



Thank you for visiting The Lofts at Monroe Parke!

Please complete the attached pre-application, fully sign, date and return to our office via email, 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 Lofts at Monroe Parke!

Sincerely,

*The Lofts at Monroe Parke
625 Spotswood Englishtown Rd.
Monroe Township, NJ
(P) 732-839-3703*

Pre-Application

Return to: 625 Spotswood Englishtown Road, Monroe Township, NJ 08831
Completed forms can also be emailed to theloftsatmonroeparke@edgewoodproperties.com

SITE: The Lofts at Monroe Parke, Monroe, 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

Table with 6 columns: Name, Relationship to Head of Household, Gender, Date of Birth, Annual Income (Monthly x12 months), Source of Income. Includes rows for household members and a total household income row.

SECTION III: I AM INTERESTED IN:

Form with checkboxes for Market Rate Apartments (1 or 2 Bedroom Only) and Affordable Rate Apartments (1 Bedroom, 2 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