



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

- MOBILE HOME HEATER GRANT SUBSIDY PROGRAM



Sponsored By
**The Gloucester County
Board of Commissioners**

**Frank DiMarco, Director
Joann Gattinelli, Liaison**

GLOUCESTER COUNTY PRELIMINARY GRANT APPLICATION¹

This Is Exclusively A Mobile Home Heater Application
Wheelchair Ramp Installations Are Not Eligible
General Construction Home Repairs Are Not Eligible

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 call Triad at 856-690-9590.

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.

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 heat²* and/or no running water.

The County cannot proceed with a determination of eligibility for program services unless all paperwork requested by the department is received and evaluated.

Upon initial determination of eligibility, a Triad rehabilitation specialist will provide a scope of work in order to receive competitive proposals for heater replacement 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 code official and/or inspector.

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

MAIL APPLICATION TO:
ECONOMIC DEVELOPMENT CENTER
OFFICE OF HOUSING & COMMUNITY DEVELOPMENT
1480 TANYARD RD., SUITE B
SEWELL NJ 08080

¹ 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.

² 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.

Homeowner Eligibility

To qualify for this program, you must meet the following eligibility requirements: must be the owner-occupant of a mobile home unit in Gloucester County. The Program requires owners of the properties to be income eligible. The gross HOUSEHOLD income must be at or below 80% 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 title to the vehicle, current homeowners insurance and flood insurance if applicable; and your property taxes and municipal utilities must be current.

A. APPLICANT INFORMATION

Application Date: _____

Name of Applicant: _____

Mailing Address: _____ City: _____ Zip Code: _____

Phone Number: _____ Email address: _____

Municipality taxes are paid to (if applicable): _____ Lot: _____ Block: _____

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

Name of Mobile Home or Trailer Park Community:

Homeowner Insurance Policy

**Please provide current Declaration Page*

Policy Number

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.*

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	

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:					

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

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 Title · Copy of Homeowners Insurance · Recent Tax Returns (1040, 1040A, EZ, W-2's) OR Statement of No Tax Filing · Municipal Utility 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
☐ *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.

Date: _____ Applicant Signature_____

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)

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

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| <ol style="list-style-type: none">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.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.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.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). | <ol style="list-style-type: none">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).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">• 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).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">• 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.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.8. All regular pay, special pay, and allowances of a member of the Armed Forces (except as provided in number 8 of Income Exclusions). |
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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. 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). 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). 4. Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member. 5. Income of a live-in aide (as defined in 24 CFR 5.403). 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)). 7. The full amount of student financial assistance paid directly to the student or to the educational institution. 8. The special pay to a family member serving in the Armed Forces who is exposed to hostile fire. 9. (a) Amounts received under training programs funded by HUD. (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). (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. (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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