

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								
Current Street Address				City		State	Zip Code	
() Home Phone No.	()			Ext. #	()		
	Work Friend			LXL #	ocii i none	140.		
Number of Bedrooms? One Two Three Require a handicap accessible home? Yes No								
*Do You Currently Receive Rental Assistance? Yes No								
HOUSEHOLD COMPOSITION: (Please print clearly!)								
Name	Relationship to Head of Household	Gender	der Date of Birth		Annual Gross Income (Monthly x12 months)	Source o	f Income	
1.	Head of Household				\$			
2.					\$			
3.					\$			
4.					\$			
5.					\$			
TOTAL HOUSEHOLD INCOME \$								
CHECK ALL THE PROJECTS YOU ARE INTERESTED IN (YOU MAY CHECK MORE THAN ONE)								
☐ Mansfield (FOR SALE) Villages at Mapleton	☐ Clayton Borough (FOR SALE) Emerson Green			☐ Upper Township (FOR SALE)		☐ Brigantine (FOR SALE)		
☐ Hainesport (FOR SALE) Mason's Creek (Age Restricted/ 55+)	☐ West Deptford (FOR SALE) - Victorian Walk			☐ West Deptford (FOR SALE) - White Swan(Mobile Homes)			☐ Delanco (FOR RENT)	
Medford (FOR SALE) (Age Restricted/ 55+)			☐ Winslow Twp. (FOR RENT)					
☐ Heritage (One Story) ☐ Wyngate (Two Story)				- <u>Lottery Deadline 8/19/16 @ 5pm</u>				
PLEASE DO NOT CHECK ANY OF THE "FOR SALE" PROJECTS IF YOU CANNOT PURCHASE								
*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.								
XSignature Head of Household [_ Date	