

BLAIRSTOWN TOWNSHIP  
AFFORDABLE HOUSING PROGRAM  
106 ROUTE 94  
BLAIRSTOWN, NJ 07825  
908-362-6663 EXT. 234

**PRE-APPLICATION RENTAL PROGRAM**

Applicant's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Physical Address (if different) \_\_\_\_\_

\_\_\_\_\_

NUMBER OF PERSONS IN HOUSEHOLD \_\_\_\_\_

NAME AND DATE OF BIRTH FOR EACH PERSON:

2018 ANNUAL INCOME \_\_\_\_\_ CURRENT MONTHLY INCOME \_\_\_\_\_

CURRENT MONTHLY RENT/MORTGAGE \_\_\_\_\_

UTILITIES INCLUDED \_\_\_\_ Yes \_\_\_\_ No

Have you participated in any other rental/housing assistance program \_\_\_\_ Yes \_\_\_\_ No

If yes, please list date and program \_\_\_\_\_

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

Print Name \_\_\_\_\_

Mail completed application to above address or eMail to [coah@blairstowntwp-nj.com](mailto:coah@blairstowntwp-nj.com)