



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.triadhousingprogram.com

Preliminary Application for 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 ___

*Do You Currently Receive Rental Assistance? 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 Income (Monthly x12 months)	Source of Income
1.	Head of Household			\$	
2.				\$	
3.				\$	
4.				\$	
5.				\$	
TOTAL HOUSEHOLD INCOME				\$	

CHECK ALL THE MUNICIPALITIES YOU ARE INTERESTED IN (YOU MAY CHECK MORE THAN ONE)

<input type="checkbox"/> Brigantine (FOR SALE)	<input type="checkbox"/> Clayton Borough (FOR SALE) Emerson Green	<input type="checkbox"/> West Deptford (FOR SALE) White Swan
<input type="checkbox"/> Hainesport (FOR SALE) Mason's Creek (Age Restricted/ 55+)	<input type="checkbox"/> Mansfield (FOR SALE) Villages at Mapleton	<input type="checkbox"/> Upper Township (FOR SALE)
<input type="checkbox"/> Medford (FOR SALE) Heritage / Wyngate / Wildflower (Age Restricted/ 55+)		

***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