



TOWNSHIP OF MIDDLE
HOUSING REHABILITATION APPLICATION 2018

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 homeowner's insurance
- _____ Proof of current taxes, water and sewer

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

**Please call the Economic Development Office at (609) 465-8731 for any questions regarding the application process. Return to:
33 Mechanic Street, Cape May Court House, NJ 08210 Attn: Nancy Sittineri, Grants and Economic Development Coordinator.**

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

Name Relationship Age/DOB Income/Frequency Social Security

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

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 Township of Middle in full.

Signature of Applicant

Signature of Applicant

Date

Date

Rehab Program Description

The Township of Middle has one rehabilitation program 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".

This program has specific income requirements. Based upon the application our Economic Development office will determine the eligibility. Eligible applicants will receive a loan that will be due (with no interest or interim payments) upon sale, transfer of title, refinance or ceases to use the property as a principal residence. At which time, the full amount will be due to the Township of Middle. The home will be inspected by the housing inspector chosen by the Township of Middle. Any code compliance violations will be addressed and will be included in the rehab project. All completed projects will meet code compliance standards.

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.

Signature of Applicant

Signature of Applicant

Date: _____

Date: _____

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: Amount _____ CDBG \$ _____

Eligibility Determined By: _____ Date: _____

Checklist Verified By: _____ Date: _____

TOWNSHIP OF MIDDLE HOME REHABILITATION PROGRAM
IMPORTANT NOTICE

SIGN, DATE AND RETURN THIS FORM WITH REHABILITATION APPLICATION

I am acknowledging that I understand and agree to the following requirements of the Middle Township Rehabilitation Loan Program.

1. There will be a Mortgage and Lien placed on my home in the amount of the assistance amount including change order amounts. The Mortgage and Lien will be recorded at the County Clerk's office. When my home is sold to anyone the amount of the mortgage will be immediately due and payable to Middle Township.
2. I will report the income of all persons residing at my property who have reached the age of 18 on or before January 1, 2018. Failure to report all income can result in denial of my Rehabilitation Application and will be considered fraud.
3. I will not hire the contractor selected by Middle Township for any rehabilitation work (regardless of how it's paid for) during the time that the contractor is conducting rehabilitation work authorized by the Home Rehabilitation Loan Program. If I hire the contractor to do any other work on my property Middle Township can void the contract for Rehabilitation on my home.
4. I will not attempt to change the scope of rehabilitation work approved by the Township Rehabilitation Inspector. Middle Township will not pay for any work not approved by the Township Rehabilitation Inspector.

PRINT YOUR NAME: _____

SIGNATURE: _____

Dated: _____