



Township of Pequannock
 Fair Housing
 530 Newark Pompton Turnpike
 Pompton Plains, NJ 07444
 973-835-5700, ext. 198
 www.peqtwp.org

FOR OFFICE USE ONLY:
 _____ Bedroom(s)
 LOW MODERATE RENEWAL
DO NOT WRITE IN THIS BOX!

INTERESTED PERSON QUESTIONNAIRE-2017

PART I – NAME & ADDRESS

FIRST NAME	LAST NAME	
STREET ADDRESS		
CITY	STATE	ZIP
DAYTIME TELEPHONE NUMBER	EVENING TELEPHONE NUMBER	CELL PHONE NUMBER
E-MAIL ADDRESS		

PART II – OCCUPANTS: List the Head of Household and all other members who will be living in the unit. **INCLUDE YOURSELF FIRST.** Then list each household member and state the relationship of each family member to the head of the household.

Name	Relationship	DOB	Social Security #
Name	Relationship	DOB	Social Security #
Name	Relationship	DOB	Social Security #
Name	Relationship	DOB	Social Security #
Name	Relationship	DOB	Social Security #
Name	Relationship	DOB	Social Security #

Does anyone live with you now who is not listed above? YES NO
 If you answered yes, please explain: _____

Do you expect a change in your household composition? YES NO
 If you answered yes, please explain: _____

Please identify any special housing needs: _____
 If you request a first-floor unit due to a medical issue, please explain the need: _____

IMPORTANT: These units are located in walk-up only buildings. There are no elevators located in the buildings.

If you are called to purchase an affordable housing unit, are you willing/able to purchase a unit at the time of making this application? YES NO

If not able to purchase, - Do not continue completing this questionnaire. Please re-apply when able to purchase an affordable housing unit.

**AFFORDABLE HOUSING UNITS
 ARE FOR PURCHASE ONLY.
 NO UNIT MAY BE RENTED.
 NO APARTMENTS ARE
 AVAILABLE FOR RENT.**

RENEWALS: IF RENEWING YOUR INTERESTED PERSON QUESTIONNAIRE, YOU MUST RETURN YOUR FORM WITHIN 30 DAYS FROM THE DATE ON THE LETTER SENT TO YOU. IF YOU DO NOT RETURN YOUR COMPLETED FORM AND W-2s WITHIN 30 DAYS, YOUR NAME WILL BE REMOVED FROM OUR LIST. IF YOU RETURN YOUR FORM AFTER 30 DAYS, YOUR NAME WILL GO TO THE BOTTOM OF OUR LIST.



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PART III – INCOME: Household income is defined as total gross pay, Social Security, disability, etc. as well as overtime, child support payments and alimony.

Attach copies of your last three (3) years of W-2 statements, Social Security Letter(s), Disability and/or Child Support Payments received ONLY to this form for all members of your household for 2016, 2015 and 2014.


DO NOT SEND YOUR INCOME TAX RETURNS – W-2 FORMS ONLY.

Include in your household income figure AND any alimony or child support payments. These amounts must be added to your total household income figure (if applicable). After each year, write in your total household income:

2016: \$ _____ **2015:** \$ _____ **2014:** \$ _____

Please answer each of the following questions.

Do YOU or any member of your household...

Work full-time, part-time or seasonally?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Expect to work for any period during the next year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Work for someone who pays you cash?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Expect a leave of absence from work due to layoff, medical, maternity or military leave?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Now receive or expect to receive unemployment benefits?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Now receive or expect to receive child support?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Entitled to child support that he/she is not now receiving?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Now receive or expect to receive alimony?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have an entitlement to receive alimony that is not currently being received?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Now receive or expect to receive public assistance (welfare)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Now receive or expect to receive Social Security or disability benefits?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Now receive or expect to receive income from a pension or annuity?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds or income from rental property?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you own a home or do you rent? IF YOU OWN A HOME, PLEASE 	<input type="checkbox"/> RENT	<input type="checkbox"/> OWN
DO NOT CONTINUE TO COMPLETE THIS FORM. PLEASE APPLY TO FAIR HOUSING WHEN YOUR HOME IS LISTED FOR SALE OR UNDER CONTRACT.		
Own real estate other than your home?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you own a home, do you maintain a mortgage on the property?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you sold or given away real property or other assets (including cash) in the past two years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you responsible for paying child support or alimony? This amount will be deducted from your total income. Amount paid monthly: \$ _____	TOTAL GROSS ANNUAL INCOME – PROJECTED FOR 2017 \$ _____	
EXPLANATION: List your sources of income. _____ _____ _____		



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Using the table below, please circle the combined total gross annual income of all members of your household. Look at the number of persons in your household and circle the number in that column that comes close to your annual income figure **WITHOUT GOING OVER YOUR TOTAL HOUSEHOLD INCOME**. This number indicates whether you are in a low or moderate income category.

INCOME	1 PERSON	2 PERSONS	3 PERSONS	4 PERSONS	5 PERSONS	6 PERSONS
MODERATE	\$50,744	\$57,993	\$65,242	\$72,492	\$78,291	\$84,090
LOW	\$31,715	\$36,246	\$40,777	\$45,307	\$48,932	\$52,556

PART IV – SIZE OF UNIT: There are restrictions regarding number of bedrooms for the number of people living in the unit.

- 1 Bedroom = a maximum of 2 person household.
- 2 Bedrooms = a maximum of 4 person household.
- 3 Bedrooms = a maximum of 6 person household.

Generally, households will be referred to available units using the following standards for occupancy:

- * A maximum of two persons per bedroom
- * Children of the same sex in same bedroom
- * Unrelated adults or persons of the opposite sex (other than husband and wife) in separate bedrooms and children not in the same bedroom with parents.

LOOK AT THE ABOVE - Based on the number of persons in your household, please indicate the number of bedrooms needed.

1 Bedroom 2 Bedrooms 3 Bedrooms

PART V – SIGNATURE & DISCLAIMER: Please sign and date the form.

DISCLAIMER: Filling out this form is not confirmation of qualification. Certification is required.
RETURN COMPLETED FORM TO: Township of Pequannock/Fair Housing, 530 Newark Pompton Turnpike, Pompton Plains, NJ 07444. **THIS FORM WILL BE KEPT ON FILE FOR ONE (1) YEAR. AFTER SUCH TIME, YOUR NAME WILL BE DELETED FROM THIS LIST UNLESS YOU RE-REGISTER WITH US.**

SIGNATURE _____

DATE _____

ANY INCOMPLETE FORM WILL BE RETURNED.

IF YOU HAVE ANY QUESTIONS, THE FAIR HOUSING COMMITTEE MEETS ON THE 4TH WEDNESDAY OF EACH MONTH AT 7:00 P.M. AT PEQUANNOCK TOWNSHIP'S TOWN HALL.