



# PASSAIC COUNTY HOUSING REHABILITATION PROGRAM APPLICATION

January 2010

## APPLICANT INFORMATION:

\_\_\_\_\_  
Owner (Last Name, First) Social Security Number

\_\_\_\_\_  
Co-Owner (Last Name, First) Social Security Number

\_\_\_\_\_  
Street Address City State Zip Code

## HEAD OF HOUSEHOLD STATISTICAL DATA: (Optional. For statistical purposes only.)

\_\_\_\_\_  
Date of Birth  Yes  No  Yes  No  
Age 60 and over? Handicapped/Disabled?

Racial Description (check all that apply)

Black  Caucasian  Asian of Pacific Islander  American Indian or Alaskan

Ethnicity (check all that apply)

Hispanic  Anglo/American  Other

## HOUSEHOLD INFORMATION: Please name all other household members excluding the owner(s)

Name	Relationship to Owner	Social Security Number	Date of Birth
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

**EMPLOYMENT INFORMATION:** Please name each household member who receives income from employment and is 18 years of age or over

1.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Name of Supervisor

\_\_\_\_\_  
Employer Address  
( )

\_\_\_\_\_  
Employer Telephone Number

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Years at Job

2.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Name of Supervisor

\_\_\_\_\_  
Employer Address  
( )

\_\_\_\_\_  
Employer Telephone Number

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Years at Job

3.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Name of Supervisor

\_\_\_\_\_  
Employer Address  
( )

\_\_\_\_\_  
Employer Telephone Number

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Years at Job

**\*\*If additional household members are employed, please attach another sheet**

**INCOME INFORMATION:**

**BEFORE PROCEEDING WITH THIS PAGE, PLEASE READ THE FOLLOWING:**

Before completing this form, please make additional clean copies of pages three and four, below for every household member who is 18 years of age or over and receives income of any kind.

Calculate all GROSS INCOME on an ANNUAL BASIS. Monthly income should be multiplied by 12, bi-monthly income by 24, weekly by 52, and bi-weekly pay by 26 for a total Gross Annual figure. Income verification must be attached to the Application and available for review in your project file.

Please transfer starred (\*) totals below to page 5- Income Calculation Sheet.

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Name of Household Member	Social Security Number
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A. Please state the amount of income received from each applicable source:

Gross Salary or Wage:	\$ _____ weekly	\$ _____ bi-weekly	\$ _____ monthly	\$ _____ bi-monthly	\$ _____ ANNUALLY
Pension:		\$ _____ bi-weekly	\$ _____ monthly		\$ _____ ANNUALLY
Social Security:		\$ _____ bi-weekly	\$ _____ monthly		\$ _____ ANNUALLY
Unemployment Compensation:		\$ _____ bi-weekly			\$ _____ ANNUALLY
Disability Payment:			\$ _____ monthly		\$ _____ ANNUALLY
Welfare:			\$ _____ monthly		\$ _____ ANNUALLY

State the amount of any additional income (monthly):

\$ _____ Tips	\$ _____ Overtime	\$ _____ Alimony	\$ _____ Commissions	\$ _____ Other	\$ _____ ANNUALLY
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**TOTAL ANNUAL INCOME FROM WAGES, SALARY AND OTHER SOURCES:** \$ \_\_\_\_\_ \*

**INCOME INFORMATION** (continued):

Please list all checking and savings accounts including CDs, Money Market Funds, Mutual Funds, and other assets held by financial institutions:

Name and Address of Financial Institution	Account Number	Current Value	Annual Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
<b>Total Annual Income:</b>			<b>(A)</b>

Please list Stocks, Bonds and other directly held assets:

Name of Asset	Number of Shares	Current Value	Annual Dividend
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
<b>Total Annual Income:</b>			<b>(B)</b>

Do you own a business or other income-producing real estate? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you receive income (rent/receipts) from this asset? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes," how much is this Net Income monthly? \$ \_\_\_\_\_ x 12 = Total Annual Income \$ \_\_\_\_\_  
**(C)**

**TOTAL ANNUAL INCOME FROM ASSETS, RENTS, AND BUSINESS RECEIPTS:**

$$\underline{\hspace{2cm}} \text{ (A)} + \underline{\hspace{2cm}} \text{ (B)} + \underline{\hspace{2cm}} \text{ (C)} = \underline{\hspace{2cm}} \text{ TOTAL (A+B+C)}^{**}$$

**INCOME CALCULATION:**

- 1. Transfer Total Income figures starred (\* and \*\*) from Parts A and B of each completed Page 3-4 and subtotal figures.
- 2. Add subtotals and enter amounts in Part C.

