

**APPLICATION FOR RESIDENTIAL REHABILITATION PROGRAM**

DATE: \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

**Part 1 – General information**

Marital Status: S\_\_\_\_; M\_\_\_\_; D\_\_\_\_: W\_\_\_\_

**Name of Owner(s):** \_\_\_\_\_

**Property address:** \_\_\_\_\_

Vineland, NJ 0836\_\_

The property is: Owner-occupied \_\_\_\_ Tenant-occupied \_\_\_\_ Both \_\_\_\_

HOW DID YOU HEAR ABOUT OUR PROGRAM? \_\_\_\_\_

The property is owned by: Individual(s) \_\_\_\_ A partnership \_\_\_\_

A non-profit corp. \_\_\_\_ A for-profit corp. \_\_\_\_ An LLC \_\_\_\_

**Owner's Address (if different)** \_\_\_\_\_

**Phone #s** (H) \_\_\_\_\_ (W) \_\_\_\_\_

I \_\_\_\_\_

**Is this property currently part of any bankruptcy settlement or proceedings? Y \_\_ N \_\_**

I/We, \_\_\_\_\_, hereby certify that I/we have the deed in my/our name(s) are the owner(s) of the residential property located at \_\_\_\_\_  
\_\_\_\_\_. If approved for the Residential Rehabilitation Program, we further agree to: enter into a written contract with a qualified/trained contractor to perform the work; and to allow access to our property for required testing and rehabilitation work. We understand that NOT all lead-based paint may be removed from our property because the Program only treats lead-based paint hazards. I understand that I am responsible for ongoing monitoring and care of any remaining lead-based paint in my property at the completion of lead hazard control work.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Property Owner

**Owners of rental properties must also sign the attached Rental Property Owners' Statement.**

**For office use only**  
Application rejected for income eligibility \_\_\_\_\_  
Application rejected for other reason \_\_\_\_\_  
Specify: \_\_\_\_\_

**For office use only**  
Occupant's primary language:  
English \_\_\_\_\_ Spanish \_\_\_\_\_  
Other: \_\_\_\_\_

**Part 2 - Property information**

Building type: Detached \_\_\_\_\_ Semi-detached \_\_\_\_\_  
Elevator \_\_\_\_\_ Walk up \_\_\_\_\_ Row/Townhouse \_\_\_\_\_

Number of stories: \_\_\_\_\_ Year constructed \_\_\_\_\_

Total number of residential units: \_\_\_\_\_ Number of units to be rehabbed: \_\_\_\_\_

Number of bedrooms each unit: Unit 1 \_\_\_\_\_ Unit 2 \_\_\_\_\_ Unit 3 \_\_\_\_\_ Unit 4 \_\_\_\_\_

Are the following paid current?

Property taxes \_\_\_\_\_ Water \_\_\_\_\_ Sewer \_\_\_\_\_ Electric utility \_\_\_\_\_ Property insurance \_\_\_\_\_

**Part 3 - Household information (current occupants) - 1<sup>st</sup> unit**

**Note** - The residential rehabilitation program is required to benefit only those families who meet the income-eligibility criteria established by the various funding sources that support the program. Those sources also require that the program maintain information on the race, ethnicity, age and other characteristics of program participants. All information regarding participants is kept strictly confidential.

**Source of income (check all that apply; include amount/household member name/frequency)**

(If more space needed continue on back of page)

1. Wages, salaries: (hhm); \_\_\_\_\_; (amnt/freq); \_\_\_\_\_; (hhm) \_\_\_\_\_ (amnt/freq) \_\_\_\_\_
2. Social Security (hhm/amnt) \_\_\_\_\_; (hhm/amnt): \_\_\_\_\_
3. Pension payments (hhm/amnt) \_\_\_\_\_ 4. Interest & Dividends: \_\_\_\_\_
5. Rental income: \_\_\_\_\_ 6. Welfare payments (hhm/amount) \_\_\_\_\_
7. Other income (specify, type, hhm/amnt/freq) \_\_\_\_\_

