



**GLOUCESTER COUNTY  
DEPARTMENT OF ECONOMIC DEVELOPMENT  
DIVISION OF HOUSING &  
COMMUNITY DEVELOPMENT**

**OWNER-OCCUPIED  
HOME REHABILITATION PROGRAM**



*Sponsored By*

**The Gloucester County  
Board of Chosen Freeholders**

**Stephen M. Sweeney  
Freeholder Director**

**Robert M. Damming  
Freeholder Deputy Director**

**Joseph A. Brigandi, Jr.  
Freeholder Liaison**

**Jean DuBois  
Freeholder**

**Warren S. Wallace, Ed. D.  
Freeholder**

**Giuseppe (Joe) Chila  
Freeholder**

**Frank J. DiMarco  
Freeholder**

**\*\*\*\*\* To All Applicants \*\*\*\*\***

**PLEASE READ THE FOLLOWING**

**THIS IS NOT A REMODELING OR A MAINTENANCE PROGRAM.**

The owner occupied rehabilitation program is designed primarily to provide financial assistance to low income owner occupants in conformity with the Section 8 Housing Quality Standards for existing housing, BOCA building and housing code.

Eligible applicants are owners who occupy one-family dwellings, whose household gross income does not exceed the HUD income eligibility limits and the owner(s) have resided in the home for at least one year. The applicant includes the individual making application and any other persons related by blood, marriage, or operation of the law who share the same dwelling unit. *Mobile homes will receive a subsidy limit for conditions considered an URGENT NEED where health and welfare are threatened and are reviewed under separate application.*

The County cannot proceed with helping the homeowner unless all paperwork requested by this department is received and processed for eligibility.

A Gloucester County rehabilitation specialist and inspector will determine what rehabilitation items will be addressed under the program guidelines as well as when the rehab on the home will be started and completed. The County reserves the right to issue payment to the contractor(s) upon written approval from the inspector.

By completing, signing, dating, and returning the application to the County, you, the applicant, are acknowledging and accepting the policies, procedures, and regulations of this HUD program.

Please direct any questions, comments, or concerns to Helen Cipolla 856-384-6933.

**THIS IS NOT A REMODELING OR A  
MAINTENANCE PROGRAM.**

**GENERAL PROPERTY IMPROVEMENTS IN EXCESS OF CODE REQUIREMENT ARE PROHIBITED. THIS IS CONSIDERED AN INTEREST FREE "LOAN PROGRAM". THE LOAN WILL BE SECURED BY PLACING A LIEN ON THE PROPERTY. THE ENTIRE AMOUNT MUST BE REPAID TO THE COUNTY IN THE EVENT OF THE HOMEOWNER'S DEATH, SHOULD THE PROPERTY CHANGE HANDS, OR IF THE HOME OWNER REFINANCES THE PROPERTY.**



**GLOUCESTER COUNTY OWNER-OCCUPIED  
HOME REHABILITATION  
APPLICATION**

**A. APPLICANT INFORMATION**

Application Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Social Security: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Co-Applicant: \_\_\_\_\_ Social Security: \_\_\_\_/\_\_\_\_/\_\_\_\_

Additional Contact Person & Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Municipality taxes are paid to: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

List all repairs that you believe need to be addressed.

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

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\*The following information must be completed. It is reported to the U.S. Department of Housing and Urban Development. Federal law prohibits housing discrimination based on your race, color, national origin, religion, sex, family status, handicap, or disability.

**Age/Race/Ethnicity:**

\_\_\_\_ White    \_\_\_\_ Amer. Indian  
\_\_\_\_ Black    \_\_\_\_ Alaskan Nat.  
\_\_\_\_ Hispanic    \_\_\_\_ Asian & Pacific

Islander  
American Indian/Alaskan Native & White \_\_\_\_  
Asian & White \_\_\_\_  
Black/African American & White \_\_\_\_  
American Indian/Alaskan Native & Black/African American \_\_\_\_

Age 60 or over? Yes\_\_ No\_\_  
Handicapped/Disabled Yes\_\_ No\_\_

Single \_\_\_\_ Separated \_\_\_\_  
Married \_\_\_\_ Divorced \_\_\_\_

**YOU MUST REPORT ALL PERSONS LIVING IN YOUR HOUSEHOLD**

Number of Bedrooms: \_\_\_\_\_ Total number of persons living in household: \_\_\_\_\_

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
1) _____	_____	4) _____	_____
2) _____	_____	5) _____	_____
3) _____	_____	6) _____	_____

Have you or the co-applicant ever gone through this program in the past? \_\_\_\_\_  
If yes, what year was the rehab completed and what work was done?

