CITY OF CAPE MAY AFFORDABLE HOUSING PROGRAM – FOR RENT

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

_____
Name of Head of Household

_____
Current Street Address City State Zip Code

(____)_____ _____
Primary Phone Number Email Address (required):

_____

Number of Bedrooms? One ☐ Two ☐ Three ☐ Household Size _____

Require a handicap accessible unit? Yes ☐ No ☐

Do you currently own any real estate? Yes ☐ No ☐

Market Value? $_____ Mortgage Principal Amount $_____

GROSS INCOME IS INCOME BEFORE ANY DEDUCTIONS. EXAMPLES OF INCOME ARE ALIMONY, CHILD SUPPORT, PENSION, SOCIAL SECURITY, UNEMPLOYMENT, EMPLOYMENT, ANNUITIES, ETC.

HOUSEHOLD COMPOSITION: (Please print clearly!)

Name	Relationship to Head of Household	Gender	Date of Birth	HOUSEHOLD GROSS INCOME	Source of Income
1.	Head of Household			$	
2.				$	
3.				$	
4.					
TOTAL HOUSEHOLD INCOME					

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. If any information provided on this Preliminary Application changes, I agree to notify Triad Associates immediately.

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

This Preliminary Application is only to place your name on a waiting list.
It is not an approval to lease a unit.

NEW JERSEY HOUSING RESOURCE CENTER
WWW.NJHRC.GOV

CITY OF CAPE MAY NEW JERSEY

TRIAD
IMPROVING HOUSING OPPORTUNITIES