

Emily B. Jabbour, Mayor
City of Hoboken
94 Washington Street
Hoboken, New Jersey 07030



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AFFORDABILITY ASSISTANCE PROGRAM APPLICATION

Name: _____ Phone Number: _____

Email: _____

Address of Deed-Restricted Affordable Housing Unit: _____

Block: _____ Lot: _____ Qualifier (if applicable): _____

What type of assistance are you seeking? Circle One.

- Two Months' Rental Assistance
- Down Payment/Closing Cost Assistance
- Condo/Homeowners' Association One Month's Fee Assistance
- Condo/Homeowners' Association Special Assessment Fee Assistance

Amount requested: \$ _____

Applicants will be assessed for eligibility in accordance with the City of Hoboken's adopted Affordability Assistance Program Manual, a copy of which is available at <https://hobokennj.gov/resources/affordable-housing>. Applicants will be contacted by the City's Affordable Housing Administrative Agent, Acuity Consulting Services, in the order in which applications are received.

Please sign and email a PDF of this application form to info@HobokenAffordableHousing.com.

Applicant Signature

Date

Print Name