**Demographic information (check all that apply)**

White \_\_\_\_ Black or African-American \_\_\_\_\_  
 Hispanic \_\_\_\_\_ Asian \_\_\_\_\_  
 American Indian/Alaskan Native \_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_  
 American Indian/Alaskan Native & White \_\_\_\_ Asian & White \_\_\_\_\_  
 Black or African-American & White \_\_\_\_\_  
 American Indian/Alaskan Native & Black or African-American \_\_\_\_\_

Senior household \_\_\_\_ Disabled/handicapped resident \_\_\_\_ Female head of household \_\_\_\_

**Rental assistance:** None \_\_\_\_ Section 8 \_\_\_\_ Other \_\_\_\_\_

**Net Worth Limitation of \$75,000 (Applies to owner-occupied properties only.)**

Personal and real property **included** in the occupants' net worth calculation:

- Real Property • Stocks • Bonds • Savings Accounts
- Any Other Assets, real or personal that is not specifically excluded.

**Excluded** from net worth calculations are the owner's:

- Principal place of residence • Automobiles • Personal property in the home (furnishings, clothes, appliances etc.)

Please Indicate Your Assets:

Stocks and bonds: \$ \_\_\_\_\_

Savings accounts: \$ \_\_\_\_\_

Real estate: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**HOUSEHOLD INFORMATION**

NAME	RELATIONSHIP	AGE	INCOME/FREQUENCY
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**Format for Computing IRS 1040 Series Adjusted Gross Income (Annual)**

<b>Name:</b>		<b>Identification No:</b>			
	<b>Family Member</b>				<b>Sub-Total (add a-d)</b>
	<b>a.</b>	<b>b.</b>	<b>c.</b>	<b>d.</b>	
1. Wages, salaries,tips					
2. Taxable interest					
3. Dividend income					
4. Taxable refunds/credits/offsets of state/local income taxes					
5. Alimony received					
6. Business income (or loss)					
7. Capital gain (or loss)					
8. Other gains (or losses)					
9. Taxable amount of IRA distributions					
10. Taxable amount of pension and annuities					
11. Rent real estate, royalties partnerships, trusts, etc.					
12. Farm income (or loss)					
13. Unemployment compensation					
14. Taxable amount of Social Security benefits					
15. Other income					
<b>16.. Subtotal (line 1-15)</b>					
17. IRA deduction					
18. Medical saving account deduction					
19. Moving expenses					
20. One-half of self-employment tax					
21. Self – employed health insurance deduction					
22. Keogh and self-employed SEP and SIMPLE plans					
23. Penalty on early withdrawal of savings					
24. Paid alimony					
<b>25. Subtotal (lines 17-24)</b>					
26. Subtract line 25 from line 16. This is Adjusted Gross income					

**Income as % of area median - 0 - 30 % \_\_\_ 30-50% \_\_\_ 50-60% \_\_\_ 60-80% \_\_\_ > 80% \_\_\_ (ineligible)**

**CERTIFICATION:** I hereby represent and certify that the foregoing information, to the best of my knowledge, is true and complete, and if not true and complete, I recognize that I am subject to criminal prosecution under N.J.S.A. 2C:28-2 and also that the City of Vineland Community Development Program, at its option, may declare all contracts associated with subject project, of which I am a party, void and unenforceable.

I authorize the City of Vineland Community Development Program to verify any answer(s) contained herein through a search of its records, or records to which it has access.

I agree to cooperate with the program staff and designated contractors in order to accomplish rehabilitation work in the unit I am occupying.

I understand that state and federal law governing lead abatement or control work can require me to temporarily relocate while work is accomplished. I agree to temporarily relocate from my dwelling unit when required by the City of Vineland Community Development Program.

SIGNATURE: \_\_\_\_\_

NAME (print) \_\_\_\_\_

TITLE:     \_\_\_ Owner     \_\_\_ Occupant, Unit \_\_\_\_\_

DATE:       \_\_\_\_\_

**Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of**  
**\_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.**  
**(Name of signer)**

**Notary Public** \_\_\_\_\_

**My commission expires:** \_\_\_\_\_