



City of Bridgeton  
Office of Development & Planning  
Community Development Block Grant Program

## HOME REHABILITATION PROGRAM APPLICATION

| <b>APPLICANT INFORMATION</b>   |                   |                          |              |   |
|--|-------------------|--------------------------|--------------|---|
| Owner Name:  |                   |                          |              | SS #  |
| First  | Middle            | Last                     |              |   |
| Co-Owner(s) Name<br>(If applicable)  |                   |                          |              | SS#   |
| First  | Middle            | Last                     |              |   |
| ( Street Address)  | <i>Bridgeton,</i> | <i>NJ</i>                | <i>08302</i> |   |
|  | City              | State                    | Zip          |   |
| Mailing Address (if Different from above):   |                   |                          |              |   |
| Home Phone:  |                   | Work Phone:              |              |   |
| Cell phone:  |                   | Email:                   |              |   |
| <b>DEMOGRPAHIC INFORMATION</b>   |                   |                          |              |   |
| Date of Birth:   |                   |                          |              |   |
| Marital Status: Married ( ) Single ( ) Widowed ( ) Separated ( ) Divorced ( )  |                   |                          |              |   |
| Veteran: Yes ( ) No ( )  |                   | Disabled: Yes ( ) No ( ) |              | Female Head Household with dependents: Yes ( ) No ( ) |
| Race/Ethnicity: Black ( ) White ( ) Latino/Hispanic ( ) Native American ( ) Asian ( ) Other:                             |                   |                          |              |   |
| <b>HOUSING INFORMATION</b>   |                   |                          |              |   |
| Total number of persons living in household:   |                   |                          |              |   |
| Total Number of Incomes in Household:  |                   |                          |              |   |
| Number of Children under the age of seven (7) years old:   |                   |                          |              |   |
| Number of children under the age of seven (7) years with known elevated blood lead (EBL) level residing in the household |                   |                          |              |   |
| <b>SUPPLEMENTAL INFORMATION</b>  |                   |                          |              |   |
| Have you ever received State or Federal funds for Housing Rehabilitation? Yes ( ) No ( )                                 |                   |                          |              |   |
| If "yes" please list funding source or program, amount of funding received and approximate date if known                 |                   |                          |              |   |

**APPLICANT EMPLOYMENT & INCOME INFORMATION**

|   |                       |
|---|-----------------------|
| Name of Employer:   |                       |
| Address of Employer:  |                       |
| Position held:  | Length of Employment: |
| Gross Yearly Income: \$   |                       |
| Other Sources of Income (if applicable)   |                       |
| Pension \$ _____ Social Security \$ _____ Disability \$ _____ Child Support \$ _____  |                       |
| Welfare \$ _____ 401K \$ _____ Unemployment \$ _____ Other \$ _____   |                       |
| (Include sources such as rental property income, mutual fund income, IRA's, etc.)<br>Please indicate if income is received weekly, bi-weekly, monthly, etc. |                       |

**OTHER HOUSEHOLD MEMBERS EMPLOYMENT & INCOME**

|  |                       |
|--|-----------------------|
| Name of Household Member:  |                       |
| Relation to Applicant:   |                       |
| Employer Name:   |                       |
| Employer Address:  |                       |
| Position Held:   | Length of Employment: |
| Gross Yearly Income: \$  |                       |
| Other Sources of Income (if applicable)  |                       |
| Pension \$ _____ Social Security \$ _____ Disability \$ _____ Child Support \$ _____   |                       |
| Welfare \$ _____ 401K \$ _____ Unemployment \$ _____ Other \$ _____  |                       |
| (Include sources such as rental property income, mutual fund income, IRA's, etc.)<br>Please indicate if income is weekly, bi-weekly, monthly, etc. |                       |
| (Please use separate sheet if needed for additional household members)   |                       |

