



**GLOUCESTER COUNTY
DEPARTMENT OF PUBLIC WORKS
PLANNING DIVISION
OFFICE OF HOUSING &
COMMUNITY DEVELOPMENT**

**OWNER-OCCUPIED
HOME REHABILITATION PROGRAM**



Sponsored By

**The Gloucester County
Board of Chosen Freeholders**

**Robert M. Damminger
Freeholder Director**

**Heather Simmons
Freeholder Liaison**

**Daniel Christy
Freeholder**

**Frank DiMarco
Freeholder**

Giuseppe (Joe) Chila

Deputy Freeholder Director

**Lyman Barnes
Freeholder**

**Jim Jefferson
Freeholder**

***** To All Applicants *****

PLEASE READ THE FOLLOWING

THIS IS NOT A REMODELING OR A MAINTENANCE PROGRAM.

The owner occupied rehabilitation program is designed primarily to provide financial assistance to low income owner occupants in conformity with the Section 8 Housing Quality Standards for existing housing, BOCA building and housing code.

Eligible applicants are owners who occupy one-family dwellings, whose household gross income does not exceed the HUD income eligibility limits and the owner(s) have resided in the home for at least one year. The applicant includes the individual making application and any other persons related by blood, marriage, or operation of the law who share the same dwelling unit.

Mobile homes will receive a subsidy limit for conditions considered an URGENT NEED where health and welfare are threatened. The County has established a subsidy limit at a maximum of \$5,000 for MOBILE HOMES in which there is an established URGENT NEED where there is no heat* and/or no running water.

****** Due to funding constraints, we can no longer accept applications for replacement of septic systems. ******

The County cannot proceed with helping the homeowner unless all paperwork requested by this department is received and processed for eligibility.

A Gloucester County rehabilitation specialist and inspector will determine what rehabilitation items will be addressed under the program guidelines as well as when the rehab on the home will be started and completed. The County reserves the right to issue payment to the contractor(s) upon written approval from the inspector.

By completing, signing, dating, and returning the application to the County, you, the applicant, are acknowledging and accepting the policies, procedures, and regulations of this HUD program.

Please direct any questions, comments, or concerns to 856-307-6650.

*** Only during the winter season as defined by regulations governing when heat must be made available to tenants and when utility companies cannot issue shut off notices.**

THIS IS NOT A REMODELING OR A MAINTENANCE PROGRAM.
GENERAL PROPERTY IMPROVEMENTS IN EXCESS OF CODE REQUIREMENT ARE PROHIBITED. THIS IS AN INTEREST FREE "LOAN PROGRAM". THE LOAN WILL BE SECURED BY PLACING A LIEN ON THE PROPERTY. REPAYMENT WILL BE MADE TO THE COUNTY IN THE EVENT OF THE HOMEOWNER'S DEATH, SHOULD THE PROPERTY CHANGE HANDS, OR IF THE HOME OWNER REFINANCES THE PROPERTY. (SEE POLICY MANUAL FOR DETAILS)

GLOUCESTER COUNTY OWNER-OCCUPIED HOME REHABILITATION APPLICATION

A. APPLICANT INFORMATION

Application Date: _____

Name of Applicant: _____ Co-Applicant: _____

Mailing Address: _____ City: _____ Zip Code: _____

Phone Number: _____ Email address: _____

Municipality taxes are paid to: _____ Lot: _____ Block: _____

Requested Repairs (ALL PROPERTIES WILL BE VISITED BY INSPECTOR)

Roof Gutters Windows Doors Heating Porch/Steps Septic Well

ADA (Ramp/Railing/Shower) Floors (Trip hazards) Other _____

B. PROPERTY DATA : Please fill out all information to the best of your knowledge.

Name of owner(s) as it appears on the Deed:

Was home built before 1978? Yes No Approximate year home was built _____

Is this property in foreclosure or have a Lis Pendens filed against it? Yes No

Is there a reverse/conversion mortgage amount on the property? Yes No

Is there a mortgage amount on the property? Yes No Insured by FHA? Yes No

*Please Provide Recent Mortgage Statement

 Homeowner Insurance Policy

**Please provide current Declaration Page*

 Policy Number

C. HOUSEHOLD DATA

**The following information must be completed. It is reported to the U.S. Department of Housing and Urban Development. Federal law prohibits housing discrimination based on your race, color, national origin, religion, sex, family status, handicap, or disability.*

Age/Race/Ethnicity:

- White Amer. Indian Black/African American Alaskan Nat. Asian & Pacific Islander
- American Indian/Alaskan Native & White Asian & White Black/African American & White
- American Indian/Alaskan Native & Black/African American

Are you Hispanic Yes No

Age 60 or over? Yes No Handicapped/Disabled? Yes No

Single Separated Married Divorced

YOU MUST REPORT ALL PERSONS LIVING IN YOUR HOUSEHOLD

Number of Bedrooms: _____ Total number of persons living in household: _____

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
1) _____	_____	2) _____	_____
3) _____	_____	4) _____	_____

*If there are more members of the household please list on separate sheet

Have you or the co-applicant ever gone through this program in the past? Yes No

If yes, what year was the rehab completed and what work was done? _____

Have you ever received any other State or Federal Funds before? Yes No

If yes, what is the name of the program, the year you received assistance, and the amount:

USDA _____ FEMA _____ SBA _____

Are there any children under the age of 7 years old with an identified elevated blood lead level (EBL) residing in the household? Yes No

Are you, or any member of the household, related to a government official or employee of Gloucester County? Yes No

If yes, please provide their name and official title:

D. INCOME DATA: You must report all income received for all household members over the age of 18. Gross income is calculated before taxes are deducted.

