



**APPLICATION for
ATLANTIC CITY
HOME REHABILITATION PROGRAM**

Office Use Only	
Date Sent:	_____
Date Received:	_____

Please read & initial:

___ ACIA Program Financing: Home Rehabilitation Assistance is offered to the homeowner in the form of a 0% interest deferred loan, secured by a mortgage, to be repaid to the program in full at the time of resale or transfer of title.

___ I am providing the ACIA, Office of Community Development with information about my income, property taxes, property ownership, and homeowners insurance.

___ I hereby request that my property be inspected, to determine the amount and estimated cost of rehabilitated work needed, to comply with the rehabilitation code standards; and also, that the ACIA, Office of Community Development continue to process my application. I understand that the Atlantic County Improvement Authority's Office of Community Development will approve my application, per the rules and regulations of the Program's Policy Guidelines.

___ I also request approval of a loan from the Housing Rehabilitation Program to provide funds for improvements identified by the inspection report.

___ If I am approved for the ACIA deferred loan, I understand in addition I will be eligible to receive the Chelsea EDC Home Façade Grant. The Chelsea Grant's maximum is \$10,000.00 and has no repayment requirement.

___ The Chelsea Grant is for the beautification of the exterior façade of the home. Eligible improvements include roofs, gutters, windows, steps, siding, doors, masonry, railings, etc.

Owner's Name: 1. _____ 2. _____
(Please list all names that appear on the Deed.)

Address: _____ Home phone: _____ Cell phone: _____
Email: _____

- Have you previously used the ACIA Housing Rehabilitation Program? Yes () No ()
~ Note: The program guidelines allow \$25,000.00 per home & therefore cannot revisit the property that would exceed the maximum.
- What year was your home built? _____ How many bedrooms? _____
~Note: If your home is built before 1978, Lead Testing is required. The cost of the testing is held by a mortgage that is forgiven after the 6th year of residing in the home.
- Name of your Homeowner Insurance: _____ Policy # _____

THE FOLLOWING INFORMATION IS FOR STATISTICAL PURPOSE ONLY:

Date of Birth: _____ Over 62 () Under 62 () Last four digits of Social Security # XXX XX _____

Handicapped/Disabled Occupant: Yes () No ()

Related to a Municipal Official: Yes () No () If Yes, please provide Name and Department _____

Ethnicity: (Please select *only one*) Hispanic or Latino () Not Hispanic or Latino ()

Racial Description: Please select *one or more*, below.

American Indian (), Alaska Native (), Asian (), Black/African American ()
Native Hawaiian/Other Pacific Islander (), White (), Other ()

A. HOUSEHOLD COMPOSITION: Please name all persons residing in the home.

	Name	Relationship to owner	Date of Birth
1	Owner		
2	Co-Owner		
3			
4			
5			
6			
7			
8			

B. EMPLOYMENT INFORMATION: Please name each household member who receives income and is 18 years old or over. Income is defined as the total salaries, wages, tips, public assistance, child support, alimony, social security, pension, disability, earned interest, dividends, etc., before deductions and taxes, received by each member of the household.

1. Name: _____ Income: \$ _____

Employer Name: _____

Employer Address: _____

Years at Job: _____ Job Title: _____
2. Name: _____ Income: \$ _____

Employer Name: _____

Employer Address: _____

Years at Job: _____ Job Title: _____
3. Name: _____ Income: \$ _____

Employer Name: _____

Employer Address: _____

Years at Job: _____ Job Title: _____

C. Financial Information: Please list all checking and savings accounts including CD's, Money Market Funds, Mutual Funds, and other assets held by financial institutions:

<u>Name and Address of Financial Institution</u>	<u>Account#</u> (last 4 digits only, xxx-xxx-1234)	<u>Current Value</u>	<u>Annual Income</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- Name of your Mortgage Lender _____
- Are your Mortgage Payments up to date? Yes () No ()
- Is your property currently or possibly going into foreclosure? Yes () No ()
- Are your municipal property taxes paid up to date? Yes () No ()
- Are you delinquent on your municipal utilities, that have required a Certificate of Sale for unpaid municipal liens? Yes () No ()
- Is your property a single-family dwelling that you reside in? Yes () No ()
~If No, please explain: _____
- Do you currently have renters residing at your property? Yes () No ()
If Yes, what is the monthly income in rent you receive? \$ _____
- Do you own any other property? Yes () No () if Yes where? _____
Lot _____ Block _____ Municipality _____

Do you own a vacation home? Yes () No ()

Do you own a business or other income-producing real estate? Yes () No ()

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

How much is this Net Income monthly? \$ _____ Annually \$ _____

TOTAL ANNUAL INCOME FROM ASSETS, RENTS, AND BUSINESS RECEIPTS: \$ _____

This application is for assistance with the following (you may check more than one):

- _____ Home Rehab; Roof, Heat, Water Heater, Electrical
- _____ Weatherization includes windows, doors, insulation, and exterior repair
- _____ Well
- _____ Water Lateral Tie-in _____ Sewer Lateral Tie-in
- _____ Other, please explain _____

D. (1) INCOME INFORMATION: *Please use a separate page for every household member who is 18 years old or over and receives income of any kind.*

Calculate ALL GROSS INCOME on an annual basis. Monthly income should be multiplied by 12, weekly by 52, and biweekly by 26, for the total Gross Annual figure. Income verification must be attached to this application and available for review in you project file. Please transfer starred (*) totals to the Income Calculation Sheet.

