



**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.

By completing, signing, dating, and returning the application to the County, you, the applicant, are acknowledging and accepting the policies, procedures, and regulations of the *Owner Occupied Rehabilitation Manual* as well as all HUD regulations.

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 three years. 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 (grant) 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 no heat¹ 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/or 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 and in accordance with the Owner Occupied Rehabilitation Manual.

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

¹Only 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.

"LUXURY" PROPERTY IMPROVEMENTS ARE PROHIBITED. THIS IS AN INTEREST FREE DEFERRED PAYMENT LOAN PROGRAM. THE LOAN WILL BE SECURED BY PLACING A LIEN ON THE PROPERTY. REPAYMENT WILL BE MADE TO THE COUNTY IN ACCORDANCE WITH THE OWNER OCCUPIED REHABILITATION MANUAL.

GLOUCESTER COUNTY OWNER-OCCUPIED HOME REHABILITATION APPLICATION

A. APPLICANT INFORMATION

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 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, bankruptcy, 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 Carrier

**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 (attach documentation): USDA _____ FEMA _____

SBA _____ NJ HHF (foreclosure assistance) _____ RCA/NPP (local home rehab funding) _____ Other _____

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 _____

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

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 3 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 Verification of Employment
- Pay stubs (a minimum of 3 months recent pay stubs are required)
- Child Support Statement (Award Letter)
- 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.



**VERIFICATION OF EMPLOYMENT
GLOUCESTER COUNTY
HOUSING REHABILITATION PROGRAM**

TO: PERSONNEL OFFICER

EMPLOYER NAME: _____

ADDRESS _____

CITY, STATE, ZIP _____

This is to advise you that I have applied for participation in the Gloucester County Housing Rehabilitation Program. You are hereby authorized to provide to Gloucester County, Planning Division, Housing and Community Development Office, the information requested below in order to establish my eligibility for participation in this program.

EMPLOYEE NAME _____

ADDRESS: _____

SOCIAL SECURITY NUMBER _____ ID NUMBER _____

APPLICANT'S SIGNATURE _____ DATE _____

NOTE: THIS SECTION IS TO BE COMPLETED BY THE EMPLOYER ONLY!

Job Title _____ *Length of Employment* _____ *Years/Months*

Gross Earnings: \$ _____ Weekly \$ _____ Bi-Weekly

 \$ _____ Monthly \$ _____ Hourly

Other: Consistent Overtime, Bonus, Tips, etc. \$ _____

Year-To-Date Earnings \$ _____

Signature and Title of Person Completing This Form

Date

PLEASE RETURN TO: Rene Pistilli-Leopardi, Senior Planning Aide
Gloucester County Planning Division – Housing and Community Development
1200 N. Delsea Drive, Suite A
Clayton, NJ 08312

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)