



**GLOUCESTER COUNTY
DEPARTMENT OF ECONOMIC DEVELOPMENT
OFFICE OF HOUSING & COMMUNITY DEVELOPMENT**

**OWNER-OCCUPIED
HOME REHABILITATION PROGRAM**

The Gloucester County Board of Commissioners
Frank DiMarco, Director
Joann Gattinelli, Liaison

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

PLEASE READ THE FOLLOWING

THIS IS NOT A REMODELING NOR 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 owned and occupied the home for at least three (3) years. The household includes the homeowner and any other persons residing in the same dwelling unit regardless whether related and unless specifically excluded by statute.

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 \$6,000 for MOBILE HOMES in which there is an established URGENT NEED where there is no heat¹ and/or no running water.

Triad Associates has been authorized by Gloucester County to assist in the administration of the Program and to communicate with applicants and contractors. If you have questions regarding this application or need assistance, please contact Triad at 856-690-9590. Determination of eligibility for program services will not proceed unless all paperwork requested is received and evaluated.

Upon initial determination of eligibility, a Triad 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, you are acknowledging and accepting the policies, procedures, and regulations of this HUD program.

¹ 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.

GLOUCESTER COUNTY OWNER-OCCUPIED HOME REHABILITATION APPLICATION

THIS IS A LOAN

THIS IS AN INTEREST FREE DEFERRED PAYMENT "LOAN PROGRAM". THE LOAN WILL BE SECURED BY PLACING A LIEN ON THE PROPERTY. REPAYMENT DUE IN THE EVENT OF THE HOMEOWNER'S DEATH, TRANSFER OF PROPERTY, NO LONGER PRINCIPAL RESIDENCE, OR IF THE HOME OWNER REFINANCES THE PROPERTY. (SEE POLICY MANUAL FOR DETAILS)

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)

****Note certain repairs require an official survey to be provided by homeowner or will be charged to project cost.***

☐ Roof ☐ Gutters ☐ Windows ☐ Doors ☐ Heating ☐ Porch/Steps ☐ Well

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

B. PROPERTY DATA : Please complete 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_____ Do you have a property survey? ☐Yes ☐No

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 an existing mortgage balance on the property? ☐Yes ☐No Insured by FHA? ☐Yes ☐No

*Please Provide Recent Mortgage Statement

Homeowner Insurance Policy

Policy Number

*Attach current Declaration Page

C. HOUSEHOLD DATA

*The following information 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. This information is solely for required data collection purposes and does not have any impact on award.

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

Household Type: Elderly (62 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*: _____

* includes non-related individuals (excludes foster children, live-in aides)

NAME	AGE*	NAME	AGE*
1)		4)	
2)		5)	
3)		6)	

*Adult children who are claiming student status must verify full-time enrollment.

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 earned income received for all household members over the age of 18 years. The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services.

Employer Verification Form must be submitted for each employer indicated. If you work for more than one employer Please attach information requested above to this application.

Head of Household:

☐ UNEMPLOYED

☐ RETIRED ☐ AFFIDAVIT OF NO INCOME

Employer Name		Gross Annual Income	\$
Employer Address		Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	\$
Position		# Years Employed	

Household Member:

☐ UNEMPLOYED

☐ RETIRED ☐ AFFIDAVIT OF NO INCOME

Employer Name		Gross Annual Income	\$
Employer Address		Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	\$
Position		# Years Employed	

Household Member:

☐ UNEMPLOYED ☐ RETIRED ☐ AFFIDAVIT OF NO INCOME

Employer Name		Gross Annual Income	\$
Employer Address		Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	\$
Position		# Years Employed	

Household Member:

☐ UNEMPLOYED ☐ RETIRED ☐ AFFIDAVIT OF NO INCOME

Employer Name		Gross Annual Income	\$
Employer Address		Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	\$
Position		# Years Employed	

Household Member:

☐ UNEMPLOYED ☐ RETIRED ☐ AFFIDAVIT OF NO INCOME

Employer Name		Gross Annual Income	\$
Employer Address		Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	\$
Position		# Years Employed	

Other Source(s) of Income: Please see attached charts regarding applicability of sources of income for program eligibility. *
Please provide all award letters or statements

