# PRELIMINARY PURCHASE APPLICATION

**Return to Borough of Collingswood**
Attn: Community Development
678 Haddon Avenue
Collingswood, NJ 08108-3407

## PERSONAL INFORMATION

Last name First name M.I.

Street address Apt#

City State Zip Code

County Phone Number - -

Household Description (for statistical purposes only)

☐ White ☐ African American ☐ Native American ☐ Asian
☐ Hispanic ☐ Age 62 or over ☐ Handicapped/Disabled ☐ Other _____

## EMPLOYMENT INFORMATION

Employer's name

Employer's address

City State Zip Code

Work Phone - - Years at Job ☐ Full time ☐ Part time

## HOUSEHOLD COMPOSITION

| | **NAME** (first, last) | **SEX** (M/F) | **RELATION** | **DATE OF BIRTH** (MM/DD/YYYY) | **CURRENT GROSS ANNUAL INCOME** |
|---|---|---|---|---|---|
| 1 | | | HEAD OF HOUSEHOLD | | $ |
| 2 | | | | | $ |
| 3 | | | | | $ |
| 4 | | | | | $ |
| 5 | | | | | $ |
| 6 | | | | | $ |
| 7 | | | | | $ |
| 8 | | | | | $ |

## APPLICANT CERTIFICATION

I/we understand that the above information is being collected to determine my/our eligibility for an affordable housing unit. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable by law.

Signature of Applicant _____ Date: _____

Signature of Co-Applicant _____ Date: _____