



**DEPARTMENT OF ECONOMIC DEVELOPMENT  
DIVISION OF HOUSING & COMMUNITY DEVELOPMENT**

**OWNER-OCCUPIED HOME REHABILITATION  
- SEPTIC SYSTEM PROGRAM**



*Sponsored By*  
**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. Approximately \$350,000 in federal HUD and USDA funds have been allocated for replacement of failed and/or failing private septic systems in Gloucester County USDA eligible areas with priority in the Townships of Franklin, Elk, and Monroe.

The septic system replacement program is first come first serve basis until funds are exhausted. Eligible applicants are owners who reside in one of the USDA priority areas, single-family owner-occupied dwellings, whose household gross income does not exceed 60% AMI of 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 are excluded from this program.**

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/or inspector will release requests for quotes to eligible contractors who have agreed to compliance with program policy and procedures 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 of permits from the County Health Department.

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

## Gloucester County Septic System Preliminary Application<sup>1</sup>

### 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)

*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. Only completed applications will be considered placement on the wait list.*

### Homeowner Eligibility

To qualify for this program, you must meet the following eligibility requirements: must be the owner-occupant of a single-family USDA priority area home in Gloucester County. The Program requires owners of the properties to be income eligible. The gross HOUSEHOLD income must be at or below 60% of the median income guidelines established by HUD. Gross household income includes: income from employment of all working members of the family 18 years or older residing in the home, Social Security, SSI, Disability, Pension, Investments, Interest, Rental Properties, Retirement Funds, Welfare, Child Care or other benefits. You must have a recorded deed to the property, current homeowners insurance and flood insurance if applicable; and your property taxes and municipal utilities must be current.

### A. APPLICANT INFORMATION

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Municipality taxes are paid to: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

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

Name of owner(s) as it appears on the MOST RECENT RECORDED Deed: \_\_\_\_\_

Built before 1978?  Yes  No Approximate year home was built \_\_\_\_\_ Do you have a property survey  Yes  No<sup>^</sup>

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

Do you have a reverse mortgage?  Yes  No

Homeowner Insurance Policy \_\_\_\_\_ Policy Number \_\_\_\_\_

*Please attach copy of current Declaration Page*

<sup>^</sup> Costs for a new survey will be charged to principal amount of contract.

<sup>1</sup> 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) 384-6842/ New Jersey Relay Service 711.

### 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

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: \_\_\_\_\_

### 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.

**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.

| FY 2023 INCOME LIMITS BASED ON HOUSEHOLD SIZE (Effective 6/15/2023) |               |                  |          |          |          |          |          |          |          |          |
|---|---------------|------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| FY 2023 Income Limit Area   | Median Income | Household size   | 1 Person | 2 Person | 3 Person | 4 Person | 5 Person | 6 Person | 7 Person | 8 Person |
| Gloucester County   | \$114,400     | Low Income (30%) | \$23,450 | \$26,800 | \$30,150 | \$33,500 | \$36,200 | \$40,280 | \$45,420 | \$50,560 |
|   |               | Low Income (50%) | \$39,100 | \$44,650 | \$50,250 | \$55,800 | \$60,300 | \$64,750 | \$69,200 | \$73,700 |
|   |               | Low Income (60%) | \$46,920 | \$53,580 | \$60,300 | \$66,960 | \$72,360 | \$77,700 | \$83,040 | \$88,440 |

Income Limit areas are based on FY 2023 Fair Market Rent (FMR) areas.

NOTE: Gloucester County is part of the Philadelphia-Camden-Wilmington, PA-NJ-DE-MD MSA, so all information presented here applies to all of the Philadelphia-Camden-Wilmington, PA-NJ-DE-MD MSA. The Philadelphia-Camden-Wilmington, PA-NJ-DE-MD MSA contains the following areas: New Castle County, DE; Cecil County, MD; Burlington County, NJ; Camden County, NJ; Gloucester County, NJ; Salem County, NJ; Bucks County, PA; Chester County, PA; Delaware County, PA; Montgomery County, PA; and Philadelphia County, PA. County, MD; Burlington County, NJ; Camden County, NJ; Gloucester County, NJ; Salem County, NJ; Bucks County, PA; Chester County, PA; Delaware County, PA; Montgomery County, PA; and Philadelphia County, PA.

**Head of Household:\*** Use additional sheets if necessary 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  |    |

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**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  |    |

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**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  |    |

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**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 – use additional sheets if necessary*

|                  |        |     |                |        |     |            |        |     |
|------------------|--------|-----|----------------|--------|-----|------------|--------|-----|
| 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. – use additional sheets if necessary

|                       |           |       |       |               |               |
|-----------------------|-----------|-------|-------|---------------|---------------|
| 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.

- Copy of Deed  Copy of Survey  Copy of Homeowners Insurance  Mortgage Statement
- Recent Tax Returns (1040, 1040A, EZ, W-2's) OR Statement of No Tax Filing
- Real Estate Tax Bill
- Bank or Financial Institution Statement showing interest, stocks, bonds, etc.(most recent 3 months)

**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)

\* 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
- \*other

**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.

**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\_\_\_\_\_

Date: \_\_\_\_\_ Co-Applicant Signature\_\_\_\_\_

**Mail Application to:**

Department of Economic Development  
Office of Housing & Community Development  
1480 Tanyard Road, Suite B  
Sewell, NJ 08080

## 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)

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## 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

|  |  |
|--|--|
| <ol style="list-style-type: none"><li>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.</li><li>2. 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.</li><li>3. 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.</li><li>4. 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).</li></ol> | <ol style="list-style-type: none"><li>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).</li><li>6. Welfare Assistance. Welfare assistance payments made under the Temporary Assistance for Needy Families (TANF) program are included in annual income:<ul style="list-style-type: none"><li>• Qualify as assistance under the TANF program definition at 45 CFR 260.31; and</li><li>• Are otherwise excluded from the calculation of annual income per 24 CFR 5.609(c).</li></ul>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:<ul style="list-style-type: none"><li>• the amount of the allowance or grant exclusive of the amount specifically designated for shelter or utilities; <b>plus</b></li><li>• 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.</li></ul></li><li>7. 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.</li><li>8. All regular pay, special pay, and allowances of a member of the Armed Forces (except as provided in number 8 of Income Exclusions).</li></ol> |
|--|--|

## Exhibit 3.2 – 24 CFR Part 5 Annual Income Exclusions

|  |   |
|--|---|
| <ol style="list-style-type: none"> <li>1. Income from employment of children (including foster children) under the age of 18 years.</li> <li>2. 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).</li> <li>3. 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).</li> <li>4. Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member.</li> <li>5. Income of a live-in aide (as defined in 24 CFR 5.403).</li> <li>6. Certain increases in income of a disabled member of qualified families residing in HOMEassisted housing or receiving HOME tenantbased rental assistance (24 CFR 5.671(a)).</li> <li>7. The full amount of student financial assistance paid directly to the student or to the educational institution.</li> <li>8. The special pay to a family member serving in the Armed Forces who is exposed to hostile fire.</li> <li>9. (a) Amounts received under training programs funded by HUD.           <ul style="list-style-type: none"> <li>(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 SelfSufficiency (PASS).</li> <li>(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.</li> <li>(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</li> </ul> </li> </ol> | <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"> <li>10. Temporary, nonrecurring, or sporadic income (including gifts).</li> <li>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.</li> <li>12. Earnings in excess of \$480 for each full-time student 18 years old or older (excluding the head of household or spouse).</li> <li>13. Adoption assistance payments in excess of \$480 per adopted child.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> </ol> |
|--|---|