Name: _____

A. Please state the amount of income received from each applicable source:

Gross Salary or Wages:	\$ _____ Weekly	\$ _____ Biweekly	\$ _____ Monthly	\$ _____ Annually
Pension:			\$ _____ Monthly	\$ _____ Annually
Social Security:			\$ _____ Monthly	\$ _____ Annually
Unemployment compensation:		\$ _____ Biweekly	\$ _____ Monthly	\$ _____ Annually
Disability Payment:			\$ _____ Monthly	\$ _____ Annually
Welfare:			\$ _____ Monthly	\$ _____ Annually
Child Support:			\$ _____ Monthly	\$ _____ Annually
Alimony:			\$ _____ Monthly	\$ _____ Annually
Tips/Commissions:			\$ _____ Monthly	\$ _____ Annually
Retirement Funds:			\$ _____ Monthly	\$ _____ Annually
Annuities:			\$ _____ Monthly	\$ _____ Annually
Death Benefits			\$ _____ Monthly	\$ _____ Annually
Other: _____	\$ _____ Weekly	\$ _____ Biweekly	\$ _____ Monthly	\$ _____ Annually

TOTAL ANNUAL INCOME FROM WAGES, SALARY, AND OTHER SOURCES:

\$ _____

D. (2) INCOME INFORMATION: Please use a separate page for every household member who is 18 years old or over and receives income of any kind.

Calculate ALL GROSS INCOME on an annual basis. Monthly income should be multiplied by 12, weekly by 52, and biweekly by 26, for the total Gross Annual figure. Income verification must be attached to this application and available for review in you project file. Please transfer starred (*) totals to Income Calculation Sheet.

Name: _____

A. Please state the amount of income received from each applicable source:

Gross Salary or Wages: \$ _____ \$ _____ \$ _____ \$ _____
 Weekly Biweekly Monthly Annually

Pension: \$ _____ \$ _____
 Monthly Annually

Social Security: \$ _____ \$ _____
 Monthly Annually

Unemployment compensation: \$ _____ \$ _____ \$ _____
 Biweekly Monthly Annually

Disability Payment: \$ _____ \$ _____
 Monthly Annually

Welfare: \$ _____ \$ _____
 Monthly Annually

Child Support: \$ _____ \$ _____
 Monthly Annually

Alimony: \$ _____ \$ _____
 Monthly Annually

Tips/Commissions: \$ _____ \$ _____
 Monthly Annually

Retirement Funds: \$ _____ \$ _____
 Monthly Annually

Annuities: \$ _____ \$ _____
 Monthly Annually

Death Benefits \$ _____ \$ _____
 Monthly Annually

Other: _____ \$ _____ \$ _____ \$ _____ \$ _____
 Weekly Biweekly Monthly Annually

TOTAL ANNUAL INCOME FROM WAGES, SALARY, AND OTHER SOURCES:

\$ _____

PLEASE ATTACH COPIES OF THE FOLLOWING

NO APPLICATION WILL BE PROCESSED UNTIL ALL OF THE FOLLOWING ARE SUBMITTED

- Your **CURRENT** Income Tax Return with W-2 forms (Seniors use N.J. Tax Return).
- Three (3) current pay statements from every household member with an income.
- Copy of social security statement, disability, pension checks, or any other income a household member may receive.
- Copy of the recorded deed to your home. (all pages)
- Copy of the most recent declarations page of your homeowner's insurance and flood insurance (if in a flood zone) showing the amount of coverage and dates and proof that it is paid to date.
- Proof that local property taxes are currently paid to date.
- Copies of two (2) current utility bills, i.e., water, gas, electric, and phone.
- Copies of Identification for each person living in the home including minors. Example: driver's license, passport, state ID, report card, school ID, or transcript.
- Copies of two (2) full months of bank statements for checking & savings accounts. Just the last four digits of the account number should remain visible

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C., Title 18, Sec. 100 provides "Whoever in any matter within the jurisdiction of any department of agency of the United States knowingly and willfully falsifies or makes any false fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5) years, or both".

I certify that the information provided herein is true and complete to the best of my knowledge and belief. I also understand that this information is to be used only for determining my eligibility for services provided by the various State and Federal programs and any statistical analysis purposes that may be required for program evaluation.

X _____
Signature(s) of Owner

X _____
Date

X _____
Signature(s) of Co-Owners

X _____
Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the Atlantic County Improvement Authority's Office, Community Development to verify my income and employment, and further verify that I am the legal owner of record of the property indicated above to be part of the Housing Rehabilitation Program funded under the New Jersey Small Cities Safe Housing Programs the HUD HOME or CDBG Programs.

X _____
Signature(s) of Owner

X _____
Date

X _____
Signature(s) of Co-Owners

X _____
Date