



480-A Ocean Avenue, Jersey City, NJ 07304
1 3-Bedroom, 2 Bathroom Unit \$1,740/month

Rental Application Form

APPLICATION REQUIREMENTS:

****APPLICATIONS WILL BE PROCESSED IN THE ORDER THEY ARE RECEIVED AND WILL NOT BE CONSIDERED COMPLETE WITHOUT ALL DOCUMENTS REQUIRED. ONLY FULLY COMPLETED APPLICATION WITH ALL DOCUMENTS WILL BE ACCEPTED.**

All household member(s) who intend to reside in the home must be listed on the application.

If changes in household composition occur during the application process or there is a change of address or any income information, applicants are required to notify the City of Jersey City in writing. Information provided on the application **must** be truthful, complete and accurate. **Any false, inaccurate or incomplete statement makes the application null and void.**

Please complete the form along with all supporting financial documentations (see checklist below) and submit via email to: **rentals@gardenstatecdc.org**.

After receiving your application with all required supporting documentation, your eligibility will be reviewed and submitted to the JC Division of Community Development for review. The applicant that is first to submit all required documentation, meets the criteria and can demonstrate the ability to pay the rental deposit in the amount of \$3,480.00, (rent + 1 month) will be accepted.



Application Checklist

Please include the following financial information for each household member who is **over the age of 18**.

The Division may request additional documentation after reviewing your application.

<input type="checkbox"/> Copy of Social Security for each household member	
<input type="checkbox"/> Copy of ID for each household member	
<input type="checkbox"/> Copy of Birth Certificate for each household member	
<input type="checkbox"/> Copy of Marriage Certificate (if applicable)	
<input type="checkbox"/> Copy of Divorce Decree (if applicable)	
<input type="checkbox"/> (3) months of most recent Paystubs	
<input type="checkbox"/> (6) months of most recent bank statements for all accounts	
<input type="checkbox"/> Certified Tax Returns for last (2) years Form 1040 with schedules	
<input type="checkbox"/> Certified Tax Returns for last (2) years Form 1099 with schedules (if self-employed)	
<input type="checkbox"/> Certified W2 forms for last (2) years with schedules	
<input type="checkbox"/> An income statement for the past year including a statement of assets and liabilities and gains from sale or disposition of property (for households with a total asset value of less than \$5,000.00 a notarized certification may replace the need for second party documentation)	

DCD Official Use:

Rent Amount w/ Utility: _____

Address of Affordable Unit: _____

Low Unit: _____ AMI% High Unit: _____ AMI% Unit #: _____

Senior Housing (check, if applicable)

If your household receives any of the following subsidies, your application **must** also include:

(If applicable, fill out Verification Form)



<input type="checkbox"/> (3) Months of most recent alimony payment records	
<input type="checkbox"/> (3) Months of most recent annuity payment records	
<input type="checkbox"/> (3) Months of most recent Armed Forces payment records	
<input type="checkbox"/> (3) Months of most recent child support payment records	
<input type="checkbox"/> (3) Months of most recent disability insurance payment records	
<input type="checkbox"/> (3) Months of most recent pension payment records	
<input type="checkbox"/> (3) Months of most recent public assistance payment records	
<input type="checkbox"/> (3) Months of most recent welfare assistance payment records	
<input type="checkbox"/> (3) Months of most recent worker's compensation payment records	
<input type="checkbox"/> (3) Months of most recent Social Security and/or SSI payment documents	
<input type="checkbox"/> (3) Months of most recent unemployment payment documents	
<input type="checkbox"/> Documentation of regular contributions by individuals not residing in the unit.	
<input type="checkbox"/> Documentation of tips for those employed in retail or service industries	
<input type="checkbox"/> Documentation of gifts	

Maximum Income by Household Size

Fiscal Year 2024 Maximum Income by Number of Persons in Household 50%- 65%							
1	2	3	4	5	6	7	8
\$46,850	\$53,550	\$60,250	\$66,900	\$72,300	\$77,650	\$83,000	\$88,350
\$60,900	\$69,600	\$78,300	\$87,000	\$93,950	\$100,900	\$107,850	\$114,850



HOME/AHTF PROGRAM RENTAL APPLICATION

Please print clearly and attach any and all appropriate documentations to this application.

PLEASE FILL OUT ALL SECTIONS

APPLICANT INFORMATION

Last Name:		First Name:		M.I.:	Daytime Phone:
Street Address:		City:		State:	Zip Code:
Social Security Number:	Gender: __M __F		Disabled: __Y __N	Birth Date:	
Employer Name:			Annual Gross Salary:		Employer Phone:
Employer Street Address:		City:		State:	Zip Code:
Marital Status: __Single __Married __Widowed __Divorce				Email Address:	

CO-APPLICANT INFORMATION

Last Name:		First Name:		M.I.:	Daytime Phone:
Street Address:		City:		State:	Zip Code:
Social Security Number:	Gender: __M __F		U.S Citizen: __Y __N	Disabled: __Y __N	Birth Date:
Employer Name:			Annual Gross Salary: \$		Employer Phone:
Employer Street Address:		City:		State:	Zip Code:
Marital Status: __Single __Married __Widowed __Divorce				Email Address:	

HOUSEHOLD COMPOSITION (List the head of your household and all members who live in your home. Give relationship of each family member to head of household.)

Full Name	Relationship	Age	D.O.B	Social Security	Salary	SSI	Child Support	Total Income



INCOME INFORMATION

Type	Applicant - Monthly	Applicant - Annual	Co-applicant - Monthly	Co-applicant - Annual
Wages, Salaries, etc.	\$	\$	\$	\$
Tips or Commission	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Retirement Funds	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
Worker's Compensation	\$	\$	\$	\$
Alimony, Child Support	\$	\$	\$	\$
Welfare Payments	\$	\$	\$	\$
Other:	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$

ASSET INFORMATION

Type	Cash Value	Annual Income from Assets	Bank Name	Account No.
Checking Accounts	\$	\$		
Savings Accounts	\$	\$		
Stocks	\$	\$		
Investment Real Estate	\$	\$		
Other:	\$	\$		
	\$	\$		
	\$	\$		
TOTAL	\$	\$		



LIABILITY INFORMATION (list outstanding obligations including auto loans, credit cards, charge accounts, credit union loans, personal loans, real estate loans, etc.)				
Type	Monthly Payment	Unpaid Balance	Creditor's Name	Due Date
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
TOTAL	\$	\$		

Tenant(s) Certification

I certify that my answers are true and complete to the best of my knowledge.

All required documents are enclosed. (Must check off attached documents). Failure to provide all required documents will result in DCD returning the packet to developer.

Signature: _____ Date: _____



Race and Ethnicity Form

This information is confidential and is only used for government reporting purposes to monitor compliance with equal opportunity laws. This information will not affect your eligibility for the program that you are applying. Please note that self-identification of race/ethnicity is voluntary.

Applicant Name: _____

Co-Applicant Name: _____

Ethnic Categories	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	



Disclaimer Signature

The information provided above is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information for purposes of income verification related to my/our application for financial assistance. I/We understand that any willful misstatement of material fact will be grounds for disqualification.

Applicant

Date

Co-Applicant

Date