TOWNSHIP OF SOUTH BRUNSWICK

Municipal Building • P.O. Box 190 • Monmouth Junction, NJ 08852-0190
Affordable Housing Office
Website: www.southbrunswicknj.gov

Phone
732-329-4000
Ext. 7219/7220
Fax
732-274-2084

CONFIDENTIAL PRELIMINARY APPLICATION 2023

If you meet the required income guidelines for your household size, please complete this preliminary application and return to our office at the above address and you will be placed on our List of Inquiry in the appropriate category. When affordable units are available, we will conduct a Selection Process in order to establish a Waiting List. If you are selected in this process, more detailed information and all supporting documentation will be required in order to verify your eligibility at that time.

To Qualify:

Household Size	More Than	Less Than
1 person -	$40,012	$ 80,024
2 persons -	$45,728	$ 91,456
3 persons -	$51,444	$102,888
4 persons -	$57,168	$114,320
5 persons -	$61,733	$123,466

Applicant Name	
Current Address	Street: City: State: Zip:
Telephone #	Cell: Work:
E-Mail Address:	
Number of individuals in household	Adults: Children:
Are you interested in	Purchase? Y N Rental? Y N Both? Y N

Are you a Senior Citizen? (must be 62 years of age or older) yes ____ no ____

People who will be part of my household in the housing for which I am applying:					
Name	**Relationship to Applicant**	**Sex**	**Age**	**Annual Income**	**Source(s) of income**
Applicant	Self				

Total Gross annual income for all persons who will live in the unit. Please include child support, Social Security benefits, etc. **ALL** forms of income.

2023: **Total Estimated Income for Household: $_____**

I hereby certify that the information provided above is accurate and **will advise the Affordable Housing Office of any changes**, **including changes of address, income, or household size.** I understand that approval of this Preliminary Application does not guarantee that I am eligible for, or will be awarded, an affordable housing unit.

(Signature) _____ (Date) _____