

# Borough of Tenafly

## Affordable Housing Preapplication

Interested in  **Purchase**  **Rental** of an affordable unit in Tenafly, NJ

**In order to be an eligible applicant for affordable housing  
TOTAL FAMILY INCOME MUST BE WITHIN THESE LIMITS:**

Persons in Household	1	2	3	4	5	6
Maximum Income	\$67,431	\$77,064	\$86,697	\$96,329	\$104,036	\$111,742

**Please Return this Pre-Application to:**

Tenafly Affordable Housing Program  
100 Riveredge Road  
Tenafly NJ 07670

Or scan and email it to [steve.weinberg@mac.com](mailto:steve.weinberg@mac.com)

Priority is given to applicants who live OR work in either Hudson, Bergen, Passaic or Sussex County

Name: \_\_\_\_\_ Home phone # \_\_\_\_\_

Current Address: \_\_\_\_\_ Cell phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email address \_\_\_\_\_

Though we do not live in either Hudson, Bergen, Passaic or Sussex County, at least one of us works there

Total # of persons in your household \_\_\_\_\_ 2023 Total Family Income all adults \$ \_\_\_\_\_

Our current monthly rent + gas, electric, sewer, water, trash collection or parking if paid separately \$ \_\_\_\_\_

Number of adults \_\_\_\_ Number of children under 18: Boys \_\_\_\_ Girls \_\_\_\_

Our Gross Family Income is below the maximum on the chart above. Yes  No

Check off any of the following sources of income or support currently received in your household

Wages  Social Security/Disability  Pension/annuity  Self employment

Section 8/Food Stamps  Unemployment  Child Support  Alimony

Number of bedrooms you require based on family size & composition 1br  2br  3br

For additional information, contact the Tenafly Affordable Housing Coordinator  
732-485-0756 [steve.weinberg@mac.com](mailto:steve.weinberg@mac.com)

I certify that all information on this preapplication is true and correct to the best of my knowledge. I understand that any willful misstatement of material fact may be grounds for disqualification. I certify that if selected to receive assistance, the unit I occupy will be my only residence. I authorize the Program to verify any information provided on this pre-application or a complete application in order to determine eligibility to continue in the Affordable Housing selection process.

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

Co-Applicant signature \_\_\_\_\_ Date \_\_\_\_\_