

Preliminary Application for Affordable Housing Sales Units



Borough of Lincoln Park
New Jersey

A: Head of Household Information

**** 171 Stonyridge Drive ****

First & Last Name: _____
 Address: _____
 Apt#: _____ City: _____ State: _____
 County: _____ Zip Code: _____

Social Security: ____ - ____ - ____
 Hm. Phone #: (____) ____ - ____
 Wk. Phone #: (____) ____ - ____
 Cell Phone #: (____) ____ - ____

B: Household Composition and Income (List ALL sources of income, including, but not limited to Salary, Dividends, Social Security, Child Support, Alimony & Pensions. DO NOT include income from Assets listed in Section C.)

Full Name (First, Middle & Last) List everyone who will occupy the home.	Relation To	Date of Birth	Sex	Gross Annual Income
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$

C: Assets (Bank Accounts, Cert. of Deposit, Mutual Funds, Real Estate, Etc. If you own the home in which you live, clearly indicate BOTH the market value & your equity in the home. Your equity equals the market value less any outstanding mortgage principal.)

Type of Asset	Market Value	Estimated Annual Income	Interest Rate

D: Current Situation

Do you PAY child support or alimony? Yes ___ No ___ If yes, specify the monthly amount you pay. \$ _____
 Do you currently own a home? Yes ___ No ___ If yes, then do you have a Mortgage? Yes ___ No ___
 What is the re-sale value of your home? \$ _____ Do you require a handicap-accessible home?: _____
 Please be sure to indicate your equity in that home in Section C above.

E. Important Information (Must be signed by everyone 18 and older.)

I(We) hereby authorize the municipality, Piazza & Associates, Inc., their agents and/or employees to obtain information regarding the status of my(our) credit, and to check the accuracy of any and all statements and representations made in this application. I(We) certify that all information in this application is accurate, complete and true. I(We) understand that if any statements made are willingly false, the application is null and void, and I(we) may be subject to penalties imposed by law. **VOID if not signed and accompanied by a mortgage PREQUALIFICATION LETTER or other proof of funds. (FAX: 609-786-1105)**

Signed: _____ Signed: _____ Date: _____

Primary Email Address: _____