



OFFICIAL APPLICATION TO DETERMINE ELIGIBILITY
CHERRY HILL TOWNSHIP MODEST PRICED HOUSING (MPH) AND R-5 PROGRAMS
(PLEASE PRINT)

APPLICANT NAME: _____

CURRENT LANDLORD: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE #: (W) _____
(H) _____

TELEPHONE: _____

PART I List each family member who will live in unit, include yourself:

	Family Member Name	Age	Sex	Family Relation	Social Security #
1					
2					
3					
4					
5					
6					

Separate bedrooms shall be allocated for persons of the opposite sex (other than adults who have a spousal relationship).

PART II List employment information for each family member who will live in the unit:

#	Family Member Name	Employer Name, Address, Phone	Monthly Salary
1			
2			
3			

PART III List all other family income:

	Family Member Name	Social Security (per month)	SSI (per month)	Pension (per month)	Child Support (per month)	Assets held (savings, stocks, certificates, bonds, real estate & trusts)
1						
2						
3						

PART IV This application must include the following applicable materials: copies of your last tax return along with the W-2 and all schedules and statements, copies of your last 4 pay stubs, a copy of all bank account statements, copies of all pension forms, IRAs, CDs, bonds, and any other income statements that you may receive, copies of identification for all household members, a prequalification letter from a licensed mortgage lender. Please mail your application package to: Cherry Hill Township, Modest Priced Housing Program, 820 Mercer Street RM 202 Cherry Hill, NJ 08002.

**I CERTIFY THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT.
ALL ADULT FAMILY MEMBERS MUST SIGN THIS APPLICATION.**

_____ DATE _____

_____ DATE _____