



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 Monroe Township Affordable Housing: (Please print clearly!)

Name of Head of Household _____

Current Street Address _____ City _____ State _____ Zip Code _____

(_____) _____ (_____) _____ (_____) _____
 Home Phone No. Work Phone Ext. # Cell Phone No.

Email Address: _____

Number of Bedrooms? **One** ___ **Two** ___ **Three** ___ Require a handicap accessible home? **Yes**__ **No** __

Is A Household Member A Veteran? **Yes**__ **No** __

HOUSEHOLD COMPOSITION: (Please print clearly!)

Name	Relationship to Head of Household	Gender	Date of Birth	Annual GROSS Income (Monthly x12 months)	Source of Income
1.	Head of Household			\$	
2.				\$	
3.				\$	
4.				\$	
5.				\$	
TOTAL HOUSEHOLD INCOME				\$	

<input type="checkbox"/> Garden Villas At Amberleigh (For Sale)	<input type="checkbox"/> Oak Street (For Sale)
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***If you own the home in which you live, please provide BOTH the market value and your equity in the home.**
 (Your equity equals the market value less any outstanding mortgage Principal).

Market Value: \$ _____ **Equity:** \$ _____

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 _____ **Signature Head of Household** _____ **Date**