Household Member								
Source	Amount	N/A	Source	Amount	N/A	Source	Amount	N/A
Social Security			Unemployment			NJ SNAP/GA		
Pension			Disability/SSI			TANF		
Child Support			Alimony					
Other			Explain Other:					

Household Member								
Source	Amount	N/A	Source	Amount	N/A	Source	Amount	N/A
Social Security			Unemployment			NJ SNAP/GA		
Pension			Disability/SSI			TANF		
Child Support			Alimony					
Other			Explain Other:					

Household Member								
Source	Amount	N/A	Source	Amount	N/A	Source	Amount	N/A
Social Security			Unemployment			NJ SNAP/GA		
Pension			Disability/SSI			TANF		
Child Support			Alimony					
Other			Explain Other:					

Household Member								
Source	Amount	N/A	Source	Amount	N/A	Source	Amount	N/A
Social Security			Unemployment			NJ SNAP/GA		
Pension			Disability/SSI			TANF		
Child Support			Alimony					
Other			Explain Other:					

INVESTMENT ACCOUNTS: Please List all checking and savings accounts, including CD's, Money Market Funds, Mutual Funds, stocks, bonds, etc. Please submit *most recent 3 months* of bank statements (all pages) for each account. ***Cash deposits on any account must complete Recurring Cash Form for each account.**

Household Member					
Financial Institution	Account #	Indiv	Joint	Current Value	Annual Income

Household Member					
Financial Institution	Account #	Indiv	Joint	Current Value	Annual Income

Household Member					
Financial Institution	Account #	Indiv	Joint	Current Value	Annual Income

Household Member					
Financial Institution	Account #	Indiv	Joint	Current Value	Annual Income

CHECKLIST: Only most recent 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.

PROPERTY INFORMATION	*INCOME (for each Adult)	INCOME (cont'd)
<input type="checkbox"/> Copy of Deed	<input type="checkbox"/> Recent Tax Returns (1040, 1040A, EZ, W-2's)	<input type="checkbox"/> Child Support – Court Order or Statement
<input type="checkbox"/> Copy of Homeowners Insurance	<input type="checkbox"/> Pay stubs (a minimum of 3 months of wages are required)	<input type="checkbox"/> Alimony – Court Order or Statement
<input type="checkbox"/> Most recent mortgage statement	<input type="checkbox"/> Social Security Award Letter	<input type="checkbox"/> TANF/NJSNAP/Other Gov't Asst Award Letter
<input type="checkbox"/> Most recent Real Estate Tax Bill	<input type="checkbox"/> Pension/Annuity Award Letter(s)	<input type="checkbox"/> Bank/Financial Institution Statements for household
	<input type="checkbox"/> Disability Award Letters	

* Please complete the Affidavit of No Income for each adult household member for whom it may apply.

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:

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

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.

Applicant Signature _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Send completed application with documentation to:
Gloucester County
Office of Housing and Community Development
1480 Tanyard Rd. Suite B
Sewell, NJ 08080

The County of Gloucester complies with all state and federal rules and regulations against discrimination in admission to, access to, or operations of its programs, services, and activities. In addition, County encourages participation of people with disabilities in its programs and activities and offers special services to all residents 60 years of age and older. Inquiries regarding compliance may be directed to the County's ADA Coordinator at (856) 3846842/ New Jersey Relay Service 711.

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.

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)



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 Division of Housing and Community Development, 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: \$ _____ As of Date: _____

Signature and Title of Person Completing This Form

Date

PLEASE RETURN TO: Gloucester County
Office of Housing and Community Development
1480 Tanyard Rd.
Sewell, NJ 08080



GLOUCESTER COUNTY
HOUSING REHABILITATION PROGRAM
VERIFICATION OF ANY RECURRING CASH INCOME

AUTHORIZATION: Federal Regulation requires us to examine bank account deposits of the household members applying for participation in the HOME Rehabilitation Program to determine the existence of any recurring cash contributions which could be considered income and effect eligibility. We ask for your cooperation in supplying this information.

