



West Cape May Borough Affordable Rental Housing Preliminary Application Letter

Dear Affordable Housing Applicant:

Thank you for inquiring about affordable housing in West Cape May Borough. 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 Council on Affordable Housing. Units will be deed restricted to ensure continued affordability. Income limits are determined by COAH Region and are listed below:

Council on Affordable Housing			
<i>2010 Regional Income Limits for Region 6</i>			
Persons Per Household	Very Low	Low	Moderate
1	\$14,255	\$23,759	\$38,014
2	\$16,292	\$27,153	\$43,445
3	\$18,328	\$30,547	\$48,876
4	\$20,365	\$33,941	\$54,306
5	\$21,994	\$36,657	\$58,651
6	\$23,623	\$39,372	\$62,995

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. All completed Preliminary Applications must be returned (or postmarked by) to Triad Associates by September 2, 2011.

All qualified pre-applications will be entered into a lottery to be held on September 7, 2011. Applicants selected through the lottery will be required to submit income documentation, and pass a credit and background check in order to qualify. A security deposit equal to one and one-half month's rent is due at lease signing. Applications from residents or workers of Atlantic, Cape May, Cumberland and Salem 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 Monica West at Triad Associates at (856) 690-9590 or via email at mwest@triadincorporated.com.

Regards,
Monica West
Executive Administrative Assistant

West Cape May Accessory Apartment Program 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: 80%; margin: 0 auto;"> City State Zip Code </div>	
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, for everyone who will occupy the unit.					
<u>Full Name (First Middle & Last)</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>Annual Income</u>	<u>Soc. Sec.#:</u>
1. _____	<u>Head of Household</u>	_____	_____	\$ _____	_____
2. _____	_____	_____	_____	\$ _____	_____
3. _____	_____	_____	_____	\$ _____	_____
4. _____	_____	_____	_____	\$ _____	_____
5. _____	_____	_____	_____	\$ _____	_____
TOTAL				\$ _____	_____
Do you currently receive rental assistance? Yes _____ No ____					

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