

HUNTERDON COUNTY

HOUSING REHABILITATION PROGRAM APPLICATION - PART I

Hunterdon County Housing Rehabilitation Program reserves the right to verify all information provided in this application
*****The County will NOT conduct an eligibility interview until all forms and documentation verifying income are received*****

Date of Application _____

Hunterdon County Project Management
Program Application for
Housing Rehabilitation Program
PO Box 2900
Flemington, NJ 08822-2900

To Whom It May Concern:

I, _____, the owner/occupant of a dwelling located
at the following address _____,
Block # _____, Lot # _____. I pay taxes to the (Borough, City, Town or Township) of
_____. I understand that the County of Hunterdon has funding
provided by the New Jersey Department of Community Affairs to rehabilitate eligible dwellings.

Only owner occupied single family residences are eligible for funding. I understand that funding is
not available if the applicant has received grant funds from this program in last three years from the
date of the last lien filing.

If eligible, I understand this is a direct assistance loan which is a 0% loan to be paid upon sale or
transfer of title.

In accordance with Department of Housing & Urban Development Regulations, we are requesting
that you voluntarily supply the program with the following information:

CHECK APPLICABLE LINE:

- ___ White (Not Hispanic Origin)
___ Black (Not Hispanic Origin)
___ American Indian or Alaskan Native
___ Hispanic
___ Asian or Pacific Islander

If you choose to supply the above information, please initial: _____

If eligible, I will participate in the program to rehabilitate my home. I would like to make the following
improvements:

- ___ Age of home, if known
___ ADA/Barrier Free Improvements
___ Septic
___ Gutter/leader repair
___ Plumbing
___ Heating-Energy
___ Electrical
___ Roof
___ Structural
___ Siding & Wall Masonry for health, life, safety or code conditions only
___ Exterior Painting
___ Interior Improvements (plasterwork, flooring, painting) for health, life, safety or code
conditions only
___ Premise repairs (driveway resurfacing, steps/railings, demolition clearance, porch)
___ Windows
___ Other

Household Composition (Include all persons residing at the address of the dwelling)

	Name(s)	Age(s)	Relationship to Head of Household
Elderly (62 or older)			
Adults (19-61 years)			
Minors (18 or younger)			

Check your answer to the following:

Individuals with Disabilities in Household

Yes _____ No _____

If yes, please explain _____

Head of Household is Elderly

Yes _____ No _____

Head of Household is Female

Yes _____ No _____

******Copies of documentation verifying Annual Gross Household Income for each eligible household member and or occupant must be provided before the eligibility interview. ******

Income Source	Verification Required from each household member and or occupant before the eligibility interview
Social Security, Supplemental Security Income, (SSI) Veterans Benefits	-award letter for current year
Pension, Annuity	-statement for most recent (2) mos. -most recent Form 1099
Wages	- pay stubs from last 8 weeks - most recent W-2 - 1040 Tax form including all schedules & forms
Homeowner Insurance Policy & Property Deed	- copies
Unemployment, Severance, Workers Compensation, Disability Benefits	- award/verification letter
Alimony, Spousal Support, Child Support	- court order - computer printout
Self Employment (includes income from rentals)	- income & expense records - last 12 months - tax returns from last 3 years
Military Pay	- pay stubs from last 8 weeks - most recent W-2
Interest and Dividends Earned: bank accounts, CDs, IRAs, investments	- most recent 1099 - statements from last 2 mos.
Other Income (such as rental properties)	
List all residences/properties you own (use back of this sheet if needed)	

ALL PERSONS LISTED ON THE PROPERTY DEED MUST SIGN THIS APPLICATION

Applicant's Name (print): _____ Date: _____

Applicant's Name (print): _____ Date: _____

Applicant's Signature: _____ Soc. Sec. #: _____

Applicant's Signature: _____ Soc. Sec. #: _____

Address: _____

Telephone (Home) _____ Work: _____ Cell: _____

RETURN PROGRAM APPLICATION FORM TO:
 Hunterdon County Project Management
 Hunterdon County Housing Rehabilitation Program
 PO Box 2900, Flemington, NJ 08822 or Fax to: 908-788-1662

**HUNTERDON COUNTY
HOUSING REHABILITATION PROGRAM APPLICATION - PART II**

Once income eligibility is determined, this portion of the application will be completed when meeting with the Program Coordinator. You **WILL BE REQUIRED** to bring the required documentation to your eligibility interview; copies will be made at the time of your interview. If documentation is not available at the interview, you will be rescheduled.

