

The Crossings at Tenafly - Affordable Sales Preapplication

Please complete this pre-application form if you are interested in applying to purchase one of the available affordable units at The Crossings at Tenafly

**In order to be an eligible purchaser
TOTAL FAMILY INCOME MUST BE WITHIN THESE LIMITS:**

Persons in Household	1	2	3	4	5	6	7	8+
Maximum Income	\$47,276	\$54,030	\$60,784	\$67,538	\$72,941	\$78,344	\$83,747	\$89,150

Return this Pre-Application to:

The Crossings at Tenafly
Tenafly Affordable Housing Program
Borough Hall, 100 Riveredge Road
Tenafly, NJ 07670

Name: _____	Home phone # _____
Current Address: _____	<input type="checkbox"/> Work <input type="checkbox"/> Cell phone # _____
_____	_____
City, State, Zip _____	Email address _____
Total # of persons in your household _____	2014 Total Family Income \$ _____
Our Gross Family Income is below the maximum on the chart above. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Check off any of the following sources of income or support currently received in your household	
Wages <input type="checkbox"/> Social Security/Disability <input type="checkbox"/> Pension/annuity <input type="checkbox"/> Self employment <input type="checkbox"/>	
Section 8/Food Stamps <input type="checkbox"/> Unemployment <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/>	
Number of bedrooms you request based on family composition _____	

For additional information, contact the Administrative Agent, Steve Weinberg
732/390-4745 steve.weinberg@mac.com

Or visit the Tenafly Borough website: <http://www.tenaflynj.org/>

I/we certify that all information on this preapplication is true and correct to the best of my/our knowledge. I/we understand that any willful misstatement of material fact may be grounds for disqualification. I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we authorize the Program to verify any information provided on this pre-application in order to determine eligibility to continue in the Affordable Housing selection process.

Applicant Signature _____

Date _____

Co-Applicant signature _____