

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)

**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: _____

STATISTICAL DATA:

Age 60 and over? Yes No

Handicapped/Disabled? Yes No

Racial Description (check one)

Black

White

Asian or Pacific Islander

Hispanic

American Indian/Alaskan Native

Other

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 there any children under the age of 7 years residing in the household? Yes No

Are there any children under the age of 7 years old with an identified elevated blood lead (EBL) level residing in the household? Yes No

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:

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Head of Household Employment Income

Other Income

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

Household Member Employment Income

Other Income

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

Household Member Employment Income

Other Income

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

Household Member Employment Income

Other Income

<u>Name (Household Member)</u>	Social Security \$	Child Support/Alimony \$
<u>Employer Name</u>	Pension \$	NJ SNAP/TANF \$
<u>Gross Annual Income</u> 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:

<u>Name of Financial Institution</u>	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 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+)**

Return by mail to:

Triad Associates

Attention: Becky Conway, Program Administrator

1301 W. Forest Grove Rd, Suite 3A

Vineland, NJ 08360

bconway@triadincorporated.com