COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)

HOME INVESTMENT PARTNERSHIP PROGRAM (HOME)

REHAB DOCUMENTATION CHECKLIST

Applicants initial that you provided the following:

_____ Current Signed Federal Income Tax Return
_____ Copy of pay stub
_____ Copy of Social Security Check
_____ Copy of Unemployment Check
_____ Any other proof of income
_____ Copy of deed to the property
_____ Proof of homeowners insurance
_____ Proof of current taxes, water and sewer

** PLEASE NOTE: Applicants will not be processed without all required documentation **

Please call the Housing Rehab Office at (856) 825-7000 Ext. 7288 for an appointment or if you have any questions regarding the application process.
APPLICATION FOR HOUSING REHABILITATION

Date: __________________  Phone: __________________

Name: __________________________  Size of household: ________

Address: ________________________________________________________________

Owner occupant single family-primary place of residence: Yes _____  No _____

Deed in applicant’s name  Yes _____  No _____

Length of residency  ______ yr(s)

Marital Status  Single_____  Married _____  Divorced _____  Widow_____  

Does any other party have interest in the property?  Yes _____  No _____

Main language spoken in household:  English _____  Spanish _____  Other _____

Source of Income (CHECK ALL THAT APPLY)

_____ Employment Income  $ __________

_____ Welfare Payments  $ __________

_____ Social Security  $ __________

_____ Pension Payment  $ __________

_____ Interest and Contributions  $ __________

_____ Gross and Net Rental Income  $ __________

_____ Adjusted Gross Income from Wages or Business  $ __________

_____ Other Income (Specify)  $ __________

Rehabilitation Priority List

Please list the problems in your home that you would consider rehab priorities:

1. ________________________________________________________________

2. ________________________________________________________________

3. ________________________________________________________________

4. ________________________________________________________________

5. ________________________________________________________________
## Housing Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Age/DOB</th>
<th>Income/Frequency</th>
<th>Social Security</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I/We further certify that the income and asset information contained in this application is true and correct. Incorrect or false information submitted on your application can render you ineligible. If you receive monies for which you are not entitled, due to misrepresentation of facts, applicant/homeowner will be liable to repay the City of Millville in full.

____________________  ______________________
Signature if Applicant   Signature of Applicant

____________________  ______________________
Date                     Date

## Rehab Program Description

The City of Millville has 2 rehabilitation programs available to residents.

The following program is offered to assist homeowners in maintaining the quality and value of their homes.

- Community Development Block Grant (CDBG) Program
- Home Investment Partnership Program

Each program has specific income requirements. Based upon the application our housing rehab office will determine the best program for each applicant.

Eligible applicants will receive a loan that will be due (with no interest or interim payments) upon sale, transfer of title or ceases to use the property as a principal residence. At which time, the full amount will be due to the City of Millville.

Project Example: $16,000.00 Project for new roof and windows
$16,000.00 Mortgage Unforgivable Lien
The home will be inspected by the housing rehab office. Any code compliance violations will be addressed and will be included in the rehab project. All completed projects will meet code compliance standards. Materials used in projects may have a maximum allowable price. Any additional funds over the maximum price will be paid by the homeowner prior to installation.

All homes built prior to 1978 will require a lead assessment if any paint is being disturbed during the rehab project. When required, this assessment will be performed by a Lead Risk Assessor certified by the State of New Jersey. All lead hazards will be removed by a certified lead contractor this will be funded by the grant.

By signing this document, I understand and will comply with the terms of the housing rehab program.

<table>
<thead>
<tr>
<th>Date</th>
<th>Signature of Applicant</th>
<th>Signature of Applicant</th>
</tr>
</thead>
</table>

**FOR OFFICE USE ONLY**

Approved: Yes_________ No __________

Reason for Ineligibility:

- Income: _____
- Out of Target Area: _____
- Other: ________________

**Ethnicity:**

- _____ Caucasian-Non Hispanic
- _____ African American-Non Hispanic
- _____ American Indian or Alaskan Native
- _____ Hispanic
- _____ Asian/Pacific Islander
- _____ Other: ____________________

**Applicant’s Income is below:**

- Moderate limits: _____
- Low/Mod limits: _____
- Extremely Low limits: _____

**Grant Eligibility:**

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME $_______</td>
</tr>
<tr>
<td>CDBG $_______</td>
</tr>
</tbody>
</table>

Eligibility Determined By: ___________________________ Date: ______________

Checklist Verified By: _____________________________ Date: ______________