Thank you for visiting The Villas at Glenwood.

Please complete the attached pre-application, fully sign, date and return to our office via email, mail 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 Villas at Glenwood!

Sincerely,

The Villas at Glenwood

609-208-3970

Pre-Application
Return to: Leasing Office at 1101 Devon Drive, Freehold, NJ 07728
MBM at Old Bridge SPE_Phase 1, LLC
Completed forms can be emailed to glenwoodaffordables@edgewoodproperties.com

SITE: The Villas at Glenwood

SECTION I: APPLICANT INFORMATION: (Please print clearly)

_____
Name of Head of Household

_____
Current Street Address

_____   _____   _____
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:

☐ **Market Rate Apartments**	☐ **Affordable Rate Apartments**
1 or 2 Bedroom Only	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