Name of Applicant _____ Applicant's Bank _____

If bank account statements reflect recurring cash deposits please provide the following:

Date of Deposit	Amount	Source	Loan (L) Gift (G) Other (O)	Purpose

I CERTIFY that I am a member of the household which applied for homeowner rehabilitation assistance through the Gloucester County Owner-Occupied Rehabilitation Program – Office of Housing & Community Development and that the information provided above regarding my bank account is true to the best of my knowledge and that I am aware that I may be penalized or have my application denied if I knowingly provide false information.

Date: _____ Print Name

Signature

I CERTIFY that on _____, _____ came before me and acknowledged under oath, his/her identity to my satisfaction, and I observed him/her sign this document.

(NOTARY)

EXCERPT: Technical Guide for Determining Income and Allowances for the HOME Program

Calculating Annual (Gross) Income

Exhibit 3.1 – 24 CFR Part 5 Annual Income Inclusions

- | | |
|--|---|
| <p>1. The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services. The net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from the operation of a business or profession will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the family. Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation is permitted only as authorized in number 2 (above). Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family. Where the family has net family assets in excess of \$5,000, annual income shall include the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD. The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount (except for certain exclusions, listed in Exhibit 3.2, number 14).</p> <p>4.</p> | <p>5. Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay (except for certain exclusions, as listed in Exhibit 3.2, number 3).
Welfare Assistance. Welfare assistance payments made under the Temporary Assistance for Needy Families (TANF) program are included in annual income:</p> <ul style="list-style-type: none">• Qualify as assistance under the TANF program definition at 45 CFR 260.31; and• Are otherwise excluded from the calculation of annual income per 24 CFR 5.609(c). <p>If the welfare assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustment by the welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare assistance income to be included as income shall consist of:</p> <ul style="list-style-type: none">• the amount of the allowance or grant exclusive of the amount specifically designated for shelter or utilities; plus• the maximum amount that the welfare assistance agency could in fact allow the family for shelter and utilities. If the family's welfare assistance is reduced from the standard of need by applying a percentage, the amount calculated under 24 CFR 5.609 shall be the amount resulting from one application of the percentage. <p>Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling.</p> <p>7. All regular pay, special pay, and allowances of a member of the Armed Forces (except as provided in number 8 of Income Exclusions).</p> <p>8.</p> |
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Exhibit 3.2 – 24 CFR Part 5 Annual Income Exclusions

<ol style="list-style-type: none"> 1. Income from employment of children (including foster children) under the age of 18 years. Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone). 2. Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains, and settlement for personal or property losses (except as provided in Exhibit 3.1, number 5 of Income Inclusions). 3. Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member. 4. Income of a live-in aide (as defined in 24 CFR 5.403). Certain increases in income of a disabled member of qualified families residing in HOME-assisted housing or receiving HOME tenant-based rental assistance (24 CFR 5.671(a)). 5. The full amount of student financial assistance paid directly to the student or to the educational institution. 6. The special pay to a family member serving in the Armed Forces who is exposed to hostile fire. 7. (a) Amounts received under training programs funded by HUD. 8. (b) Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS). 9. (c) Amounts received by a participant in other publicly assisted programs that are specifically for, or in reimbursement of, out-of-pocket expenses incurred (special equipment, clothing, transportation, childcare, etc.) and which are made solely to allow participation in a specific program. 10. (d) Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the PHA or owner, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn 	<p>maintenance, resident initiatives coordination, and serving as a member of the PHA's governing board. No resident may receive more than one such stipend during the same period of time.</p> <p>(e) Incremental earnings and benefits resulting to any family member from participation in qualifying state or local employment training programs (including training not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for the period during which the family member participates in the employment training program.</p> <ol style="list-style-type: none"> 10. Temporary, nonrecurring, or sporadic income (including gifts). 11. Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era. 12. Earnings in excess of \$480 for each full-time student 18 years old or older (excluding the head of household or spouse). 13. Adoption assistance payments in excess of \$480 per adopted child. 14. Deferred periodic amounts from supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts. 15. Amounts received by the family in the form of refunds or rebates under state or local law for property taxes paid on the dwelling unit. 16. Amounts paid by a state agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home. 17. Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under any program to which the exclusions set forth in 24 CFR 5.609(c) apply. A notice will be published in the Federal Register and distributed to housing owners identifying the benefits that qualify for this exclusion.
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