Applicant: UNEMPLOYED RETIRED AFFIDAVIT OF NO INCOME

Name and Address of Employer: _____

(If you work for more than one employer state name and address and total income below)

Position: _____ Number of Years Employed: _____

Gross Income \$ _____ Weekly \$ _____ Monthly \$ _____

Co Applicant: UNEMPLOYED RETIRED AFFIDAVIT OF NO INCOME

Name of Household Member: _____

Name and Address of Employer: _____

(If you work for more than one employer state name and address and total income below)

Position: _____ Number of Years Employed: _____

Gross Income \$ _____ Weekly \$ _____ Monthly \$ _____

Add'l Household Members: UNEMPLOYED RETIRED AFFIDAVIT OF NO INCOME

Name of Household Member: _____

Name and Address of Employer: _____

(If you work for more than one employer state name and address and total income below)

Position: _____ Number of Years Employed: _____

Gross Income \$ _____ Weekly \$ _____ Monthly \$ _____

IF ADDITIONAL HOUSEHOLD MEMBERS ARE EMPLOYED, PLEASE ATTACH ANOTHER SHEET AND PROVIDE EMPLOYMENT INFORMATION

Other Source(s) of Income:* *Please provide all award letters or statements*

Name: _____ Social Security \$ _____ Pension \$ _____

Welfare \$ _____ Child Support \$ _____

Unemployment \$ _____ Disability/SSI \$ _____

Interest, Stock, Bonds \$ _____

Other \$ _____ explain other _____

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Welfare \$ _____ Child Support \$ _____

Unemployment \$ _____ Disability/SSI \$ _____

Interest, Stock, Bonds \$ _____

Other \$ _____ explain other _____

Please list all checking and savings accounts, including CD's, Money Market Funds, Mutual Funds, stocks, bonds, and other.

Name and Address of Financial Institution	Account Number	Current Value	Annual Income

**** Please submit most recent 2 months of bank statements (all pages) for each account***

Only up-to-date information for the calendar year will be accepted. Please make copies and attach the following documentation. We reserve the right to verify all information provided to us. We must receive the following information in order to process your application.

- Copy of Deed Copy of Homeowners Insurance Mortgage Statement
- Recent Tax Returns (1040, 1040A, EZ, W-2's) Statement of No Tax Filing
- Real Estate Tax Bill
- Bank or Financial Institution Statement showing interest, stocks, bonds, etc.

All sources of income:

- Affidavit of No Income
- Pay stubs (a minimum of 3 recent pay stubs are required)
- Child Support
- Welfare (Award Letters)
- Social Security Award Letter Pensions (Award Letters) Disability (Award Letters)

D. HOW DID YOU HEAR ABOUT THE PROGRAM?

- Government Agency Internet Friend/Relative Newspaper/Publications
- *Real Property Taxation Reduction/Exemption

IMPORTANT PLEASE READ BEFORE YOU SIGN:

This is to certify that all statements made in my application are true to the best of my knowledge. I understand that failure to report all income of all household members can result in the denial to participate in the rehabilitation program.

Date: _____ Applicant Signature _____

Co-Applicant Signature: _____

**Send completed application with documentation to:
Gloucester County Planning Department
Housing and Community Development
1200 N. Delsea Drive
Clayton, NJ 08312**

OFFICE USE ONLY	
INCOME: L30 _____	L50 _____ L80 _____
Approved by: _____	Date Approved: _____

The County of Gloucester complies with all state and federal rules and regulations and does not discriminate on the basis of race, religion, color, national or ethnic origin, sexual orientation, age, marital status or disability in admission to, access to, or operations of its programs, services, or activities. In addition, Gloucester County encourages the participation of people with disabilities in its programs and activities and offers special services to all County residents 60 years of age and older. Inquiries regarding compliance may be directed to the Division of Disability Services at (856) 384-6842/New Jersey Relay Service 711 or the EEO office at (856)384-6903.

AFFIDAVIT

**STATE OF NEW JERSEY
COUNTY OF GLOUCESTER**

_____, of full age, duly sworn according to law hereby
(Print name)

states by way of **AFFIDAVIT**.

I presently reside at _____,
(Address) (Town)

_____ and have resided there since _____.
(State) (Zip Code) (Enter date)

I am making this **AFFIDAVIT** in conjunction with an application for federal funds for homeowner rehabilitation through the Gloucester County Owner-Occupied Rehabilitation Program – Division of Housing & Community Development Services.

I swear and affirm that the below initialed statements made by me are true. I am aware that if any statements made by me are willfully false, I am subject to punishment. I am aware that if I supply materially false information, or conceal for the purpose of misleading information concerning any fact, material hereto, I am subject to criminal prosecution and civil penalties.

_____ I do not work.

_____ I do not receive alimony.

_____ I do not receive any child support.

_____ I do not receive any earned income from any source.

_____ I am not required to file any Federal or State Income Tax Return.

Dated:

Signature

I CERTIFY that on _____, _____ person came before me and acknowledged under oath, to my satisfaction, that this person: (a) is named in personally signed this document; and (b) signed, sealed and delivered this document as his or her act or deed.

(NOTARY)