



Thank you for visiting The Edge At Freehold!

Please complete the attached pre-application, fully sign, date and return to our office via mail, fax or in person.

The purpose of this form is to gather basic information and will be used only for determining eligibility for referral to an affordable housing unit.

We thank you for your interest in The Edge At Freehold!

Sincerely,

*The Edge At Freehold
2202 Devon Drive
Freehold, NJ 07728
(P) 609-208-3970
(F) 609-223-0076*

Completed forms can also be emailed to theedgefreehold@edgewoodproperties.com

SITE: The Edge At Freehold, Freehold, NJ

SECTION I: APPLICANT INFORMATION: (Please print clearly)

 Name of Head of Household

 Current Street Address City State Zip Code

 Home Phone No. (Landline only)

 Work Phone

 Cell Phone No.

 Email Address:

Number of Bedrooms? One Two Three

Require a handicap accessible home? Yes No

***DO YOU CURRENTLY RECEIVE RENTAL ASSISTANCE?**

Yes No

***IS A HOUSEHOLD MEMBER A VETERAN?**

Yes No

SECTION II: HOUSEHOLD COMPOSITION

| Name | Relationship to Head of Household | Gender | Date of Birth | Annual Income (Monthly x12 months) | Source of Income |
|-------------------------------|-----------------------------------|--------|---------------|------------------------------------|------------------|
| 1. | Head of Household | | | \$ | |
| 2. | | | | \$ | |
| 3. | | | | \$ | |
| 4. | | | | \$ | |
| 5. | | | | \$ | |
| TOTAL HOUSEHOLD INCOME | | | | \$ | |

SECTION III: I AM INTERESTED IN:

| | |
|---|---|
| <input type="checkbox"/> Market Rate Apartments 1 or 2 Bedroom Only | <input type="checkbox"/> Affordable Rate Apartments 1 Bedroom 2 Bedroom 3 Bedroom |
|---|---|

SECTION IV: HOMEOWNERS ONLY

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).

Market Value: \$ _____

Equity: \$ _____

SECTION V: SIGNATURE

I certify that the information provided herein is true and complete to the best of my knowledge 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.

 X _____ Signature Head of Household

_____ Date