

Return Applications to: Triad Associates 1301 W. Forest Grove Road, Vineland NJ 08360

Completed Applications can also be faxed to (856) 690-5622

Phone (856) 690-5749 www.triadhousingprograms.com

Preliminary Application for Affordable Housing: (Please print clearly!)

Name of Head of Household								
irrent Street Address			City			State Zip Coc		Zip Code
() () Work Phone		Ext. #			(_	Cell Phone No.		
Email Address:								
Number of Bedrooms? One	Two Three	Requir	e a han	dicap aco	cessible home	e? Yes	No	
*Do You Currently Receive Rental	Assistance? Yes No	_	Is a m	nember o	f your housel	hold a	Veteran? Yes_	_ No
HOUSEHOLD COMPOSITION: (Please print clearly)								
Name	Relationship to Head of Household	Gende	Date of Birth		Annual Gross Income (Monthly x12 months)		Source of Income	
1.	Head of Household				\$			
2.					\$			
3.					\$			
4.					\$			
5.					\$			
	TOTAL GROSS ANNUAL	HOUSI	HOLD	NCOME	\$			
CHECK ALL THE PROJECTS YOU ARE INTERESTED IN (YOU MAY CHECK MORE THAN ONE)								
☐ Mansfield (FOR SALE) Villages at Mapleton	□ Paulsboro (FOR SALE) NSP Resale	_ l	Upper Township (FOR SALE) Market to Affordable				□ Vineland (FOR SALE) 240 Villa Avenue	
☐ Clayton (FOR SALE) Emerson Green	☐ Winslow Township (I RENT) Taylor Woods		□ Cherry Hill (RESALE) Park Place				□ Burlington(FOR SALE) NSP Resale – 3BD	
Ocean City (FOR SALE) One Bedroom Only	□ Brigantine (FOR SALE One Bedroom Only	☐ Princeton — Carnevale Plaza (FOR RENT) 2 Bedroom			nza	□ Bridgeton (FOR SALE) NSP Resale		
Monroe Township (FOR SALE & ☐ RENEW Rentals ☐ RENEW Market To Affor	☐ Mt. Laure Market to	Mt. Laurel (FOR SALE) Market to Affordable			aurel (FOR RE et to Affordab	le	□ West Deptford (FOR SALE) Victorian Way	
*If you own the home in v (Your eq Market Value: \$	juity equals the market val	ue less	any out		mortgage Prin			ne.
I certify that the information provided herein is true and complete to the best of my knowledge and that any misrepresentation of income or household size herein shall be cause for program disqualification. I also understand that this information is to be used only for determining my eligibility for referral to an affordable housing unit and does not obligate me in any way.								
X	Signatu	re Head	l of Hou	ısehold	_			Date