

#26-154**RESOLUTION OF THE TOWNSHIP OF MANCHESTER, COUNTY OF OCEAN, STATE OF NEW JERSEY AUTHORIZING THE IMPLEMENTATION AND EXPENDITURES FOR AN AFFORDABILITY ASSISTANCE PROGRAM**

WHEREAS, the Township of Manchester (“Township”) previously adopted a mandatory development fee ordinance that established standards for the collection, maintenance, and expenditure of development fees to be used for supporting and providing low- and moderate-income housing in the Township; and

WHEREAS, the Township Council has established an Affordable Housing Trust Fund; and

WHEREAS, on March 20, 2024, Governor Murphy signed into law P.L. 2024, c.2, which amended the New Jersey Fair Housing Act (“Amended FHA”); and

WHEREAS, the Township filed a timely Fourth Round Declaratory Judgment action (“DJ Action”) with the Affordable Housing Dispute Resolution Program (“Program”) under Docket No. OCN-L-285-25, along with its binding resolution, on January 28, 2025; and

WHEREAS, on March 27, 2025, the Program prepared an order fixing the Township’s obligation and authorizing the Township to proceed with preparing and adopting its Housing Element and Fair Share Plan (“HEFSP”) for the Fourth Round; and

WHEREAS, on June 18, 2025, the Township Planning Board adopted the HEFSP, which was endorsed by the Township Council by Resolution 2025-10 on June 18, 2025 and filed with the Program on June 19, 2025; and

WHEREAS, EETTSA, LLC and D.R. Horton, Inc. filed a challenge to the Township’s HEFSP on August 13, 2025 and Fair Share Housing Center (“FSHC”) filed a challenge on August 29, 2025; and

WHEREAS, on February 11, 2026, the Program filed a program settlement recommendation (“Recommendation”) to the Ocean County Mount Laurel Judge recounting that the Township has agreed to execute a mediation agreement with FSHC and a separate settlement agreement with FSHC, EETTSA, and DR Horton to resolve any issues from the challenges; and

WHEREAS, the Township Council has or will adopt an updated mandatory development fee ordinance; and

WHEREAS, the Amended FHA requires that a spending plan be provided for the use of Affordable Housing Trust Funds in furtherance of the provision of affordable housing in the Township; and

WHEREAS, the Amended FHA, N.J.S.A. 52:27D-329.2, mandates that municipalities must set aside a portion of their development fee trust fund for the purpose of providing affordability assistance; and

WHEREAS, the Township’s Affordable Housing Administrative Agent has or will prepare an Affordability Assistance Manual for the implementation of these programs.

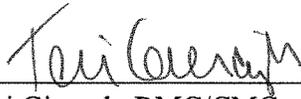
NOW THEREFORE BE IT RESOLVED by the Council of the Township of Manchester, County of Ocean, State of New Jersey on this 9th day of March, 2026, that:

1. The Township of Manchester hereby adopts and approves the Affordability Assistance Manual which is on file and available for public for inspection in the Municipal Clerks Office during regular business hours.

2. The Township Council hereby authorizes the Township Business Administrator and/or designee to execute any and all documents and agreements as called for to approve developers or applicants to the Affordability Assistance Program in accordance with the approved Affordability Assistance Manual.
3. The Township Council hereby authorizes the Township Business Administrator and/or designee to execute any and all necessary documents to allow for the disbursement of funds in accordance with the Spending Plan and the approved Affordability Assistance Manual.
4. The Township Council hereby directs the Township Business Administrator and/or designee to provide regular reporting to the Council on program disbursements.
5. This Resolution shall take effect immediately.

CERTIFICATION

I, Teri Giercyk, Clerk of the Township of Manchester, County of Ocean, State of New Jersey, do hereby certify the foregoing to be a true and correct copy of a Resolution adopted by the Township Council on the 9th day of March 2026.



Teri Giercyk. RMC/CMC
Municipal Clerk

Affordability Assistance Policies and Procedures Manual

Township of Manchester *New Jersey*

March 2026



CGPH

Community Grants, Planning & Housing

Good People. Great Results.™

101 Interchange Plaza, Suite 301

Cranbury, NJ 08512

609/664-2769 www.cgph.net

TOWNSHIP OF MANCHESTER - Affordability Assistance Policy & Procedures Manual

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Manchester Affordability Assistance Policies & Procedures Manual

Introduction

The purpose of this Manual is to describe the policies and procedures of the Affordability Assistance Program. This Manual describes the basic content and operation of the various affordable assistance program components. It has been prepared with a flexible format allowing for periodic updates of its sections, when required, due to revisions in regulations, terms, and/or procedures.

Where it is found that a new procedure may be more effective or can eliminate a recurring problem, that procedure may be incorporated into the program operation by amending this Operating Manual. In addition, this manual may be periodically revised to reflect changes in local, state, and federal policies and regulations relative to implementation of the affordable housing Programs described herein.

Types of Affordability Assistance

There is one type of affordability assistance listed below. Additional information is summarized in Exhibit 1.

1. ***Two Month's Rent*** – Manchester Township will pay for two months' rent for renters moving into deed restricted affordable units. This assistance is a grant and does not need to be paid back. Due to likely timing issues related to when assistance is requested and when the check can be issued by Manchester, the tenant will likely need to pay the first month's rent and security deposit, and the assistance will be applied to future months' rent payments.
2. ***Down Payment and/or Closing Cost Assistance*** – Affordability Assistance funds for down payment and/or closing costs will help very low, low- and moderate-income households achieve the goal of homeownership. The goal of the program is to provide financial assistance to income-qualified homebuyers moving into affordable housing in Manchester. Awards will be \$10,000 per unit.

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Budget

The annual budget for the program is summarized in Exhibit 1. *Budgets for each program are estimated, based on the Township's approved spending plan. Specific program budgets may be subject to change due to demand or other factors including changes to the availability of funding for such programs and the Township's spending plan.*

Eligibility

Applications submitted for affordability assistance will be provided on a first-come-first-served basis according to the following criteria:

1. There are affordability assistance funds available in the applicable program budget.
2. The applicant currently rents or is purchasing a deed restricted affordable unit in Manchester Township.
3. The applicant has not received more than one affordability assistance grant per category in the current affordable housing round (Round 4, 2025-2035). *This requirement can be waived under special circumstances.*
4. The resident of the affordable deed restricted unit is income certified. Applicants applying for two months' rent assistance and down payment/closing cost assistance will have already been income certified.
5. Requests submitted after the lease start date or after the owner closes on an affordable home will not be approved. Due to the timing of the disbursement of funds, assistance may be provided to applicant after the home is rented or purchased.

Maximum Amount

The maximum amount of assistance that may be provided is in Exhibit 1.

