



Phone: (856)-468-1500 Ext. 122

Website: www.mantuatownship.com

Return this Application to: Mantua Township Clerk's Office - 401 Main Street, Mantua, NJ 08051

Completed Application: Can also be faxed to (856) 464-1022 Attention: Clerk's Office

Note: If the Twp. deems this Inquiry of Interest Application "pre-qualified" it will be placed on the WAITING LIST, in the order in which it was received, and when a unit becomes available the Twp. will contact you to initiate the official application process for Certification Eligibility for an affordable housing unit. We receive a greater number of applications than there are units available, so placement in a unit is often not immediate. In order to be eligible for an affordable housing unit, you must meet certain income limits as determined by the New Jersey Council on Affordable Housing. Income limits are determined by region. Our housing units are located in Region 5, which includes the following counties: Gloucester/Burlington/Camden. Income limits can vary from year to year and depend upon the number of persons in the household. You can request a copy or view the NJCOAH Affordable Housing Regional Income Limits Chart on the Township website. Thank you for your inquiry.

"Initial Inquiry of Interest" Application for Affordable Housing

DO NOT LEAVE ANY LINES BLANK, IF SOMETHING DOES NOT APPLY PLEASE INDICATE N/A

Section I Check One: Age Restricted/Senior Ownership AH Unit (55 years and older) Family Ownership AH Unit

Name of Head of Household: _____

Current Street Address _____ City _____ State _____ Zip Code _____

Mailing Address or PO Box # _____ City _____ State _____ Zip Code _____

() _____ () _____ () _____
Home Phone No. Work Phone Cell Phone No.

Email Address: _____

Section II

HOUSEHOLD COMPOSITION: I certify that the names listed below will be the occupants of the unit

Name	Relationship to Head of Household	Gender (F/M)	Date of Birth	Annual Income	Source of Income
1.	Head of Household			\$	
2.				\$	
3.				\$	
TOTAL INCOME				\$	

Section III

If you own the home in which you live, clearly indicate BOTH the market value & your equity in the home. (Your equity equals the market value less any outstanding mortgage Principal).

Market Value \$ _____ Equity \$ _____

I certify that the information provided herein is true and complete to the best of my knowledge and belief and that any misrepresentation of income or household size herein shall be cause for program disqualification. I also understand that this information is to be used only for determining my eligibility for referral to an affordable housing unit and does not obligate me in any way.

Signature of Head of Household

Date

For Official Use Only: Date Received: _____ Time Received: _____ Pre-Qualified/Eligible for Waiting List: YES / NO Initial: _____