or expect to receive public assistance (welfare)?	Yes	No
11.	Now receive or expect to receive Social Security or disability benefits?	Yes	No
12.	Now receive or expect to receive income from a pension or annuity?	Yes	No
13.	Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?	Yes	No
14.	Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds or income from rental property?	Yes	No
15.	Own real estate or any assets for which you receive no income (checking account, cash)?	Yes	No
16.	If you own a home, do you maintain a mortgage on the property?	Yes	No
17.	Have you sold or given away real property or other assets (including cash) in the past two years?	Yes	No
18.	Are you responsible for paying child support or alimony? If yes, please show amount you pay monthly: \$	Yes	No

MEMBER NO.	SOURCE OF INCOME / TYPE OF INCOME	TOTAL GROSS ANNUAL INCOME

## **ASSETS**

1. List all checking and savings accounts (including IRAs, Keogh accounts, and Certificates of Deposit) of all household members.

<b>MEMBER NO.</b>	<b>BANK NAME</b>	<b>TYPE OF ACCOUNT</b>	<b>ACCOUNT NUMBER</b>	<b>BALANCE</b>

2. List all stocks, bonds, trusts, pensions, or other assets, including a house, and their value, owned by any household member:

3. List any assets disposed of for less than their fair market value during the past two years:

## **PREVIOUS RENTAL OR OWNERSHIP HISTORY**

Name and address of your present landlord or current address:

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

Telephone #: \_\_\_\_\_

How long have you lived here? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Name and address of your former landlord or your previous address:

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

Telephone #: \_\_\_\_\_

How long did you live there? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

**EMPLOYMENT HISTORY**

Name and address of Head of Household's present employer:

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Telephone #: \_\_\_\_\_  
Supervisor's Name? \_\_\_\_\_  
How long have you worked there? \_\_\_\_\_

Name and address of spouse/co-head of household's employer:

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Telephone #: \_\_\_\_\_  
Supervisor's Name? \_\_\_\_\_  
How long have you worked there? \_\_\_\_\_**APPLICANT CERTIFICATION**

I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. 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 under Federal Law.

Signature of Head of Household \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse/Co-Head \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Administrative Agent \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN COMPLETED APPLICATION TO:**

**Summit Housing Authority**  
**512 Springfield Avenue**  
**Summit, NJ 07901**

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## **DOCUMENTATION CHECKLIST**

**The following documentation (if it applies to you) must be provided so that we can verify your income and household size:**

- ☐ Personal identification (copies of driver's license, passport, birth certificate, social security card, etc.)
- ☐ Checking account - 6 months of statements
- ☐ Savings account, CD's, IRA's, etc. - statements and current interest rates
- ☐ Bonds
- ☐ Stocks
- ☐ Real estate (total value minus any outstanding mortgage balance, closing costs, broker's fees, etc.) and income from real estate or businesses
- ☐ Four most recent consecutive pay stubs for all employed household members
- ☐ Social Security: computer printout or award letter
- ☐ Pension letter received from pension fund
- ☐ Verification of Temporary Assistance for Needy Families (TANF)
- ☐ Verification of support (child support and/or alimony)
- ☐ Verification of military pay
- ☐ Workers' Compensation - letter from NJ Division of Workers' Compensation
- ☐ Verification of Unemployment benefits
- ☐ Federal tax return Form 1040 (both front and back - last 3 years)
- ☐ State tax return (both front and back - last 3 years)