Repayment Terms & Repayment Agreement

The down payment assistance/closing cost assistance program will have a mortgage and note in favor of the municipality and executed by the property owner with the following terms:

During years one through five, if the applicant sells the unit, the full amount of the loan is to be repaid upon transfer of the property to the next homeowner. During years six through ten, the loan will be forgiven at the rate of 20% per year. After 10 years, the loan is fully forgiven at the next resale.

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Administration

The Administrative Agent will be responsible for administering the program. Questions about the Program should be directed the Administrative Agent.

CGP&H LLC
1249 S. River Rd, Suite 301
Cranbury, NJ 08512

Phone: (609)-664-2769
Email : homes@cgph.net
website : www.affordablehomesnewjersey.com/

Forms are included in the Exhibits and the process for disbursing funds is outlined below.

Two Month's Rent Program Procedure

1. Applicant submits application.
2. CGP&H reviews and processes application.
3. CGP&H notifies Township and prepares resolution authorizing grant.
4. Township adopts resolution awarding funds.
5. Township sends assistance directly to landlord.
6. CGP&H records assistance on master reporting spreadsheet.

Down Payment and/or Closing Cost Assistance Procedure

1. Applicant submits application.
2. CGP&H reviews and processes application.
3. CGP&H notifies Township and prepares resolution to authorize award.
4. Township adopts resolution.
5. Township disperses funds directly to escrow account or provides check to CGP&H to bring to closing.
6. The Repayment Agreement, Mortgage and Mortgage Note will be executed at closing. The terms of the mortgage are in the Mortgage Note, which is not recorded. The original recorded mortgage and mortgage note shall be retained by the Program Administrator and kept in the unit file.
7. Title Company will record the Mortgage as part of the closing documents.

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Exhibit 1: Summary of Manchester Township Affordability Assistance Program Terms

| | Two Months' Rent | Down Payment and/or Closing Cost Assistance |
|--|---|---|
| Purpose | Assist renters of affordable units by paying two months rent. | Assist homebuyers of affordable homes with down payment and closing costs. |
| Maximum Amount: | Up to the equivalent cost of two month's rent. | Up to \$10,000 |
| Deed Restriction and Term | Assistance is a grant and does not need to be returned. | 0% interest loan, forgiven at 0% for years 1-5 and 20% per year for years 6-10, fully forgiven after 10 years. Secured by a second mortgage and note. |
| Monthly Budget Required | No | No |
| Justification Required | No | No |
| Additional Criteria | Priority to Very Low Income Households. | Applicants must have a minimum of 5% of their own funds towards the purchase of the home. |
| Assistance To | Landlord | Home Purchaser |
| Advertising | Landlord & Administrative Agent will inform applicants at the time they apply for an affordable unit. | Administrative Agent will inform applicants at the time they apply to purchase an affordable unit. |
| Total Budget from Current Spending Plan: | \$100,000 | \$100,000 |

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Exhibit 2: Affordability Assistance Program Application

APPLICATION FOR AFFORDABILITY ASSISTANCE IN MANCHESTER TOWNSHIP

This application must be fully completed so that it can be accepted and processed. This application is not transferable. If you require assistance, please call CGP&H at **609-664-2769 ext. 5**. If your application is complete and you are approved to receive affordability assistance, you will be certified by CGP&H and notified by mail.

Applications submitted for affordability assistance will be provided on a first-come-first-served basis according to the following criteria:

1. There are affordability assistance funds available in the applicable program budget.
2. The applicant currently rents or will rent or will own a deed restricted affordable unit as their primary in Manchester Township.
3. The applicant has not received more than one affordability assistance grant per category in the past. *This requirement can be waived under special circumstances.*
4. The applicant is income certified. Applicants applying for two months' rent assistance and down payment/closing cost assistance will have already been income certified.

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1. Please indicate what type of assistance you are applying for (Choose one):

| Mark with X | Program | Details |
|-------------|--------------------------------------|--|
| | Two Months' Rent | <ul style="list-style-type: none"> • Up to the equivalent of two months' rent |
| | Down Payment/Closing Cost Assistance | <ul style="list-style-type: none"> • Up to \$10,000 • 0% interest loan, forgiven at 0% for years 1-5 and 20% per year for years 6-10, fully forgiven after 10 years. • Secured by a second mortgage and note. • Applicants must have a minimum of 5% of their own funds towards the purchase of the home |

2. \$ Amount of Request (Please see above for maximum amounts): _____

CERTIFICATION

I hereby certify that all information concerning my family size, actual gross income as well as all other information contained herein is true and accurate to the best of my knowledge. I further understand that CGP&H and Manchester Township are relying upon this information in order to determine whether I qualify for affordability assistance. I further certify that the copies of the documents attached to this application are true and accurate copies of the originals of such documents. I further certify that I intend to personally occupy the unit as my primary residence except for reasonable periods of vacations and illnesses, or I am an authorized representative for a supportive housing provider. I understand that I cannot sublet or re-rent the unit.

I authorize CGP&H, Manchester Township, or their agents to check for accuracy on any and all statements and representations made in this application. This may include calls to employers to verify income, contact with banks, etc.

Applicant: _____ Date: _____

Co-Applicant: _____ Date: _____



Application for Subsidy Assistance

Manchester Township

Please complete and submit with the required documents to:
CGP&H, 1249 S. River Rd, Suite 301, Cranbury, NJ 08512 or by email at homes@cgph.net
Call 609-664-2769 ext. 5 or email homes@cgph.net if you have any questions. Please use
“Manchester Affordability Assistance” as the subject line.

Make sure to include the required documents listed on page 9 of this application. Section 8 applicants do not qualify for this assistance. *Supportive Housing Providers are exempt from this application. Please complete the Application for Supportive Housing Assistance*

Development Name: _____ **Address:** _____

1. APPLICANT INFORMATION:

Provide details for the Primary Applicant below. The Primary Applicant will be the main contact for this affordable housing. If there is another household member that will be a co-borrower or co-owner, please include their information under Co-applicant.

Primary Applicant

| Prefix | First Name | Middle Name | Last Name | Suffix |
|--|------------|-------------|---|--|
| | | | | |
| Email | | | | |
| | | | | |
| Preferred Phone | | Ext | Can Receive Text SMS | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | |
| Alternate Phone | | Ext | Can Receive Text SMS | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | |
| Mailing Address | | | | |
| | | | | |
| City | | | State | Zip Code |
| | | | | |
| Date of Birth | | | | Gender |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Transgender |
| County Currently Living In | | | | <input type="checkbox"/> Female <input type="checkbox"/> Other |
| | | | | |
| County Currently Working In (If Applicable) | | | | |
| | | | | |
| Primary Language | | | Marital Status | |
| | | | <input type="checkbox"/> Single <input type="checkbox"/> Married / Domestic Partnership | |
| | | | <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | |
| Race | | | | |
| <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian AND White <input type="checkbox"/> American Indian AND Black <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian AND White <input type="checkbox"/> Other multiple race <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black or African American AND White <input type="checkbox"/> Choose Not to Respond | | | | |
| Ethnicity | | | | |
| <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Choose Not to Respond | | | | |

