

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) - 1st 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)

Name:		Identification No:			
	Family Member				Sub-Total (add a-d)
	a.	b.	c.	d.	
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					
16.. Subtotal (line 1-15)					
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					
25. Subtotal (lines 17-24)					
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: _____

VERIFICATION NEEDED TO COMPLETE YOUR APPLICATION

Applicant: _____ Date: _____
Phone: (H) _____ (C) _____
Address: _____ BLOCK: _____
LOT: _____

Please bring the following verification documents that have been checked off:

Verification of earned income:

- Most recent Income tax return with W-2's for: _____
- Last (12) recent pay stubs for: _____
- Last (12) recent pay stubs for: _____

Verification of unearned income:

e.g. Social Security, SSD Benefits, SSI Benefits, VA Compensation, Pension, Worker's Compensation, Unemployment Benefits, Welfare Payments, Disability Payments, Business Income or other (specify): _____

Verification of zero income for: _____

Verification of Property Taxes Paid

Verification of Lot Rent Paid

Proof of Homeowner's Insurance – **Declaration Page**

Deed of the Property *or* Title to Mobile Home (I will pull the deed)

Proof those utilities are current: electric & sewer_

Proof that Mortgage is current

Other: Bank Statements (Checking & Savings)

Lease for rental property _____

Once you have gathered all your documents, please call me to set up an appointment @ 856-794-4000, ext. 4633.

Thank You,

Maria Mercado

Community Service Worker