



# AMARANTH

*North Brunswick*

## Amaranth at North Brunswick Affordable Rental Housing Preliminary Application Letter

Dear Affordable Housing Applicant:

Thank you for inquiring about affordable housing in the 55+ rental community Amaranth at North Brunswick. All units are 1 bedroom and maximum occupancy is two persons. Amaranth leasing agents will be qualifying and assisting renters through the application process. Please be advised that 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 in Amaranth, you must meet certain income limits as determined by the New Jersey Department of Community Affairs. Income limits are listed below:

### INCOME LIMITS FOR QUALIFYING HOUSEHOLDS

Family Size	1 person	2 people
Maximum Annual Income*	\$68,992	\$78,848

**\*Annual Income includes the following: wages, salary, tips, commissions, Social Security, unemployment, pensions, rental income, alimony, disability, interest income.**

**If you believe you fall below these income limits, fill out and submit this Preliminary Application to our office. All completed Preliminary Applications must be returned to Kathleen Hendricks 101 Roosevelt Avenue Carteret, NJ 07008. Completed Pre-Applications can also be e-mailed to [KathleenH@thinkkaplan.com](mailto:KathleenH@thinkkaplan.com). *\*Preliminary Application must be received in the leasing office or post marked by August 2, 2021 to be included in the Lottery.***

Applicants selected will be required to submit income documentation, and pass a background/credit check in order to qualify. There is a \$100.00 charge for first applicant, \$45.00 for additional applicant for the background/credit check. A security deposit equal to one and a half month's rent, is due at lease signing and residents are required to maintain renter's insurance. Applications from Veterans who served in time of war or other emergency, as defined in section 1 of P.L. 1963, c.171 (C.54:4-8.10) will be given preference for 10% of the affordable units.

Please remember that all applications and documents are held in the strictest confidence. If you have any further questions, please contact the leasing office at Amaranth North Brunswick, **(732)253-8543**, or via e-mail to [KathleenH@thinkkaplan.com](mailto:KathleenH@thinkkaplan.com).

**AMARANTH AT NORTH BRUNSWICK**

**PRELIMINARY APPLICATION FOR AFFORDABLE HOUSING**

***\*Preliminary Application must be received in the leasing office or post marked by August 2, 2021 to be included in the Lottery.***

<b>Section I – HEAD OF HOUSEHOLD INFORMATION</b>	<b>Please Print Clearly</b>
Name: _____	
Current Address: _____ City State Zip Code	
Mailing Address, if different from above: _____	
Home Phone: _____ Cell Phone: _____ Email: _____	
Does anyone in your household live and/or work in Hunterdon, Middlesex or Somerset Counties? Yes ___ No ___	
Is anyone in your household a Veteran who served in time of war or other emergency, as defined in section 1 of P.L. 1963, c.171 (C.54:4-8.10)? Yes ___ No ___	
Do you require a handicap accessible unit? Yes ___ No ___	
Do you currently receive rental assistance? Yes ___ No ___ If yes, how much per month? \$ _____	

<b>Section II - HOUSEHOLD COMPOSITION AND INCOME</b>				
<b>List ALL members of your household who will live in the apartment.</b> List ALL sources of income, including, but not limited to salary, dividends, social security, child support, alimony and pensions, for everyone who will occupy the unit.				
<u>Full Name (First Middle &amp; Last)</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>Annual (YEARLY) Income</u>
1. _____	<u>Head of Household</u>	_____	_____	\$ _____
2. _____	_____	_____	_____	\$ _____
<b>TOTAL</b>				\$ _____

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