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| Employment Status | | |
|--|--|--|
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Full-time student | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Work full-time for employer | <input type="checkbox"/> Permanently unable to work | <input type="checkbox"/> Minor/child |
| <input type="checkbox"/> Work part-time for employer | <input type="checkbox"/> Unemployed and seeking work | <input type="checkbox"/> Unemployed and not seeking work |
| <input type="checkbox"/> Homemaker | | |
| Educational Attainment | | |
| <input type="checkbox"/> Less than HS Diploma | <input type="checkbox"/> Certification from a vocational or technical training program | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> High school diploma or equivalent | <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> Master's or other graduate degree |
| <input type="checkbox"/> Some post-secondary education | | |

Co-Applicant (If Applicable)

| First Name | | Middle Name | Last Name | Suffix | Date of Birth |
|--|--|--|---|--------------------------------|--|
| | | | | | |
| Email | | | | | |
| | | | | | |
| Phone | | Ext | Can Receive Text SMS | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | |
| Gender | Ethnicity | Is this person a dependent of the Applicant and/or Co-Applicant? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other | <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Choose Not to Respond | Does this person live in the house more than 50% of the time? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Relationship to the applicant? | | | |
| | | <input type="checkbox"/> Spouse | <input type="checkbox"/> Boyfriend / Girlfriend / Fiancée | <input type="checkbox"/> Child | <input type="checkbox"/> Other |
| Race | | | | | |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> White | <input type="checkbox"/> American Indian AND Black | | | |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian AND White | <input type="checkbox"/> Other multiple race | | | |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian AND White | <input type="checkbox"/> Choose Not to Respond | | | |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Black or African American AND White | | | | |
| Employment Status | | | | | |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Full-time student | <input type="checkbox"/> Retired | | | |
| <input type="checkbox"/> Work full-time for employer | <input type="checkbox"/> Permanently unable to work | <input type="checkbox"/> Minor/child | | | |
| <input type="checkbox"/> Work part-time for employer | <input type="checkbox"/> Unemployed and seeking work | | | | |
| <input type="checkbox"/> Homemaker | <input type="checkbox"/> Unemployed and not seeking work | | | | |
| Educational Attainment | | | | | |
| <input type="checkbox"/> Less than HS Diploma | <input type="checkbox"/> Certification from a vocational or technical training program | <input type="checkbox"/> Bachelor's Degree | | | |
| <input type="checkbox"/> High school diploma or equivalent | <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> Master's or other graduate degree | | | |
| <input type="checkbox"/> Some post-secondary education | | | | | |

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2. HOUSEHOLD INFORMATION

Please provide information on any other members of your household, such as children, grandparents, or other members.

Additional Household Member #1 (If Applicable)

| First Name | | Middle | Last Name | Suffix | DOB |
|---|--|---|-----------|--|------------|
| | | | | | |
| Gender | Ethnicity | Is this person a dependent of the Applicant and/or Co-Applicant? | | | □ Yes □ No |
| <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other | <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Choose Not to Respond | Does this person live in the house more than 50% of the time? | | | □ Yes □ No |
| | | Relationship to the applicant? | | | |
| | | <input type="checkbox"/> Spouse <input type="checkbox"/> Boyfriend/Girlfriend/ Fiancée | | <input type="checkbox"/> Child <input type="checkbox"/> Other | |
| Race | | | | | |
| <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander | | <input type="checkbox"/> White <input type="checkbox"/> American Indian AND White <input type="checkbox"/> Asian AND White <input type="checkbox"/> Black or African American AND White | | <input type="checkbox"/> American Indian AND Black <input type="checkbox"/> Other multiple race <input type="checkbox"/> Choose Not to Respond | |
| Employment Status | | | | | |
| <input type="checkbox"/> Self-employed <input type="checkbox"/> Work full-time for employer <input type="checkbox"/> Work part-time for employer <input type="checkbox"/> Homemaker | | <input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently unable to work <input type="checkbox"/> Unemployed and seeking work <input type="checkbox"/> Unemployed and not seeking work | | <input type="checkbox"/> Retired <input type="checkbox"/> Minor/child | |

Additional Household Member #2 (If Applicable)

| First Name | | Middle | Last Name | Suffix | DOB |
|---|--|---|-----------|--|------------|
| | | | | | |
| Gender | Ethnicity | Is this person a dependent of the Applicant and/or Co-Applicant? | | | □ Yes □ No |
| <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other | <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Choose Not to Respond | Does this person live in the house more than 50% of the time? | | | □ Yes □ No |
| | | Relationship to the applicant? | | | |
| | | <input type="checkbox"/> Spouse <input type="checkbox"/> Boyfriend/Girlfriend/ Fiancée | | <input type="checkbox"/> Child <input type="checkbox"/> Other | |
| Race | | | | | |
| <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander | | <input type="checkbox"/> White <input type="checkbox"/> American Indian AND White <input type="checkbox"/> Asian AND White <input type="checkbox"/> Black or African American AND White | | <input type="checkbox"/> American Indian AND Black <input type="checkbox"/> Other multiple race <input type="checkbox"/> Choose Not to Respond | |
| Employment Status | | | | | |
| <input type="checkbox"/> Self-employed <input type="checkbox"/> Work full-time for employer <input type="checkbox"/> Work part-time for employer <input type="checkbox"/> Homemaker | | <input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently unable to work <input type="checkbox"/> Unemployed and seeking work <input type="checkbox"/> Unemployed and not seeking work | | <input type="checkbox"/> Retired <input type="checkbox"/> Minor/child | |

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Additional Household Member #3 (If Applicable)

| | | | | | |
|---|--|---|------------------|--|--|
| First Name | | Middle | Last Name | Suffix | DOB |
| | | | | | |
| Gender | Ethnicity | Is this person a dependent of the Applicant and/or Co-Applicant? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other | <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Choose Not to Respond | Does this person live in the house more than 50% of the time? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Relationship to the applicant? | | | |
| | | <input type="checkbox"/> Spouse <input type="checkbox"/> Boyfriend/Girlfriend/ Fiancée | | <input type="checkbox"/> Child <input type="checkbox"/> Other | |
| Race | | | | | |
| <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander | | <input type="checkbox"/> White <input type="checkbox"/> American Indian AND White <input type="checkbox"/> Asian AND White <input type="checkbox"/> Black or African American AND White | | <input type="checkbox"/> American Indian AND Black <input type="checkbox"/> Other multiple race <input type="checkbox"/> Choose Not to Respond | |
| Employment Status | | | | | |
| <input type="checkbox"/> Self-employed <input type="checkbox"/> Work full-time for employer <input type="checkbox"/> Work part-time for employer <input type="checkbox"/> Homemaker | | <input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently unable to work <input type="checkbox"/> Unemployed and seeking work <input type="checkbox"/> Unemployed and not seeking work | | <input type="checkbox"/> Retired <input type="checkbox"/> Minor/child | |