**ASSETS / ACCOUNT INFORMATION**

Accounts include money market funds, mutual funds, stocks, bonds, IRA's

|                                       |  |
|---------------------------------------|--|
| Type : _____                          | Name of Financial Institution: _____           |
| Acct No. _____                        | Current Value: \$ _____ Annual Income \$ _____ |
| (Please use separate sheet if needed) |  |

**PROPERTY STATUS INFORMATION**

|   |
|---|
| Is there a mortgage on the Property Yes ( ) No ( )                                  |
| Original Mortgage Amount \$   |
| Current Mortgage Balance Owed: \$   |
| Monthly Mortgage Payment: \$  |
| Is Property currently part of a Bankruptcy proceeding? Yes ( ) No ( )               |
| Is property currently part of any foreclosure action? Yes ( ) No ( )                |
| Are there currently any outstanding judgements or liens on property? Yes ( ) No ( ) |

Answering "yes" to certain questions will not necessarily prevent an applicant from receiving grant assistance

**REHABILITATION INFORMATION**

|                            |
|----------------------------|
| Please list repairs needed |
|----------------------------|

I, \_\_\_\_\_, do hereby certify that the information provided above is true and accurate to the best of my knowledge. I understand that a failure to report income as it relates me or members of my household, can result in my being deemed ineligible for the rehabilitation program.

I understand that if lead paint hazard reduction measures are required to be completed, primarily for homes built prior to 1978, it may be necessary to temporarily relocate occupants of the residence to other lodgings until such work is completed. In such instances where it is necessary to temporarily vacate the home, I as the homeowner and/or members of the household, shall be responsible for any temporary relocation costs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**One or more of the following items may be required as part of the application process**

|                                      |               |
|--------------------------------------|---------------|
| Copy of Deed                         |               |
| Proof of Valid Homeowners Insurance  |               |
| Three (3) most recent pay stubs      |               |
| Last Year's Tax Return               |               |
| Social Security Award Letter         | If Applicable |
| Pension Income Documentation         | If applicable |
| Disability Income Documentation      | If applicable |
| Welfare/Subsidy Income Documentation | If Applicable |

## FY- 2022 INCOME LIMITS

| Number of Persons Household  | 1        | 2        | 3        | 4        | 5        | 6        | 7        | 8        |
|------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| Very Low (50%) Income Limits | \$29,750 | \$34,000 | \$38,250 | \$42,500 | \$45,900 | \$49,300 | \$52,700 | \$56,100 |
| Extremely Low Income Limits  | \$17,850 | \$20,400 | \$24,860 | \$30,000 | \$35,140 | \$40,280 | \$45,420 | \$50,560 |
| Low (80%) income Limits      | \$47,600 | \$54,400 | \$61,200 | \$68,000 | \$73,450 | \$78,900 | \$84,350 | \$89,800 |

**Median Income for Cumberland County is \$76,100**

Income Limits are provided by the United States Department of Housing & Urban Development

- ✚ Applications submitted on an emergency basis will be accepted and evaluated at any. Any applications not found to be an emergency by the Rehabilitation Specialist upon inspection will be handled as any other non-emergency application.
- ✚ Repairs are generally considered to be an emergency or “emergent” if a failure to do the repairs would render the home unlivable or unfit for habitation. Such repairs generally involve health, safety and welfare items and this is the criteria used for determining emergency status. Only those repairs deemed to be emergent will be completed as part of any emergency application.
- ✚ The scope of work for any rehabilitation project is generally focused on health, safety, and welfare and the program is less concerned with “cosmetic repairs”. This means that certain repairs, while desirable, may not be included in the approved scope of work carried out by the contractor.
- ✚ Limiting what will be included in any single Home Rehab project allows the program to help as many eligible homeowners as possible with the most critical repairs. This keeps homeowners in their homes while helping to improve the community’s housing stock.
- ✚ Except for verified emergencies, dwellings/homeowners that have received assistance and had projects completed will be ineligible for additional program funding/assistance for a period of ten (10) years after completion.