

Open House

Affordable Housing Units

16 Eydon Avenue, Medford, NJ

Saturday & Sunday, November 5—6, 2016 from 1pm-3pm

Affordable Housing Unit—Wynagate at Medford



Pre-Applications are currently being accepted for new affordable two bedroom age-restricted homes in the **Wynagate** development in Medford, NJ. In order to be eligible for an age-restricted affordable housing unit, you must meet certain income limits as determined by the New Jersey Council on Affordable Housing and at least one member of the household must be a minimum age of 55 years. The maximum household incomes permitted for Moderate Income units are \$45,640 for a one person household and \$52,160 for a two person household . The maximum household incomes permitted for Low Income units are \$28,525 for a one person household and \$32,600 for a two person household

Home Owner Association Fees are \$154/month.

SELLING PRICE

Low Income Unit \$80,316

Moderate Income Units:

\$89,106 to \$119,872

Est. Annual Property taxes between \$2400-\$3500

HOW TO APPLY

If you are interested in purchasing this home, contact Zoey Sullivan at Triad Associates 856-690-5749 or visit

www.triadhousingprograms.com or

[www.medfordtownship.com/
affordablehousing](http://www.medfordtownship.com/affordablehousing)

Features and Facts

2 bedroom / 1 bathroom

Central Air

Garage

Clubhouse

Directions: From I-295 take Exite 34A, Route 70 East for 7 miles. Turn left onto Hartford Road (just past Medport Diner). Continue 1 mile to the entrance of Wynagate at Medford and make right onto Moorlinch Blvd.





Return Applications to: Triad Associates 1301 W. Forest Grove Road, Vineland NJ 08360
Completed Applications can also be faxed to (856) 690-5622
Phone (856) 690-5749 www.triadhousingprograms.com

Preliminary Application for Affordable Housing: (Please print clearly!)

Name of Head of Household _____

Current Street Address _____ City _____ State _____ Zip Code _____

() _____ () _____ () _____
 Home Phone No. Work Phone Ext. # Cell Phone No.

Email Address: _____

Number of Bedrooms? Two ___ Three ___ Require a handicap accessible home? Yes ___ No ___

Is A Household Member A Veteran? Yes ___ No ___

HOUSEHOLD COMPOSITION: (Please print clearly!)

Name	Relationship to Head of Household	Gender	Date of Birth	Annual GROSS Income (Monthly x12 months)	Source of Income
1.	Head of Household			\$	
2.				\$	
3.				\$	
4.				\$	
5.				\$	
TOTAL HOUSEHOLD INCOME				\$	

<input type="checkbox"/> HERITAGE (FOR SALE) – Age Restricted Single Family, 1 story	<input type="checkbox"/> WYNGATE (FOR SALE) – Age Restricted Single Family, 2 story
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***If you own the home in which you live, please provide BOTH the market value and your equity in the home.**
 (Your equity equals the market value less any outstanding mortgage Principal).

Market Value: \$ _____ Equity: \$ _____

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**