Additional Household Member #4 (If Applicable)

| | | | | | |
|---|--|---|------------------|--|--|
| First Name | | Middle | Last Name | Suffix | DOB |
| | | | | | |
| Gender | Ethnicity | Is this person a dependent of the Applicant and/or Co-Applicant? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other | <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Choose Not to Respond | Does this person live in the house more than 50% of the time? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Relationship to the applicant? | | | |
| | | <input type="checkbox"/> Spouse <input type="checkbox"/> Boyfriend/Girlfriend/ Fiancée | | <input type="checkbox"/> Child <input type="checkbox"/> Other | |
| Race | | | | | |
| <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander | | <input type="checkbox"/> White <input type="checkbox"/> American Indian AND White <input type="checkbox"/> Asian AND White <input type="checkbox"/> Black or African American AND White | | <input type="checkbox"/> American Indian AND Black <input type="checkbox"/> Other multiple race <input type="checkbox"/> Choose Not to Respond | |
| Employment Status | | | | | |
| <input type="checkbox"/> Self-employed <input type="checkbox"/> Work full-time for employer <input type="checkbox"/> Work part-time for employer <input type="checkbox"/> Homemaker | | <input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently unable to work <input type="checkbox"/> Unemployed and seeking work <input type="checkbox"/> Unemployed and not seeking work | | <input type="checkbox"/> Retired <input type="checkbox"/> Minor/child | |

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Additional Household Member #5 (If Applicable)

| | | | | | |
|---|--|---|--|--------------------------------|--|
| First Name | | Middle Name | Last Name | Suffix | Date of Birth |
| | | | | | |
| Gender | Ethnicity | Is this person a dependent of the Applicant and/or Co-Applicant? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other | <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Choose Not to Respond | Does this person live in the house more than 50% of the time? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Relationship to the applicant? | | | |
| | | <input type="checkbox"/> Spouse | <input type="checkbox"/> Boyfriend / Girlfriend / Fiancée | <input type="checkbox"/> Child | <input type="checkbox"/> Other |
| Race | | | | | |
| <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander | | <input type="checkbox"/> White <input type="checkbox"/> American Indian AND White <input type="checkbox"/> Asian AND White <input type="checkbox"/> Black or African American AND White | <input type="checkbox"/> American Indian AND Black <input type="checkbox"/> Other multiple race <input type="checkbox"/> Choose Not to Respond | | |
| Employment Status | | | | | |
| <input type="checkbox"/> Self-employed <input type="checkbox"/> Work full-time for employer <input type="checkbox"/> Work part-time for employer <input type="checkbox"/> Homemaker | | <input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently unable to work <input type="checkbox"/> Unemployed and seeking work <input type="checkbox"/> Unemployed and not seeking work | <input type="checkbox"/> Retired <input type="checkbox"/> Minor/child | | |

Additional Household Member #6 (If Applicable)

| | | | | | |
|---|--|---|--|--------------------------------|--|
| First Name | | Middle Name | Last Name | Suffix | Date of Birth |
| | | | | | |
| Gender | Ethnicity | Is this person a dependent of the Applicant and/or Co-Applicant? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other | <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Choose Not to Respond | Does this person live in the house more than 50% of the time? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Relationship to the applicant? | | | |
| | | <input type="checkbox"/> Spouse | <input type="checkbox"/> Boyfriend / Girlfriend / Fiancée | <input type="checkbox"/> Child | <input type="checkbox"/> Other |
| Race | | | | | |
| <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander | | <input type="checkbox"/> White <input type="checkbox"/> American Indian AND White <input type="checkbox"/> Asian AND White <input type="checkbox"/> Black or African American AND White | <input type="checkbox"/> American Indian AND Black <input type="checkbox"/> Other multiple race <input type="checkbox"/> Choose Not to Respond | | |
| Employment Status | | | | | |
| <input type="checkbox"/> Self-employed <input type="checkbox"/> Work full-time for employer <input type="checkbox"/> Work part-time for employer <input type="checkbox"/> Homemaker | | <input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently unable to work <input type="checkbox"/> Unemployed and seeking work <input type="checkbox"/> Unemployed and not seeking work | <input type="checkbox"/> Retired <input type="checkbox"/> Minor/child | | |

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3. INCOME

The income information you provide on this page goes into determining your eligibility for affordable housing.

Income Source #1

| | | | | | |
|---|--|--|---|----------------------------|--|
| Income Earner | <input type="checkbox"/> Applicant | <input type="checkbox"/> Co-Applicant | <input type="checkbox"/> Other Household Member | Gross Annual Income | \$ |
| Is this income earner a full-time student? | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Income Type | | | | | |
| <input type="checkbox"/> Full-time Employment | <input type="checkbox"/> Spousal Support/Alimony | <input type="checkbox"/> Investment Income | <input type="checkbox"/> SSI/SSDI | | |
| <input type="checkbox"/> Part-time Employment | <input type="checkbox"/> Child Support | <input type="checkbox"/> Pension/Annuity | <input type="checkbox"/> Unemployment | | |
| <input type="checkbox"/> Self-Employment | <input type="checkbox"/> TANF/Public Assistance | <input type="checkbox"/> Social Security | <input type="checkbox"/> Other | | |
| Date of Hire / Expected | | Occupation Description | | | |

Income Source #2

| | | | | | |
|---|--|--|---|----------------------------|--|
| Income Earner | <input type="checkbox"/> Applicant | <input type="checkbox"/> Co-Applicant | <input type="checkbox"/> Other Household Member | Gross Annual Income | \$ |
| Is this income earner a full-time student? | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Income Type | | | | | |
| <input type="checkbox"/> Full-time Employment | <input type="checkbox"/> Spousal Support/Alimony | <input type="checkbox"/> Investment Income | <input type="checkbox"/> SSI/SSDI | | |
| <input type="checkbox"/> Part-time Employment | <input type="checkbox"/> Child Support | <input type="checkbox"/> Pension/Annuity | <input type="checkbox"/> Unemployment | | |
| <input type="checkbox"/> Self-Employment | <input type="checkbox"/> TANF/Public Assistance | <input type="checkbox"/> Social Security | <input type="checkbox"/> Other | | |
| Date of Hire / Expected | | Occupation Description | | | |

