



Willingboro Township Affordable Rental Housing
Preliminary Application Letter

Dear Affordable Housing Applicant:

Thank you for inquiring about affordable housing in Willingboro Township. Triad Associates has been designated to act as the program Administrative Agent to qualify and assist renters through the application process. Please be advised that we receive a greater number of applications than there are units available, so placement in a unit is often not immediate.

In order to be eligible for an affordable housing unit in a specific municipality, you must meet certain income limits as determined by the New Jersey Department of Community Affairs. Units will be deed restricted to ensure continued affordability. Income limits are determined by Region and are listed below:

2011 Affordable Housing Regional Income Limits
For Units Located in **Burlington County**

Number of Persons in household	Maximum Annual Income Low – Income Units	Maximum Annual Income Moderate – Income Units
1	\$28,140	\$45,024
2	\$32,160	\$51,456
3	\$36,180	\$57,888
4	\$40,200	\$64,320
5	\$43,416	\$69,466
6	\$46,632	\$74,611

If you believe you fall within these income limits, fill out and submit this preliminary application to our office. All completed Preliminary Applications must be returned to Triad Associates at 1301 W. Forest Grove Road, Vineland, NJ 08360. Completed Pre-Applications can be submitted online at www.triadhousingprogram.com and also be faxed to 856-690-5622. All completed Preliminary Applications must be returned (or postmarked) to Triad Associates by April 2, 2012.

All qualified pre-applications will be entered into a lottery to be held on April 6, 2012. Applicants selected through the lottery will be required to submit income documentation, and pass a credit check in order to qualify. Minimum income restrictions will also apply. Applications from residents or workers of Burlington, Camden, and Gloucester Counties will be given preference.

Please remember that all applications and documents are held in the strictest confidence. If you have any further questions please contact Triad Associates at **856-690-5749**.

Katherine Packowski, Triad Associates

**WILLINGBORO TOWNSHIP
PRELIMINARY APPLICATION FOR AFFORDABLE HOUSING**



Section I – HEAD OF HOUSEHOLD INFORMATION	Please Print Clearly
Name: _____	Soc Security: _____
Address: _____	
City	State
Zip Code	
Mailing Address, if different from above: _____	
Home Phone: _____	Cell Phone: _____
Email: _____	
Number of Bedrooms? One ___ Two ___ Three ___ Do you require a handicap accessible unit? Yes ___ No ___	

Section II - HOUSEHOLD COMPOSITION AND INCOME					
List ALL sources of income, including, but not limited to salary, dividends, social security, child support, alimony and pensions, everyone who will occupy the unit.					
Full Name (First & Last)	Relationship	Date of Birth	Sex	Annual Income	Soc. Sec.#:
1. _____	<u>Head of Household</u>	_____	_____	\$ _____	_____
2. _____	_____	_____	_____	\$ _____	_____
3. _____	_____	_____	_____	\$ _____	_____
4. _____	_____	_____	_____	\$ _____	_____
5. _____	_____	_____	_____	\$ _____	_____
TOTAL				\$ _____	_____

Do you currently receive rental assistance? Yes ___ No ___

How did you hear about this program?

I certify that the information provided herein is true and complete to the best of my knowledge and belief 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 preliminary eligibility for referral to an affordable housing unit. I understand that this is not the final application and that full documentation will be required.

Signed: _____ Date: _____