

Fox Hollow

at Branchburg

Thank you for visiting Fox Hollow at Branchburg.

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 Fox Hollow at Branchburg!

Sincerely,

*Leasing Office
129 Mercer Street
Somerville, NJ 08876
(P) 908-725-2909
(F) 908-707-9364*

Pre-Application

Return to: Leasing Office at 129 Mercer Street, Somerville, NJ 08876

M&T at Branchburg, LLC

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

SITE: Fox Hollow at Branchburg, Branchburg, 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?**

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

Yes No

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
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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