Income Source #3

| | | | | | |
|---|--|--|---|----------------------------|--|
| Income Earner | <input type="checkbox"/> Applicant | <input type="checkbox"/> Co-Applicant | <input type="checkbox"/> Other Household Member | Gross Annual Income | \$ |
| Is this income earner a full-time student? | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Income Type | | | | | |
| <input type="checkbox"/> Full-time Employment | <input type="checkbox"/> Spousal Support/Alimony | <input type="checkbox"/> Investment Income | <input type="checkbox"/> SSI/SSDI | | |
| <input type="checkbox"/> Part-time Employment | <input type="checkbox"/> Child Support | <input type="checkbox"/> Pension/Annuity | <input type="checkbox"/> Unemployment | | |
| <input type="checkbox"/> Self-Employment | <input type="checkbox"/> TANF/Public Assistance | <input type="checkbox"/> Social Security | <input type="checkbox"/> Other | | |
| Date of Hire / Expected | | Occupation Description | | | |

Income Source #4

| | | | | | |
|---|--|--|---|----------------------------|--|
| Income Earner | <input type="checkbox"/> Applicant | <input type="checkbox"/> Co-Applicant | <input type="checkbox"/> Other Household Member | Gross Annual Income | \$ |
| Is this income earner a full-time student? | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Income Type | | | | | |
| <input type="checkbox"/> Full-time Employment | <input type="checkbox"/> Spousal Support/Alimony | <input type="checkbox"/> Investment Income | <input type="checkbox"/> SSI/SSDI | | |
| <input type="checkbox"/> Part-time Employment | <input type="checkbox"/> Child Support | <input type="checkbox"/> Pension/Annuity | <input type="checkbox"/> Unemployment | | |
| <input type="checkbox"/> Self-Employment | <input type="checkbox"/> TANF/Public Assistance | <input type="checkbox"/> Social Security | <input type="checkbox"/> Other | | |
| Date of Hire / Expected | | Occupation Description | | | |

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Income Source #5

| | | | | | |
|---|---|--|--|--|--|
| Income Earner | <input type="checkbox"/> Applicant | <input type="checkbox"/> Co-Applicant | <input type="checkbox"/> Other Household Member | Gross Annual Income | \$ |
| Is this income earner a full-time student? | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Income Type | | | | | |
| <input type="checkbox"/> Full-time Employment | <input type="checkbox"/> Part-time Employment | <input type="checkbox"/> Self-Employment | <input type="checkbox"/> Spousal Support/Alimony | <input type="checkbox"/> Child Support | <input type="checkbox"/> TANF/Public Assistance |
| <input type="checkbox"/> Investment Income | <input type="checkbox"/> Pension/Annuity | <input type="checkbox"/> Social Security | <input type="checkbox"/> SSI/SSDI | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Other |
| Date of Hire / Expected | | Occupation Description | | | |

Additional Income Information

| | |
|--|--|
| Does any member of your household who does not have job, expect to seek full or part time employment in the next year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does any member of your household work for an employer that pays in cash? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is any member of your household expecting to take a leave of absence from work due to lay-off, medical, maternity or military leave? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is any member of your household entitled to child support that he/she is not now receiving? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does any member of your household now receive or expect to receive regular contributions from organizations or from individuals not living in the unit? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is any member of your household responsible for paying child support or alimony? This amount will be deducted from your total annual income. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, monthly amount paid: | \$ |

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4. ASSETS

Checking/Savings Bank Account Information

Please supply information for each of the household member's checking/savings accounts. Include ALL joint accounts.

| Account Owner | Account Type | Bank Name | Current Balance | Last 4 Digits of Account # |
|---|---|------------------|------------------------|-----------------------------------|
| <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Other Household Member | <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account | | \$ | |
| <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Other Household Member | <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account | | \$ | |
| <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Other Household Member | <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account | | \$ | |
| <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Other Household Member | <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account | | \$ | |
| <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Other Household Member | <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account | | \$ | |

Other Assets Information

Please list other assets such as Certificate of Deposits (CDs), retirement accounts, pensions, 401k's, stocks, bonds, and trusts.

| Account Owner | Account Type | Bank/Asset Name | Current Balance | Last 4 Digits of Account # |
|---|---|------------------------|------------------------|-----------------------------------|
| <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Other Household Member | <input type="checkbox"/> Retirement Account <input type="checkbox"/> CD <input type="checkbox"/> Other <input type="checkbox"/> Investment Account | | \$ | |
| <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Other Household Member | <input type="checkbox"/> Retirement Account <input type="checkbox"/> CD <input type="checkbox"/> Other <input type="checkbox"/> Investment Account | | \$ | |
| <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Other Household Member | <input type="checkbox"/> Retirement Account <input type="checkbox"/> CD <input type="checkbox"/> Other <input type="checkbox"/> Investment Account | | \$ | |
| <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Other Household Member | <input type="checkbox"/> Retirement Account <input type="checkbox"/> CD <input type="checkbox"/> Other <input type="checkbox"/> Investment Account | | \$ | |
| <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Other Household Member | <input type="checkbox"/> Retirement Account <input type="checkbox"/> CD <input type="checkbox"/> Other <input type="checkbox"/> Investment Account | | \$ | |

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Additional Asset Information

| | |
|--|--|
| Does any member of your household own real estate? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is there a mortgage on the property? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is there rental income? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you planning on selling the real estate? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has any member of your household sold or given away real property or other assets (including cash) in the past two years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please list the asset or assets sold or given away in the last two years including the value: | |
| | |
| | |

5. Current Living Situation:

Current living situation information is not a criteria in the approval process but it provides a clearer picture of the types of families who might benefit from affordable housing opportunities.

| | | | |
|---|----|---|--|
| How many bedrooms are in your current home? | | | |
| <input type="checkbox"/> 0 (Studio) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | | | |
| Current Monthly Rent (If Applicable) | \$ | Do you have a Section 8 Voucher? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Monthly Utilities (Gas, Water, Electricity, Etc) | \$ | | |

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Please list your estimated monthly expenses:

| | Monthly Expense |
|------------------------------------|-----------------|
| Auto | |
| Loan | |
| Insurance | |
| Maintenance/Repairs | |
| Housing | |
| Rent/Mortgage | |
| Home owners association | |
| Property Tax | |
| Insurance | |
| Medical | |
| Health Insurance | |
| Co-pays | |
| Other (medications, glasses, etc.) | |
| Utilities | |
| Internet/phone/cable | |
| Electricity/heating | |
| Water Sewer | |
| Trash | |
| Cell Phone | |
| Other | |
| Childcare/day care | |
| Child Support/Alimony | |
| Credit card debt | |
| Education | |
| Food | |
| Gas/tolls/parking | |
| Public Transportation | |
| Student loan | |
| Tuition | |
| | |
| Other: (please specify) | |
| | |
| | |
| | |
| TOTAL Expenses | |

If your total monthly expenses exceed your monthly income, how will you pay your household expenses in the future:

