

CITY OF MILLVILLE

HOUSING PROGRAMS

THE HOLLY CITY OF AMERICA



**"A MAIN STREET NEW JERSEY
COMMUNITY"**

12 SOUTH HIGH STREET

P.O. BOX 609

MILLVILLE, NEW JERSEY 08332

TELEPHONE: (856) 825-7000 Ext.7288

FAX: (856) 293-0721

www.millvillenj.gov

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. _____

