



**Neighborhood Stabilization Program**  
**Preliminary Application Letter**

Dear Affordable Housing Applicant:

Thank you for inquiring about affordable housing with Triad Associates. Triad Associates has been designated by each of the below listed municipalities to act as the program Administrative Agent to qualify and assist home buyers through the application process.

**PARTICIPATING MUNICIPALITIES**

Woodbine Borough	Burlington City
Bridgeton City	Paulsboro Borough

In order to be eligible for an affordable housing unit in a specific municipality, you must meet certain income limits as determined by the Department of Housing & Urban Development and/or the New Jersey Council on Affordable Housing. Units will be deed restricted to ensure continued affordability.

2010 NSP Income Limits  
 For Units Located in **Woodbine**

Number of persons in household	One	Two	Three	Four	Five	Six
Income Limit	57,200	65,400	73,550	81,700	88,250	94,800

2010 NSP Income Limits  
 For Units Located in **Burlington City, Paulsboro**

Number of persons in household	One	Two	Three	Four	Five	Six
Income Limit	65,750	75,150	84,550	93,950	101,500	109,000

2010 NSP Income Limits  
 For Units Located in **Bridgeton**

Number of persons in household	One	Two	Three	Four	Five	Six
Income Limit	50,400	57,600	64,800	72,000	77,750	83,500

**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 also be faxed to 856-690-5622.** Selected applicants will then be interviewed via telephone, complete a full application and matched to units based upon household income and the number of bedrooms needed. Applicants will have thirty (30) days from first notification to submit all required documents and complete the full application process. If you have any further questions please contact us at **856-690-5749**.

Dawn Genco, Triad Associates



**PRELIMINARY APPLICATION FOR AFFORDABLE HOUSING**

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

<b>HOUSEHOLD COMPOSITION</b>					
List ALL sources of income, including, but not limited to salary, dividends, social security, child support, alimony and pensions, for everyone who will occupy the unit.					
Full Name (First Middle & Last)	Relationship	Date of Birth	Sex	Annual Income	Soc. Sec.#:
1. _____	Head of Household	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
Do you currently receive rental assistance? Yes ___ No ___					
Are you, your spouse and all members of your household United States citizens? Yes ___ No ___					
If not, please explain _____					
How did you hear about this program? _____					

**Section II – Check all the municipalities you are interested in**

Paulsboro		Burlington City	
Woodbine Borough		Bridgeton City	

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 eligibility for referral to an affordable housing unit and does not obligate me in any way.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date