



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
Buena Vista Township	Paulsboro Borough
Vineland City	Commercial Township
Bridgeton City	

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. Income limits are determined by County and COAH Region and are listed below:

2009 NSP Income Limits
 For Units Located in **Atlantic County**

Number of persons in household	Maximum Annual Income 120% of Median	Maximum Annual Income 80% of Median	Maximum Annual Income 50% of Median
1	57,450	38,300	23,950
2	65,650	43,750	27,350
3	73,850	49,250	30,800
4	82,100	54,700	34,200
5	88,650	59,100	36,950
6	95,200	63,450	39,650
7	101,800	67,850	42,400
8	108,350	72,200	45,150

2009 NSP Income Limits
 For Units Located in **Burlington and Gloucester Counties**

Number of persons in household	Maximum Annual Income 120% of Median	Maximum Annual Income 80% of Median	Maximum Annual Income 50% of Median
1	65,350	43,600	27,250
2	74,700	49,800	31,100
3	84,000	56,050	35,000
4	93,350	62,250	38,900
5	100,850	67,250	42,000
6	108,300	72,200	45,100
7	115,750	77,200	48,250
8	123,250	82,150	51,350

2009 NSP Income Limits
For Units Located in **Cape May County**

Number of persons in household	Maximum Annual Income 120% of Median	Maximum Annual Income 80% of Median	Maximum Annual Income 50% of Median
1	56,450	37,650	23,500
2	64,500	43,000	26,900
3	72,600	48,400	30,250
4	80,650	53,750	33,600
5	87,100	58,050	36,300
6	93,550	62,350	39,000
7	100,000	66,650	41,650
8	106,450	70,950	44,350

2009 NSP Income Limits
For Units Located in **Cumberland County**

Number of persons in household	Maximum Annual Income 120% of Median	Maximum Annual Income 80% of Median	Maximum Annual Income 50% of Median
1	50,300	33,550	20,950
2	57,500	38,300	23,950
3	64,700	43,100	26,950
4	71,900	47,900	29,950
5	77,650	51,750	32,350
6	83,400	55,550	34,750
7	89,150	59,400	37,150
8	94,900	63,250	39,550

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.

If you submitted an Application previously under the September 2009 Lottery, please do not submit an Application at this time, as it will be considered a duplicate and it will be discarded.

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.

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

Dawn Genco, Associate
Triad Associates



PRELIMINARY APPLICATION FOR AFFORDABLE HOUSING

Section I – HEAD OF HOUSEHOLD INFORMATION	Please Print Clearly
Name: _____ Soc Security No.: _____	
Current Address: _____ <div style="display: flex; justify-content: space-between; width: 100%; margin-top: 5px;"> City State Zip Code </div>	
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 ___	

HOUSEHOLD COMPOSITION					
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 Middle & Last)	Relationship	Date of Birth	Sex	Annual Income	Soc. Sec.#:
1. _____	Head of Household	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____

Do you currently receive rental assistance? Yes ___ No ___ Split: Section 8: \$ ___ Your share: \$ ___

Section II

Check all the municipalities you are interested in (you may check more than one)	Buena Vista Township	
	Woodbine Borough	
	Commercial Township	
	Vineland City	
	Bridgeton City	
	Paulsboro	
	Burlington 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