

**Preliminary Notice Only; Request for Determination of Maximum Selling
Price & Maximum Refinance Amount**

This notice must be completed, signed and submitted to the Township of Robbinsville, Office of Affordable Housing, 2298 Route 33, Robbinsville, NJ 08691 (fax: 609-259-2327). It should be received at least 90 days prior to the proposed date of sale or refinance closing date, as applicable.

I (We) herby certify that I am (we are) the owner(s) of the affordable home, located at:

_____.
(Please print the complete address of the affordable housing unit.)

City: _____ ZIP Code: _____.

Low or Moderate Income _____ Number of Bedrooms: _____.

I (We) acknowledge that, when we sell our affordable home, it is our intention to do so to a qualified household at a price not to exceed the Maximum Resale Price (MRP), as determined by the Administrative Agent for the Township of Robbinsville.

I (We) understand that the Administrative Agent will refer applicants on its waiting list.

I (We) further understand that the buyer of this affordable home must be certified by the Administrative Agent as an eligible income-qualified household before I(we) can enter into a contract for sale.

I (We) request a determination of the current MSP and MRA and have enclosed a copy of the deed for our affordable home which was recorded in the County Clerk's office.

I (We) are ___ are not ___ considering the sale of our affordable home in the near future.

I (We) are ___ are not ___ considering the refinancing of our affordable home in the near future.

(Please check all that are applicable.)

Signed: _____ & _____ Date: _____

Owner(s): _____ & _____ Telephone: _____
(Please print the full name or names of the owner and the daytime telephone number.)

Fax: _____ Email: _____

This form is for information certification purposes only. By submitting this form, there is NO obligation on the part of the owner to sell or refinance the affordable home at this time.