APPLICATION FOR REHABILITATION ASSISTANCE
HOUSING REHAB PROGRAM

APPLICANT INFORMATION

Name of Applicant: _____ Co-Applicant: _____

Mailing Address: _____ City: _____ Zip Code: _____

Phone Number: _____ Email: _____

Lot: _____ Block: _____ Year Built: _____

You MUST Report ALL Persons Living In Your Household

Name and age of **EVERYONE** living in household:

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

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

Name of owner(s) as it appears on the Deed: _____

Is this property in foreclosure? □ Yes □ No

Is there a reverse/conversion mortgage amount on the property? □ Yes □ No

Have you ever received State or Federal Rehabilitation Funds before: Yes _____ **No** _____

- **Give name of program, amount, and date** _____

Are you or any household member related to any government official or employee of your municipality? □ Yes □ No

If so, give names of person(s) related and their official title: _____

List the repairs that you believe require rehabilitation through this program:

_____

_____

Head of Household Employment Income **Other Income**

Applicant Name (Head of Household)	Social Security $	Child Support/Alimony $
Employer Name	Pension $	NJ SNAP/TANF $
Gross Annual Income **Please Circle One**: Weekly Bi-Weekly Monthly $	Unemployment/Disability $	Other

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Household Member Employment Income / Other Income

Name (Household Member)	Social Security $	Child Support/Alimony $
Employer Name	Pension $	NJ SNAP/TANF $
Gross Annual Income **Please Circle One**: Weekly Bi-Weekly Monthly $	Unemployment/Disability $	Other

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Gross Annual Income **Please Circle One**: Weekly Bi-Weekly Monthly $	Unemployment/Disability $	Other

Please list all checking and savings accounts including CDs, Money Market Funds, Mutual Funds, Stocks and Bonds and other assets held by financial institutions:

Name of Financial Institution	Account Number	Current Value $
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Acknowledgment:

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 on all household members can result in the denial to participate in the rehabilitation program.

I understand that I can withdraw my application at any time but will be assessed for all program activity to date, including costs for the work write-up and property inspection, risk assessment, and all administrative costs incurred. A lien will be assessed against the homeowner's property if payment is not forthcoming. *This provision is in accordance with the Policy and Procedural Manual adopted for this program by the municipality and approved by the New Jersey department of Community Affairs.*

_____

Signature of Homeowner **Date**

_____

Signature of Co-Owner **Date**

The following items MUST be returned with this application:

- ***If an item does not pertain to your household place N/A in the space provided.***

□ **Copy of RECORDED Deed (can be obtained at the county clerk's office)**
□ **Copy of current homeowner's insurance (declaration page)/ Flood insurance**
□ **Most recent tax return -Form 1040, 1040A, EZ (for all household members age 18+)**
□ **Most recent pays stubs, (one month) (for all household members age 18+)**
□ **Social Security Award Letter (for all household members that collect)**
□ **Pension, Welfare, Disability, etc., award letters (for all household members that collect)**
□ **Bank Statements (60 days) showing interest, stocks, bonds, etc. (for all household members age 18+)**
□ **Student ID for children over 16**
□ **Proof of child support and/or alimony payments received.**
□ **Proof Property Taxes statement** (showing taxes are paid to date)
□ **Municipal Utilities (water/sewer) statement** (showing utilities are paid to date)
□ **Completed and signed STATEMENT OF FACT (for all household members age 18+)**
□ **Photo ID**
□ **Most Recent Mortgage Statement**

Return by mail to:
Triad Associates
Attention: Becky Conway, Program Administrator
1301 W. Forest Grove Rd, Suite 3A
Vineland, NJ 08360
bconway@triadincorporated.com

STATEMENT OF FACT
HOUSING REHABILITATION PROGRAM

I _____ certify by initialing below that I **do not** either receive the
(Print name)
following items or I am not required to file such report or returns.

PLEASE INITIAL EACH ITEM AS IT APPLIES TO YOU.

_____ **I do not** work.

_____ **I am not** a full-time student.

_____ **I do not** receive any additional earned or unearned income from any source other t than what I have already submitted to the Program.

_____ **I do not** receive any alimony.

_____ **I do not** receive any child support.

_____ **I am not** required to file any Federal or State Income Tax Returns

_____ **I do not have the following**: any additional checking and savings accounts to include CD's Money Market Funds, Mutual Funds, Stocks, Bonds and any other assets held by a financial institution other than what I have already submitted to the Rehabilitation Program.

I further state that I understand eligibility under this program is based upon household income and failure to disclose and report all income can result in disqualification and/or cancelation and full restitution of any funds expended or received under false pretense.

_____
Print Name

_____
Address

_____
City / State / Zip Code

_____
Signature Date