\*Total Gross Annual Income from Salary, Wages, and other Sources:

Household Member #1: \$ \_\_\_\_\_

Household Member #2: \$ \_\_\_\_\_

Household Member #3: \$ \_\_\_\_\_

Household Member #4: \$ \_\_\_\_\_

**SUBTOTALS: \$ \_\_\_\_\_ (A)**

\*\*Total Annual Income from Assets, Rents, and Business Receipts:

Household Member #1: \$ \_\_\_\_\_

Household Member #2: \$ \_\_\_\_\_

Household Member #3: \$ \_\_\_\_\_

Household Member #4: \$ \_\_\_\_\_

**SUBTOTALS: \$ \_\_\_\_\_ (B)**

**TOTAL ESTIMATED GROSS ANNUAL HOUSEHOLD INCOME: \$ \_\_\_\_\_ (A + B)**

**LIABILITY INFORMATION:**

Are there presently any liens on your property or any outstanding municipal assessments or outstanding taxes due? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes," please explain:

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**PROPERTY INFORMATION:**

\_\_\_\_\_  
Name of Owner(s) as it appears on the Property Title

\_\_\_\_\_  
Year the home was built

Is there a mortgage on the property? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes," what type of Mortgage? FHA VA \_\_\_\_\_ Conventional \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
Original Mortgage Amount                      Approximate Present Balance                      Monthly Payment

\_\_\_\_\_  
Name and Address of Mortgagee

Are there any additional mortgages or liens on the property? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes," please attach the above-requested information for each additional mortgage.

Do you have Homeowner's insurance on your property? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes," Name of Insurance Company \_\_\_\_\_

Agent Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

**REHABILITATION INTENT:**

Please list the repairs that you wish to address through this Program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ENCLOSURE CHECKLIST:**

The following eligibility documentation must be enclosed with your completed application. Please provide **one (1) copy of each of the following** (please do NOT provide original documents):

- IRS 1040 form for the past year for each household member who receives income from employment and is 18 years of age or over. If Federal Income Tax is not filed, 1099 statement(s) showing Social Security/pension income for the past year must be provided.
- Pay stubs for the current year for each household member who receives income form employment and is 18 years of age or over.
- Copies of Social Security, Pension, Disability, Welfare and Unemployment Statements, as applicable.
- Current homeowner’s insurance declarations page (not the policy or receipt).
- Deed to the property intended for rehabilitation.
- Current Real Estate Tax Statement and Proof of Payment.
- Signed Application Release and Certification (see below).
- Signed Eligibility Release Form.

**APPLICATION RELEASE AND CERTIFICATION:**

I hereby grant permission of entrance by appointment for the purpose of inspection of my property by authorized County or Municipal Agents. I also understand that since inspection will be made as per my request, inspections in addition to those required by Municipal Building and Fire Codes may be necessary, but are inspections of items that can potentially be improved via this program.

This is to certify that all statements made in my Application for the **Passaic County Housing Rehabilitation Program** are true to the best of my knowledge. I make this statement willingly and with full knowledge of the penalties under federal and state laws should false information be given. I understand that false or misleading information provided on my application may result in my termination from the program.

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Signature of Applicant Date

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Signature of Applicant Date

**PASSAIC COUNTY HOUSING REHABILITATION PROGRAM  
ELIGIBILITY RELEASE FORM**

**PURPOSE:**

Your signature on this Passaic County Housing Rehabilitation Program Eligibility Release Form, and the signatures of each member of your household which is 18 years of age or older, authorizes the above-named organization and its representatives to obtain information from a third party relative to your eligibility and continued participation in the **Passaic County Housing Rehabilitation Program**.

**PRIVACY ACT NOTICE STATEMENT:**

The information derived from this form will determine an applicant's eligibility in the Passaic County Housing Rehabilitation Program and the amount of assistance necessary to be granted to the eligible applicant(s). This information will be used to establish the level of benefit from Passaic County; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant to civil, criminal, or regulatory investigators and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval.

**INSTRUCTIONS:**

Each adult member of the household must sign a Passaic County Housing Rehabilitation Eligibility Release Form prior to the receipt of benefit to establish eligibility.

**INFORMATION COVERED:**

Inquiries may be made about the following items: Income (all sources); and Assets (all sources). NOTE: This General Consent may not be used to request a copy of a tax return.

**AUTHORIZATION:**

I authorize the **Passaic County Housing Rehabilitation Program** and its representatives to obtain information about myself and my household that is pertinent to eligibility for participation in the **Housing Rehabilitation Program**. I acknowledge that: (1) A photocopy of this form is as valid as the original; (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me); (3) I have the right to copy information from this file and to request correction of information I believe to be inaccurate; and (4) All adult household members will sign this form and cooperate with the owner in this process.

Head of Household:

Signature:	Print Name and Date:
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2<sup>nd</sup> Adult Household Member:

Signature:	Print Name and Date:
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3<sup>rd</sup> Adult Household Member:

Signature:	Print Name and Date:
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4<sup>th</sup> Adult Household Member:

Signature:	Print Name and Date:
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**Please return all completed applications by March 31,  
2010 to:**

**Ms. Helen Willis  
County of Passaic  
Planning Department  
Totowa Business Center  
930 Riverview Drive  
Totowa, NJ 07512  
Suite 250  
973-569-4040**