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7. Supporting Documents

You must also submit the supporting documents on the following check list for all household members 18 years old or older. ***Please start gathering this information immediately as it may take several days to locate all of the documents.***

| |
|--|
| Identification |
| <input type="checkbox"/> Personal photo identification: Driver’s License, passport, or State ID |
| Income Related Documents – Provide All That Apply |
| <input type="checkbox"/> Employment Income: 4 most recent consecutive pay stubs for all employed household members <input type="checkbox"/> Social Security: Most recent award letter <input type="checkbox"/> Temporary Assistance for Needy Families (TANF): Voucher or other verification <input type="checkbox"/> Pension: Letter from pension fund <input type="checkbox"/> Child Support: Current statement from NJ child support website, court order or notarized letter re: your child support status <input type="checkbox"/> Alimony: Current statement from NJ website or notarized letter regarding your alimony support status <input type="checkbox"/> Military Pay: Verification of military pay <input type="checkbox"/> Workers' Compensation: Statement showing benefits <input type="checkbox"/> Unemployment Benefits: Statement showing benefits <input type="checkbox"/> Self Employed or Own Business: Year to date profit & loss statement (not required if submitting K-1 with taxes) |
| Bank Statements & Other Accounts (Include All Joint Accounts) |
| <input type="checkbox"/> Checking Account: All pages of statements for the last 6 consecutive months <input type="checkbox"/> Savings Account Statements Including CD's: All pages of statements for the last 6 consecutive months <input type="checkbox"/> Other Account Statements: Most recent statement for other assets such as retirement accounts, 401k's, stocks, bonds, & trusts |
| Tax Returns |
| <input type="checkbox"/> Federal Tax Return: All pages of 1040 Federal Tax Return for the past 3 consecutive years <input type="checkbox"/> Sign the 2nd page of each Federal Tax Return (1040 form) to validate the copy <input type="checkbox"/> State Tax Return: All pages for the past 3 consecutive years |
| If You Own an Investment Property or Rental Property, Please Also Provide The Following |
| <input type="checkbox"/> Current mortgage statement <input type="checkbox"/> Investment property lease agreement (if applicable) <input type="checkbox"/> Current year tax assessment record <input type="checkbox"/> Real estate listing if this property is for sale <input type="checkbox"/> Contract with the realtor listing property if property is for sale <input type="checkbox"/> Foreclosure notice (LIS PENS, etc.) if the property is in foreclosure |
| Other |
| <input type="checkbox"/> Divorce Decree: All pages of divorce decree & settlement agreement <input type="checkbox"/> Full Time Student Over 18: School schedule to document full time status <input type="checkbox"/> Copy of your current lease agreement <input type="checkbox"/> Copy of your affordable housing certification |

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Applicant Certification:

I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the employer/owner/manager to verify all information provided on this application and to contact previous or current Landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law.

Signature of Head of Household

(Date)

Signature of Spouse/Co-Head Household

(Date)

We Do Business in Accordance with the Federal Fair Housing Law (The Fair Housing Amendments Act of 1988). It is Illegal to Discriminate Against Any Person Because of Race, Color, Religion, Sex, Handicap, Familial Status, or National Origin.

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Exhibit 3: Resolution Authorizing Affordability Assistance Grant for Tenant of Affordable Housing

RESOLUTION AUTHORIZING AFFORDABILITY ASSISTANCE GRANT WITH THE TENANT OF AN AFFORDABLE HOUSING UNIT LOCATED AT _____, Manchester, New Jersey.

WHEREAS, _____ is renter of the property located at _____, Block No. _____, Lot No. _____, which property is governed by the statutes, ordinances, rules and regulations restricting ownership and use of the property as an Affordable Housing unit; and

WHEREAS, the tenant has requested an Affordability Assistance Program grant from the Affordable Housing Trust Fund; and

WHEREAS, the Township is willing to extend a grant to the property owner in the amount of \$_____.

NOW THEREFORE BE IT RESOLVED on this _____ day of _____, _____, by the Township of Manchester, County of Ocean, State of New Jersey, that:

1. The Mayor, Administrator, Clerk and attorney are hereby authorized to execute an Affordability Assistance Program grant with the renter of an Affordable Housing unit located at _____, Block No. _____, Lot No. _____.

I do hereby certify that the foregoing is a true copy of a resolution passed by the _____ at a meeting duly held on the _____ day of _____, 20_____.

Clerk

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Exhibit 4: Resolution Authorizing Affordability Assistance Payment for Purchaser of Affordable Housing

RESOLUTION AUTHORIZING AFFORDABILITY ASSISTANCE GRANT WITH THE HOME PURCHASER OF AN AFFORDABLE HOUSING UNIT LOCATED AT _____, Manchester, New Jersey.

WHEREAS, _____ is the contracted purchaser of the property located at _____, Block No. _____, Lot No. _____, which property is governed by the statutes, ordinances, rules and regulations restricting ownership and use of the property as an Affordable Housing unit; and

WHEREAS, the home purchaser has requested an Affordability Assistance Program grant from the Affordable Housing Trust Fund; and

WHEREAS, the Township is willing to extend a grant to the property owner in the amount of \$_____.

NOW THEREFORE BE IT RESOLVED on this _____ day of _____, _____, by the Township of Manchester, County of Ocean, State of New Jersey, that:

1. The Mayor, Administrator, Clerk and attorney are hereby authorized to execute an Affordability Assistance Program grant with the renter of an Affordable Housing unit located at _____, Block No. _____, Lot No. _____.

I do hereby certify that the foregoing is a true copy of a resolution passed by the _____ at a meeting duly held on the _____ day of _____, 20_____.

Clerk

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Exhibit 5: Affordability Assistance Program Repayment Agreement

MANCHESTER TOWNSHIP

AFFORDABILITY ASSISTANCE PROGRAM REPAYMENT AGREEMENT

THIS AGREEMENT made on the _____ day of _____, _____ is between _____(hereafter “Owner”) whose address is _____ and Manchester Township, with offices at 1 Colonial Dr. Manchester, NJ 08759, (hereafter “Township”) Collectively, the “Owner” and the “Township” referred to herein as the “Parties”:

WHEREAS, Owner owns property located at _____, described more specifically as Block No. _____ Lot No. _____, (hereafter “Property”); and

WHEREAS, the Property is governed by the statutes, ordinances, rules and regulations restricting ownership and use of the Property as an Affordable Housing unit which, among other restrictions, restricts the Owner in financing the Property or otherwise encumbering the Property by way of mortgage, home equity loan, or other forms of financing; and

WHEREAS, the Township is willing to extend a loan to Owner in the amount of _____; and

WHEREAS, the Owner will sign a mortgage note and record a mortgage on the Property in the principal amount of \$_____; and

WHEREAS, the Parties wish to memorialize the agreement between them by way of this Affordable Housing Loan Repayment Agreement (hereinafter “Agreement”);

NOW THEREFORE IT IS AGREED on this _____ day of _____, _____, by and between the Parties as follows:

1. Owner acknowledges that s/he is aware, and herein reaffirms her understanding, that the Property is and will continue to be governed by the Affordable Housing rules, regulations and restrictions because it is an Affordable Housing unit under the control of the Township.
2. Owner understands and agrees that the restrictions on the Property, which state that s/he cannot make application for any second money mortgages or refinance

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any first money mortgages as it may apply to the Affordable Housing unit in excess of the maximum restricted mortgage amount and not until prior written approval has been obtained from the Administrative Agent.

