

**WOODCLIFF LAKE AFFORDABLE HOUSING APPLICATION
FOR ELIGIBILITY & CERTIFICATION OF PURCHASERS**

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. 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 \$20.00,** made payable to **Borough of Woodcliff Lake,** should be mailed to:

**Cheryl A. Zega, Woodcliff Lake Housing Consultant
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. This is not a guarantee or promise of an affordable housing unit. 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 APPLICANT QUESTIONNAIRE

COMPLETE AND INCLUDE WITH APPLICATION

YES NO N/A 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. Did you include a check or money order for \$20.00 made payable to Borough of Woodcliff Lake'?
- _____ 12. Are you a resident of Bergen, Passaic, Hudson or Sussex County?

Purchaser Application

Household Information

Complete the following information for each household member that will occupy the unit:

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

Current Address: _____

Daytime Phone # (____) _____ Fax # (____) _____ Evening Phone # (____) _____

Do you currently own your own residence _____ 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 1 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 & 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. Receiving 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) are 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 you 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 Borough of Woodcliff Lake 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 Borough of Woodcliff Lake 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 consent to release the necessary information to determine my eligibility. I 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 Borough of Woodcliff Lake in connection with its determination of my eligibility shall become part of the contract/lease of the Affordable Housing Unit, and the contract may be terminated by the Borough of Woodcliff Lake, if any of said representations are found to be false or misleading.

I (We) also certify that the Affordable Housing Unit I am (we are) seeking to purchase 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 an affordable housing unit, but will be used to determine my (our) eligibility to purchase.

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 DEPOSIT

WOODCLIFF LAKE

Part 1 - 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 requested below to Cheryl A. Zega, Woodcliff Lake 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 name signed above	20. Phone Number	21. Date
-------------------------------------	------------------	----------

REQUEST FOR VERIFICATION OF DEPOSIT

WOODCLIFF LAKE

Part 1 - 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 requested below to Cheryl A. Zega, Woodcliff Lake 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 name signed above	20. Phone Number
	21. Date

REQUEST FOR VERIFICATION OF DEPOSIT

WOODCLIFF LAKE

Part 1 - 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 requested below to Cheryl A. Zega, Woodcliff Lake 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 name signed above	20. Phone Number	21. Date
-------------------------------------	------------------	----------

REQUEST FOR VERIFICATION OF DEPOSIT

WOODCLIFF LAKE

Part 1 - 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 requested below to Cheryl A. Zega, Woodcliff Lake 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 name signed above

20. Phone Number

21. Date

REQUEST FOR VERIFICATION OF DEPOSIT

WOODCLIFF LAKE

Part 1 - 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 requested below to Cheryl A. Zega, Woodcliff Lake 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 name signed above	20. Phone Number	21. Date
-------------------------------------	------------------	----------

**REQUEST FOR VERIFICATION OF EMPLOYMENT
WOODCLIFF LAKE**

Part 1 - 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 requested below to Cheryl A. Zega, Woodcliff Lake 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
-----------------------------------	---------------------	---

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 19	Past year 19	If overtime or bonu is applicable, is its continuance likely? Overtime YES NO Bonus YES NO Please circle
Base pay				
Overtime				
Commissions				
Bonus				
Total				

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

14. Other applicable information:

Part III - Authorized signature

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

REQUEST FOR VERIFICATION OF EMPLOYMENT

WOODCLIFF LAKE

Part 1 - 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 requested below to Cheryl A. Zega, Woodcliff Lake 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
-----------------------------------	---------------------	---

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 19	Past year 19	
Base pay				If overtime or bonus is applicable, is its continuance likely? Overtime YES NC Bonus YES NC Please circle
Overtime				
Commissions				
Bonus				
Total				

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

14. Other applicable information:

Part III - Authorized signature

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

REQUEST FOR VERIFICATION OF EMPLOYMENT

WOODCLIFF LAKE

Part 1 - 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 requested below to Cheryl A. Zega, Woodcliff Lake 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
-----------------------------------	---------------------	---

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 19 _____	Past year 19 _____	If overtime or bonus is applicable, is its continuance likely?
Base pay				Overtime YES NO
Overtime				
Commissions				Bonus YES NO
Bonus				
Total				Please circle

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

14. Other applicable information:

Part III - Authorized signature

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

REQUEST FOR VERIFICATION OF EMPLOYMENT

WOODCLIFF LAKE

Part 1 - 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 requested below to Cheryl A. Zega, Woodcliff Lake 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
-----------------------------------	---------------------	---

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 19	Past year 19	If overtime or bonus is applicable, is its continuance likely? Overtime YES NO Bonus YES NO
Base pay				
Overtime				
Commissions				
Bonus				
Total				Please circle

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

14. Other applicable information:

Part III - Authorized signature

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

**REQUEST FOR VERIFICATION OF EMPLOYMENT
WOODCLIFF LAKE**

Part 1 - 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 requested below to Cheryl A. Zega, Woodcliff Lake 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
-----------------------------------	---------------------	---

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 19	Past year 19	
Base pay				If overtime or bonus is applicable, is its continuance likely? Overtime YES NO Bonus YES NO Please circle
Overtime				
Commissions				
Bonus				
Total				

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

14. Other applicable information:

Part III - Authorized signature

15. Signature of employer	16. Title
---------------------------	-----------

17. Print or type name signed above	18. Phone Number	19. Date
-------------------------------------	------------------	----------