



City of Bridgeton
Office of Development & Planning
Community Development Block Grant Program

HOME REHABILITATION PROGRAM APPLICATION

APPLICANT INFORMATION			
Owner Name:		SS #	
First	Middle	Last	
Co-Owner(s) Name (If applicable)		SS#	
First	Middle	Last	
(Street Address)		City	State
		Bridgeton,	NJ 08302
Mailing Address (if Different from above):			
Home Phone:		Work Phone:	
Cell phone:		Email:	
DEMOGRAPHIC INFORMATION			
Date of Birth:			
Marital Status: Married () Single () Widowed () Separated () Divorced ()			
Veteran: Yes () No ()	Disabled: Yes () No ()	Female Head Household with dependent: Yes () No ()	
Race/Ethnicity: Black () White () Latino/Hispanic () Native American () Asian () Other:			
HOUSING INFORMATION			
Total number of persons living in household:			
Total Number of Incomes in Household:			
Number of Children under the age of seven (7) years old:			
Number of children under the age of seven (7) years with known elevated blood lead (EBL) level residing in the household			
SUPPLEMENTAL INFORMATION			
Have you ever received State or Federal funds for Housing Rehabilitation? Yes () No ()			
If "yes" please list funding source or program, amount of funding received and approximate date if known			

APPLICANT EMPLOYMENT & INCOME INFORMATION	
Name of Employer:	
Address of Employer:	
Position held:	Length of Employment:
Gross Yearly Income: \$	
Other Sources of Income (if applicable)	
Pension \$ _____ Social Security \$ _____ Disability \$ _____ Child Support \$ _____	
Welfare \$ _____ 401K \$ _____ Unemployment \$ _____ Other \$ _____	
(Include sources such as rental property income, mutual fund income, IRA's, etc.) Please indicate if income is received weekly, bi-weekly, monthly, etc.	

OTHER HOUSEHOLD MEMBERS EMPLOYMENT & INCOME	
Name of Household Member:	
Relation to Applicant:	
Employer Name:	
Employer Address:	
Position Held:	Length of Employment:
Gross Yearly Income: \$	
Other Sources of Income (if applicable)	
Pension \$ _____ Social Security \$ _____ Disability \$ _____ Child Support \$ _____	
Welfare \$ _____ 401K \$ _____ Unemployment \$ _____ Other \$ _____	
(Include sources such as rental property income, mutual fund income, IRA's, etc.) Please indicate if income is weekly, bi-weekly, monthly, etc.	
(Please use separate sheet if needed for additional household members)	

ASSETS / ACCOUNT INFORMATION	
Accounts include money market funds, mutual funds, stocks, bonds, IRA's	
Type : _____	Name of Financial Institution: _____
Acct No. _____	Current Value: \$ _____ Annual Income \$ _____
(Please use separate sheet if needed)	

PROPERTY STATUS INFORMATION
Is there a mortgage on the Property Yes () No ()
Original Mortgage Amount \$
Current Mortgage Balance Owed: \$
Monthly Mortgage Payment: \$
Is Property currently part of a Bankruptcy proceeding? Yes () No ()
Is property currently part of any foreclosure action? Yes () No ()
Are there currently any outstanding judgements or liens on property? Yes () No ()

Answering "yes" to certain questions will not necessarily prevent an applicant from receiving grant assistance

REHABILITATION INFORMATION
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
Please list repairs needed

I, _____, do hereby certify that the information provided above is true and accurate to the best of my knowledge. I understand that a failure to report income as it relates me or members of my household, can result in my being deemed ineligible for the rehabilitation program.

Signature: _____ Date: _____

One or more of the following items may be required as part of the application process

Copy of Deed	
Photo ID with address same as on application	
Proof of Valid Homeowners Insurance	
Three (3) most recent pay stubs	
Last Year's Tax Return	
Social Security Award Letter	If Applicable
Pension Income Documentation	If applicable
Disability Income Documentation	If applicable
Welfare/Subsidy Income Documentation	If Applicable

FY2026 INCOME LIMITS

Number of Persons Household	1	2	3	4	5	6	7	8
Very Low (50%) Income Limits	\$34,150	\$39,000	\$43,900	\$48,750	\$52,650	\$56,550	\$60,450	\$64,350
Extremely Low Income Limits	\$20,500	\$23,400	\$26,350	\$29,250	\$31,600	\$33,950	\$36,300	\$38,650
Low (80%) income Limits	\$54,600	\$62,400	\$70,200	\$78,000	\$84,250	\$90,500	\$96,750	\$103,000
Median Family Income for Cumberland County is \$89,296 Income Limits are provided by the United States Department of Housing & Urban Development								

- ✚ Applications submitted on an emergency basis will be accepted and evaluated at any. Any applications not found to be an emergency by the Rehabilitation Specialist upon inspection will be handled as any other non-emergency application.
- ✚ Repairs are generally considered to be an emergency or “emergent” if a failure to do the repairs would render the home unlivable or unfit for habitation. Such repairs generally involve health, safety and welfare items and this is the criteria used for determining emergency status. Only those repairs deemed to be emergent will be completed as part of any emergency application.
- ✚ The scope of work for any rehabilitation project is generally focused on health, safety, and welfare and the program is less concerned with “cosmetic repairs”. This means that certain repairs, while desirable, may not be included in the approved scope of work carried out by the contractor.
- ✚ Limiting what will be included in any single Home Rehab project allows the program to help as many eligible homeowners as possible with the most critical repairs. This keeps homeowners in their homes while helping to improve the community’s housing stock.
- ✚ Except for verified emergencies, dwellings/homeowners that have received assistance and had projects completed will be ineligible for additional program funding/assistance for a period of ten (10) years after completion.