



TOWNSHIP OF MIDDLE  
GRANTS AND ECONOMIC DEVELOPMENT  
33 MECHANIC STREET  
CAPE MAY COURT HOUSE, NEW JERSEY 08210

Nancy Sittineri, Director  
609-465-8731/609-465-7201 fax  
nsittineri@middletownship.com

Enclosed please find a copy of the application form for Middle Township's home rehabilitation loan program. Depending on availability of funds, this program may provide qualified applicants with a zero-interest, deferred payment loan to assist with home repair needs. Funds are disbursed on a first-come, first-serve basis.

If you wish to be considered for a loan, please submit your application along with the following:

- Copy of your 2022 federal tax return and your four most recent pay stubs. If you are retired provide statements of annual benefits from Social Security or other pensions. Provide income information for everyone residing at your home 18 years or older;
- Copy of your deed; and
- Copy of the current Declarations page of your homeowner's insurance policy and flood insurance policy (if located in a flood zone).

Assistance is provided as a deferred loan. The deferred loan is only paid back (without interest) when you sell your home.

Please return your completed application to my office at 33 Mechanic Street (2<sup>nd</sup> Floor).

If you have any questions about our rehabilitation program, please contact my office at 609-465-8731.

Very truly yours,

Nancy Sittineri  
Economic Development Director



TOWNSHIP OF MIDDLE  
HOUSING REHABILITATION APPLICATION 2023

**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 Director.**

## 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)

Type of Construction: \_\_\_\_\_ Year of Construction: \_\_\_\_\_

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) \$ \_\_\_\_\_

**Total of all Income:** \_\_\_\_\_

## 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: \_\_\_\_\_