3. Owner acknowledges and agrees that the Deed signed by the Owner at closing contains the recorded restrictions that govern the Property, which provide that “Upon the occurrence of a breach of any Covenants by the Grantee, or any successor in interest or other owner of the Property, the Administrative Agent shall have all remedies provided at law or equity including but not limited to forfeiture, foreclosure, acceleration of all sums due under any mortgage, recouping of any funds from a sale in violation of the Covenants, diverting of rent proceeds from illegal rentals, injunctive relief to prevent further violation of said Covenants, entry on the premises, those provided under Title 5, Chapter 80, Subchapter 26 of the New Jersey Administrative Code and specific performance.”
4. Owner acknowledges and agrees that there will be a tertiary loan placed on the unit recorded after this Affordability Assistance mortgage, which applies the affordability control restriction pursuant to Uniform Housing Affordability Controls (N.J.A.C. 5:80-26.1 *et seq.*).
5. Owner acknowledges and agrees that the Township, pursuant to its Affordable Housing regulations, has the right to foreclose on the Property as a result of any violation of the deed restrictions pertaining to the Property by the Owner and, if successful, the Township can retain all equity in the Property.
6. The Township agrees to extend a loan of \$_____ to the Owner for the exclusive use _____.
7. The loan principle is forgiven at a rate of 10% per year for a period of 10 years and is secured by a second mortgage and note.
8. If the Owner fails to make any and all necessary payments required by the within Agreement, or otherwise breaches the terms of this Agreement, the Township shall have the right to immediately file a lawsuit, or pursue any other rights that it may have, to remedy the breach and otherwise enforce the Affordable Housing statutes, ordinances, rules and regulations.
9. If the Owner fails to make any and all payments when due, the Township shall be entitled to accelerate the repayment obligation to make the full amount immediately due (plus interest, if applicable).

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10. This Agreement shall be construed in accordance with the laws of the State of New Jersey.
11. This Agreement constitutes the entire Agreement between the Parties. No amendments or modifications to this Agreement shall have any force or effect unless in writing and executed by both Parties.
12. If any provision of this Agreement shall be held invalid or unenforceable by any court of competent jurisdiction, such holdings shall not invalidate or render unenforceable any other provision hereof.
13. This Agreement shall be binding upon and inure to the benefit of the Parties, their legal representatives, heirs, executors, administrators, successors and assigns.

IN WITNESS WHEREOF the Parties hereto have signed and executed this Agreement as of the date indicated above.

Municipality

Attest:

OWNER

Attest:

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STATE OF NEW JERSEY:

SS

COUNTY OF _____ :

On this the _____ day of _____, 202____, OWNER NAME personally came before me and acknowledged under oath, to my satisfaction, the he/she:

- a. Was the maker of the attached instrument; and
- b. Executed this instrument as his or her own act.

Sworn to and subscribed before me this the _____ day of _____, 202____.

Notary Public

STATE OF NEW JERSEY:

SS

COUNTY OF _____ :

I CERTIFY that on ____ CLERK'S NAME personally came before me and acknowledged under oath, to my satisfaction, that:

- a. She/he is the Clerk of the Township of Manchester, the municipal corporation named in this document; an
- b. She/he is the attesting witness to the signing of this document by MAYOR/PRESIDENT NAME, TITLE, of the Township of Manchester
- c. This document was signed and delivered by the Township of Manchester as its voluntary act duly authorized by a proper resolution of the Council
- d. She/he knows the proper seal of the Township of Manchester, which was affixed to this document; and
- e. She/he signed this proof to attest to the truth of these facts

Sworn to and subscribed before me this the _____ day of _____, 202____.

Notary Public

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Exhibit 6: Mortgage Securing Payment of Affordability Assistance Program Note

TOWNSHIP OF MANCHESTER

MORTGAGE SECURING PAYMENT OF AFFORDABILITY ASSISTANCE PROGRAM NOTE

THIS MORTGAGE, made on this the ____ day of _____, 202_ by and between _____, (the “OWNER”) and MANCHESTER TOWNSHIP (the “Municipality”), in connection with the property described herein (the “PROPERTY”);

Article 1. REPAYMENT MORTGAGE NOTE

In consideration of value received, the Owner has signed an Affordability Assistance Program Mortgage Note (the “Note”) dated _____. The Owner promises to pay to the Municipality amounts due under the Affordability Assistance Program Mortgage Note, and to abide by all obligations contained therein.

Article 2. MORTGAGE AS SECURITY FOR AMOUNT DUE

This Mortgage is given to the Municipality as security for the payment required to be paid as described in the Mortgage Note, the sum of \$ _____.

Article 3. PROPERTY DESCRIPTION

All of the land and improvements thereon located in the municipality of Manchester Township in the County of Ocean, State of New Jersey (hereinafter the “Property”), described more specifically as Block No. _____ Lot No. _____, and known by the street address:

Article 4. RIGHTS GIVEN TO MUNICIPALITY

The Owner gives the Municipality those rights stated in this Mortgage, and all the rights the law gives to the Municipality under Uniform Housing Affordability Controls, which are found in New Jersey Administrative Code at Title 5, chapter 80, subchapter 26 (N.J.A.C. 5:80-26.1, *et seq*). The rights given to the Municipality are covenants running with the land. Upon performance of the promises contained in Note and Mortgage, the Municipality will prepare and deliver to the then current owner of record a quitclaim deed or other document of release.

Article 5. DEFAULT

The Municipality may declare the Owner in default on this Mortgage and on the Note if:

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1. The Owner attempts to convey an interest in the Property without giving prior written notice to the Municipality;
2. The ownership of the Property is changed for any reason other than in the course of an exempt sale;
3. The Owner fails to make any payment required by the Note;
4. The holder of any lien on the Property starts foreclosure proceedings; or
5. Bankruptcy, insolvency or receivership proceedings is commenced by or against the Owner.

Article 6. MUNICIPALITY'S RIGHTS UPON DEFAULT

If the Municipality declares that the Note and this Mortgage are in default, the Municipality shall have all of the rights given by law or set forth in this Mortgage.

Article 7. NOTICES

ALL NOTICES MUST BE IN WRITING AND PERSONALLY DELIVERED OR SENT BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED, TO THE ADDRESSES GIVEN IN THIS MORTGAGE. ADDRESS CHANGES MAY BE MADE UPON WRITTEN NOTICE, MADE IN ACCORDANCE WITH THIS ARTICLE.

Article 8. NO WAIVER BY MUNICIPALITY

The Municipality may exercise any right under this Mortgage or under any law, even if the Municipality has delayed in exercising that authority or has agreed in an earlier instance not to exercise that right. The Municipality does not waive its right to declare the Owner is in default by making payments or incurring expenses on behalf of the Owner.

