



Preliminary Application for Affordable Housing: CHERRY HILL, NJ (Please print clearly!)

SECTION I: APPLICANT INFORMATION

Name of Head of Household _____

Current Street Address _____ City _____ State _____ Zip Code _____

() _____ () _____ () _____
Home Phone No. (Landline only) Work Phone 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 ___

SECTION II: 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				\$	

SECTION III: SELECT WHICH COMMUNITY YOU ARE INTERESTED IN

<input type="checkbox"/> Park Lane Apartments (FOR RENT) 1 or 2 Bedroom Only	<input type="checkbox"/> Park Place Condominiums (FOR SALE) 3 Bedroom Only
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SECTION IV: HOMEOWNERS ONLY

If you own the home in which you live, clearly indicate BOTH the market value & your equity in the home. (Your equity equals the market value less any outstanding mortgage Principal).

Market Value: \$ _____ Equity: \$ _____

SECTION V: SIGNATURE

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 _____