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	**$71,280**	**$81,440**	**$91,600**	**$101,760**	**$109,920**	**$118,080**

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
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 _____ 2024 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

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 _____