



# TOWNSHIP OF SOUTH BRUNSWICK

Municipal Building • P.O. Box 190 • Monmouth Junction, NJ 08852-0190

Affordable Housing Office

Website: [www.southbrunswicknj.gov](http://www.southbrunswicknj.gov)

Phone  
732-329-4000  
Ext. 7220  
Fax  
732 823-3974

## CONFIDENTIAL PRELIMINARY APPLICATION

**2026**

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 **Random 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:

| <u>Household Size</u> | <u>More Than</u> | <u>Less Than</u> |
|-----------------------|------------------|------------------|
| 1 person -            | \$43,360         | \$86,720         |
| 2 persons -           | \$49,560         | \$99,2120        |
| 3 persons -           | \$55,760         | \$111,520        |
| 4 persons -           | \$61,920         | \$123,840        |
| 5 persons -           | \$66,880         | \$133,760        |
| 6 persons -           | \$71,840         | \$143,680        |

|                                    |                                                                                                                                                                         |           |      |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------|
| 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 <input type="radio"/> N <input type="radio"/> Rental? Y <input type="radio"/> N <input type="radio"/> Both? Y <input type="radio"/> N <input type="radio"/> |           |      |

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 or Sec. 8 Voucher, please indicate amount |
| 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.

**2026: 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) \_\_\_\_\_