

**EAST BRUNSWICK COMMUNITY HOUSING CORPORATION**

P.O. Box 185  
East Brunswick, NJ 08816  
Tel. 732-390-6870 Fax 732-390-6898

***EAST BRUNSWICK COMMUNITY HOUSING CORPORATION  
2022 AFFORDABLE RENTAL – PRELIMINARY APPLICATION***

RETURN TO: Department of Planning & Engineering c/o EBCHC  
P.O. Box 1081  
East Brunswick, New Jersey 08816

OR: email [sfein@eastbrunswick.org](mailto:sfein@eastbrunswick.org) or fax 732-390-6898

***This application must be completed or it will be rejected.***

Applicant Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Current Address: (Street) \_\_\_\_\_

(City, State, Zipcode) \_\_\_\_\_

Number of adults in household: \_\_\_\_\_ Number of children in household: \_\_\_\_\_

Desired number of bedrooms: \_\_\_\_\_

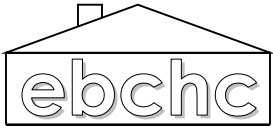
All bedrooms must be used as a bedroom by an occupant; no dens, studies, or guest rooms are allowed.

Fill out the following information for each person in the household.

\*Sources of income includes income, unemployment, social security, disability, alimony, child support, interest.

Name	Relationship to Applicant	Sex	Age	Annual Income	Source(s) of Income*
Applicant	Self				

\_\_\_\_\_ **TOTAL INCOME**



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Current Rent: \$\_\_\_\_\_ Number of bedrooms in current home: \_\_\_\_\_

Approximate Utility Costs: \$\_\_\_\_\_

Explain your current living arrangement and list any special needs, such as handicap accessibility.

Have you or a household member been convicted of a felony? \_\_\_\_\_yes \_\_\_\_\_no

What is your approximate credit score? \_\_\_\_\_ Explain any credit issues:

Will a tenancy check show a pattern of rent delinquency or other problems with a landlord or mortgage holder? \_\_\_\_\_ Bankruptcy \_\_\_\_\_ Eviction \_\_\_\_\_ Foreclosure  
Explain:

State law authorizes housing occupancy preferences in certain circumstances. Please note if you may qualify (e.g., veteran, disabled, homeless, victim of domestic violence, victim of natural disaster, etc.). Please identify any occupancy preference here.

I/we certify that if selected to participate in this program, 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 East Brunswick Community Housing Corporation 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 will disqualify this application from eligibility and are punishable under Federal Law.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**PLEASE NOTE:**

**Only those people listed on the application and lease are allowed to live in the unit. Income is re-certified on an annual basis prior to lease renewal and current limits will apply. Pets are not allowed.**