



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 2024 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 (2nd 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 2025

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 if 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: _____