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Have you ever received any other State or Federal Funds before? \_\_\_\_\_  
If yes, what is the name of the program, the year you received assistance, and the amount:

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Are there any children under the age of 7 years old with an identified elevated blood lead level (EBL) residing in the household? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you, or any member of the household, related to a government official or employee of Gloucester County? \_\_\_\_\_ If yes, please provide their name and official title:

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**B. INCOME DATA**

**You must report all income received for all household members over the age of 18. Gross income is calculated before taxes are deducted.**

**Applicant**

Name and Address of Employer: \_\_\_\_\_  
\_\_\_\_\_

(If you work for more than one employer state name and address and total income below)

Position: \_\_\_\_\_ Number of Years Employed: \_\_\_\_\_

Gross Income \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_

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**Co Applicant:**

Name of Household Member: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_  
\_\_\_\_\_

(If you work for more than one employer state name and address and total income below)

Position: \_\_\_\_\_ Number of Years Employed: \_\_\_\_\_

Gross Income \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_

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**Additional Household Members:**

Name of Household Member: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_  
\_\_\_\_\_

(If you work for more than one employer state name and address and total income below)

Position: \_\_\_\_\_ Number of Years Employed: \_\_\_\_\_

Gross Income \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_

**Other Source(s) of Income**

Name: _____	Social Security \$ _____	Pension \$ _____	
	Welfare \$ _____	Child Support \$ _____	
	Unemployment \$ _____	Disability/SSI \$ _____	
	Interest, Stock, Bonds \$ _____		
Other \$ _____ explain other _____			

Name: _____	Social Security \$ _____	Pension \$ _____	
	Welfare \$ _____	Child Support \$ _____	
	Unemployment \$ _____	Disability/SSI \$ _____	
	Interest, Stock, Bonds \$ _____		
Other \$ _____ explain other _____			

**Please list all checking and savings accounts, including CD's, Money Market Funds, Mutual Funds, stocks, bonds, and other.**

Name and Address of Financial Institution	Account Number	Current Value	Annual Income

**C. PROPERTY INFORMATION**

**Please fill out all information to the best of your knowledge.**

Name of owner(s) as it appears on the Deed: \_\_\_\_\_

Was home built before 1978? Yes \_\_\_\_\_ No \_\_\_\_\_

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

\$ \_\_\_\_\_                      \$ \_\_\_\_\_                      \$ \_\_\_\_\_  
Original Mortgage                      Approx. Present Balance                      Monthly Payment

\_\_\_\_\_  
Name and phone number of insurance policy holder                      Policy Number

**Only up-to-date information for the calendar year will be accepted. Please make copies and attach the following documentation. We reserve the right to verify all information provided to us.**

- ( ) Copy of Deed
- ( ) Copy of Homeowners Insurance
- ( ) Recent Tax Returns (1040, 1040A, EZ, W-2's)
- ( ) Real Estate Tax Bill
- ( ) Social Security Award Letter
- ( ) All sources of income:
  - Pay stubs
  - Social Security
  - Child Support
  - Pensions
  - Welfare
  - Disability
  - Award Letters
- ( ) Statement showing interest, stocks, bonds, etc.

**D. HOW DID YOU HEAR ABOUT THE PROGRAM?**

Government Agency                      \_\_\_\_\_  
Internet                      \_\_\_\_\_  
Friend/Relative                      \_\_\_\_\_  
Newspaper/Publications                      \_\_\_\_\_

**IMPORTANT PLEASE READ BEFORE YOU SIGN:**

This is to certify that all statements made in my application are true to the best of my knowledge. I understand that failure to report all income of all household members can result in the denial to participate in the rehabilitation program.

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

Co-Applicant Signature: \_\_\_\_\_

<p><b>OFFICE USE ONLY</b></p> <p><b>INCOME: L30 _____ L50 _____ L80 _____</b></p> <p><b>Approved by: _____</b></p> <p><b>Date Approved: _____</b></p>
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**The County of Gloucester complies with all state and federal rules and regulations and does not discriminate on the basis of race, religion, color, national or ethnic origin, sexual orientation, age, marital status or disability in admission to, access to, or operations of its programs, services, or activities. In addition, Gloucester County encourages the participation of people with disabilities in its programs and activities and offers special services to all County residents 60 years of age and older. Inquiries regarding compliance may be directed to the Office of Education and Disability Services at 856-681-6128/New Jersey Relay Service 711 or the EEO office at 856-384-6903**