



Thank you for visiting Gabrielle Run in Toms River, NJ!

Please complete the attached pre-application fully, sign, date, and return to our office by way of email, fax or in person. It can be emailed to gabriellerun@edgewoodproperties.com

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 Gabrielle Run!

Sincerely,

*Gabrielle Run
100 Jumper Drive
Toms River, NJ 08755
(P) 848-238-7840*

Affordable Housing Unit Floor Plans

AF-C2

- 576 sq. ft.
- 1 Bedroom
- 1 Bath

DIMENSIONS	
1	Bedroom 10' x 11'
2	Dining/Living Area 10' - 6" x 16' - 7"



AF-C2A

- 575 sq. ft.
- 1 Bedroom
- 1 Bath

DIMENSIONS	
1	Bedroom 11' x 10'
2	Dining/Living Area 10' - 6" x 16' - 7"



AF-D2

- 780 sq. ft.
- 2 Bedroom
- Bath



DIMENSIONS	
1	Bedroom 1 11' x 10' - 1"
2	Bedroom 2 11' x 10' - 1"
3	Dining/Living Area 16' - 8" x 14' - 4"

AF-D3

- 602 sq. ft.
- 2 Bedroom
- 1 Bath

DIMENSIONS	
1	Bedroom 1 11' x 10' - 1"
2	Bedroom 2 11' x 10' - 2"
3	Dining/Living Area 11' - 6" x 14' - 6"



Plans and furnishings are for marketing purposes only, and are not to scale. Please inspect construction, subdivision, utility, landscape and other plans available through leasing center for complete and specific information. Actual locations may vary and items shown or not shown on this place are subject to errors, omissions and field changes.

*All units can be reasonably adapted for handicap accessibility for an extra charge.



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Completed forms can also be emailed to gabriellerun@edgewoodproperties.com

SITE: Gabrielle Run, Toms River, 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

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:

<input type="checkbox"/> Market Rate Apartments 1 or 2 Bedroom Only	<input type="checkbox"/> Affordable Rate Apartments 1 Bedroom 2 Bedroom 3 Bedroom
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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