Article 9. EACH PERSON LIABLE

The Mortgage is legally binding upon each Owner individually and all their heirs, assigns, agents and designees who succeed to their responsibilities. The Municipality may enforce any of the provisions of the Note and of this Mortgage against any one or more liable individual.

Article 10. SUBORDINATION

This Mortgage will not be subordinate, and will not be subordinated by the Municipality, to any mortgage, refinancing, equity loan, secured letter of credit, or any other obligation secured by the Property, except with respect to (a) any such obligation which was duly recorded prior to the recording hereof, and (b) any such obligation which, when added to all other such obligations recorded against the Property, shall result in total debt secured by the Property being an amount less than the maximum resale price that would be applicable were the Control Period still in effect.

Article 11. AMENDMENTS

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No amendment or change to the Note and this Mortgage may be made, except in a written document signed by both parties and approved of by the administrative agent appointed pursuant to N.J.A.C. 5:80-26.1 et seq.

Article 13. SIGNATURES

By executing this Mortgage on page 3, hereof, the Owner agrees to all of its terms and conditions.

Article 14. ACKNOWLEDGEMENT

The Owner acknowledges receipt of a true copy of this Mortgage, at no charge to the State.

IN WITNESS WHEREOF, the Owner(s) has executed this Mortgage for the purposes stated herein.

ATTEST:

Signature of (Owner)

Signature (Co-Owner)

STATE OF NEW JERSEY)

) ss:

COUNTY OF _____)

BE IT REMEMBERED, that on this the _____ day of _____, 20__ the subscriber _____ appeared personally before me *(If more than one person signed the foregoing mortgage and appeared before me, the words "the subscriber" and "the Owner" shall include all such persons)* and who, being duly sworn by me, deposed and made proof to my satisfaction (i) that he/she is the Owner named in the foregoing mortgage and (ii) and that he/she has executed said mortgage with respect to the Property and for the purposes described and set forth therein.

Sworn to and subscribed before me, _____ on the date set forth above.

NOTARY PUBLIC

TOWNSHIP OF MANCHESTER - Affordability Assistance Policy & Procedures Manual**Exhibit 7: Recapture Mortgage Note for Affordability Assistance Program****MANCHESTER TOWNSHIP****RECAPTURE MORTGAGE NOTE FOR AFFORDABILITY ASSISTANCE PROGRAM**

THIS NOTE is dated as of _____, 202_, For value received _____ (referred to "Owner") promises to pay to Manchester Township, with offices at 1 Colonial Dr. Manchester, NJ 08759, (the "Municipality"), the amounts specified in this Note and promises to abide by the terms contained below.

Article 1. REPAYMENT MORTGAGE

As security for the payment of amounts due under this Note and the performance of all promises contained in this Note, the Owner is giving the Municipality a "Mortgage to Secure Payment of Affordability Assistance Program Note" (the "MORTGAGE"), dated _____, of the property described below (the "PROPERTY"). The Mortgage covers real estate owned by the Owner. The Mortgage will not be subordinate, and will not be subordinated by the Municipality, to any mortgage, refinancing, equity loan, secured letter of credit, or any other obligation secured by the Property, except with respect to (a) any such obligation which was duly recorded prior to the recording hereof, and (b) any such obligation which, when added to all other such obligations recorded against the Property, shall result in total debt secured by the Property being an amount less than the maximum resale price (MRP) that would be applicable were the Control Period still in effect, as those terms are defined in Article 2 of the Mortgage.

Article 2. OWNERS PROMISE TO PAY AND OTHER TERMS

This is a no interest deferred loan in the amount of \$_____ will be for ten (10) years. The loan principal is forgiven at 10% per year for a period of 10 years. After ten (10) years, the loan is fully forgiven at the next resale. If sold before ten (10) years, the prorated loan amount shall be repaid by the applicant to the Manchester Township Affordable Housing Trust Fund.

Article 3. PROPERTY DESCRIPTION

All of the land and improvements thereon located in the municipality of Manchester in the County of Ocean, State of New Jersey, described more specifically as Block No. _____ Lot No. _____, and known by the street address: _____.

Article 4. WAIVER OF FORMAL ACTS

The Owner waives its right to require the Municipality to do any of the following before enforcing its rights under this Note:

1. To demand payment of amount due (known as Presentment).
2. To give notice that amounts due have not been paid (known as Notice of Dishonor).
3. To obtain an official certificate of non-payment (known as Protest).

TOWNSHIP OF MANCHESTER - Affordability Assistance Policy & Procedures Manual

Exhibit 8: Notice of Right of Recission

**MANCHESTER TOWNSHIP
AFFORDABILITY ASSISTANCE PROGRAM**

NOTICE TO HOMEOWNER REQUIRED BY FEDERAL LAW:

You have entered into a transaction on «**Mortgage_Date**» which will result in a lien, mortgage, or other security interest in your home. You have a legal right under federal law to cancel this transaction, if you desire to do so, without any penalty or obligation within three business days from the above date or any later date on which all material disclosures required under the Truth in Lending Act have been given to you. If you so cancel the transaction, any lien, mortgage, or other security interest on your home arising from this transaction is automatically void. You are also entitled to receive a refund of any down payment or other consideration if you cancel. If you decide to cancel this transaction, you may do so by notifying The Township’s Administrative Agent: CGP&H, whose offices are located at 1249 South River Road, Suite 301, Cranbury, NJ 08512, by certified mail sent not later than midnight of «**Right of Rescission date**». You may also use any other form of written notice identifying the transaction if it is delivered to the above address not later than that time. This notice may be used for that purpose by dating and signing below.

I hereby cancel this transaction.

(date)

(customer signature)

EFFECT OF RESCISSION. When a homeowner exercises his/her right to rescind under paragraph (a) of this section, he/she is not liable for any finance or other charge, and any security interest becomes void upon such a rescission. Within 10 days after receipt of a notice of rescission, the creditor shall return to the homeowner any money or property given as earnest money, down payment, or otherwise, and shall take any action necessary or appropriate to reflect the termination of any security interest created under the transaction. If the creditor has delivered any property to the homeowner, the homeowner may retain possession of it. Upon the performance of the creditor’s obligations under this section, the homeowner shall tender the property to the creditor, except that if return of the property in kind would be impracticable or inequitable, the homeowner shall tender its reasonable value. Tender shall be made at the location of the property or at the residence of the homeowner, at the option of the homeowner. If the creditor does not take possession of the property within 10 days after tender by the homeowner, ownership of the property vests in the homeowner without obligation on his part to pay for it.

I, the Customer, hereby acknowledge receipt of two (2) copies of the aforesaid Notice of Right of Rescission which have been given unto me this «**Mortgage_Date**».

«Homeowner_name»

«CoOwner»