Financial Information Required:

Is mortgage current? ____ yes ____ no ____ N/A

Mortgage Company Name: _____

Address: _____

Telephone #: _____

Account #: _____

Other Outstanding Debts:

<u>Type</u>	<u>Monthly Payment</u>	<u>Balance</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

1. Ownership verified by _____ records
(Post office, utility record, staff inspection, deed, other)

2. Meets income eligibility criteria ____ yes ____ no

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE ABOVE DATA IS TRUE AND CORRECT AND THAT I AM AN OWNER-OCCUPANT OF THE PROPERTY FOR WHICH REHABILITATION IS PROPOSED.

“WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to nay Department or Agency of the United States as to any matter within its jurisdiction.

Date

Signature

Date

Signature

**HUNTERDON COUNTY
HOUSING REHABILITATION PROGRAM**

Financial Privacy Act Notice

Name: _____

Address: _____

Case No: _____

Date: _____

NOTICE

This notice is provided to you pursuant to the requirements of the Right to Privacy Act of 1978.

As a result of your request for and/or receipt of financial assistance under the Hunterdon County Housing Rehabilitation Program, the New Jersey Council on Affordable Housing and agencies funding this program will have a right of access to financial records held by the County in connection with the consideration and/or administration of assistance to you. Also, County representatives responsible for administrative, financial and/or fiscal matters associated with the Housing Rehabilitation Program will have a right of access to these financial records.

Pursuant to these rights of access, financial records involving your transaction will be available to these authorized officials without further notice or authorization from you. However, your financial records and information as contained therein will not be disclosed or released to any other persons; government agency or department without your prior written consent, except as may be permitted and/or required by law.

ACKNOWLEDGEMENT

I have read the Right to Financial Privacy Act Notice presented above, and by my signature below, acknowledge and accept the terms and conditions set forth therein.

Applicant's Signature

Date

Applicant's Signature

Date

**HUNTERDON COUNTY
HOUSING REHABILITATION PROGRAM**

Verification of Student Status

Information is attainable from school that student is currently attending

****MAKE ADDITIONAL COPIES AS NEEDED****

My _____, _____ is enrolled at
(Son/Daughter) (Name)

_____ as a
(Name of School)

_____ student.
(Full Time/Part Time)

I hereby authorize the release of information to verify the above to the Hunterdon County Housing Rehabilitation Program.

Date

Signature of Parent

_____The above information is verified by me as true and correct based on my review of school records.

_____The above information is modified as follows:

Date

Signature of School Official

Title

**HUNTERDON COUNTY
HOUSING REHABILITATION PROGRAM**

Real Estate Tax Payments

Information is attainable from the Municipal Tax Collector for your Municipality

Municipal Records

Date: _____

Names of Property Owners: _____

Address: _____

Tax Map Designation: Block _____ Lot _____

Assessed Value of Property: _____

Taxes Paid to Date: Yes _____ No _____

If No, explain: _____

Information Provided by: _____

Records Reviewed by: _____

Date: ____/____/____

**HUNTERDON COUNTY
HOUSING REHABILITATION PROGRAM**

Inspection Acknowledgement

I understand and agree to the following inspection guidelines and requirements:

1. If my application for rehabilitation assistance is approved, a complete inspection of my premises will be performed by the Hunterdon County Housing Rehabilitation Program or designee.
2. All deficiencies existing at my premises will be identified at the time of the inspection.
3. I understand that the rehabilitation assistance shall be used to correct the most serious deficiencies existing at my premises. Priority consideration will be given to those items which are a hazard to the health, safety and welfare of my household.

_____ Date

_____ Date