

- ▶ Community Planning ▶ Housing Rehabilitation ▶ Housing management

Application for Jackson Township Mobile Home Rehabilitation Program

Section I

Applicants Name:	Social Security #
Co-Owner´s Name:	Social Security #
Street Address:	Jackson NJ Zip: 08520

Phone:

Section II Work

1. Is this property the Owner´s principal place of residence?..... YES ___ NO ___
 2. How old is your home? YES ___ NO ___
 3. How many rental unit(s) are within your building?..... YES ___ NO ___
 4. Are your quarterly property taxes presently current?..... YES ___ NO ___
 5. Have you previously received assistance through this program?..... YES ___ NO ___
 6. Have you ever filed for bankruptcy? YES ___ NO ___ If yes, What year?
 7. Last year, did the owner and/or other household member file the following?

FEDERAL INCOME TAX RETURN.....	YES ___ NO ___
STATE INCOME TAX RETURN.....	YES ___ NO ___
- Number of persons residing in your household?..... YES ___ NO ___
 A) is the a handicapped person(s) residing in he household? YES ___ NO ___
 B) If yes, is this person wheelchair bound?..... YES ___ NO ___

Section III

Please state below the items you believe are in need of immediate repair or replacement

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Section III

Please complete the following for **ALL** household members

Name	Relationship to Applicant	Sex	Age	Check if Student	Gross Annual Income

Section III

For statistical purposes only, please check your Racial/Ethnic information:

Asian
 Black
 Hispanic
 Native American
 White
 Other

Section IV

All of the documentation listed in the attached pamphlet under "What Documentation is Required From the Applicant?" **MUST BE RETURNED** with this form. If an application is incomplete and/or missing documents, it **WILL NOT BE ACCEPTED**

Section V

Owner Certification & Financial Disclosure Agreement:

I hereby certify that all information on this application and all information furnished in support of this application is true and complete to the best of my knowledge.

I further certify that I/we am the owner of the property described on this application; and that I/we will not discriminate on the basis of race, color, religion, sex or national origin in either the hiring of a contractor to perform rehabilitation work, or in the future sale or lease of the above property.

By signing this document, I hereby permit the staff of Jackson Township Housing Rehabilitation Program to request, compile, review and obtain copied documentation of any and all financial records which the program deems necessary to ascertain my eligibility for housing rehabilitation assistance. This may include Federal Income Tax Returns, Social Security and Disability Benefits, Unemployment Benefits, Welfare, Savings, Certificates and any interest bearing accounts, profit & loss statements, et.al.

I also understand that all financial information will remain confidential and will be used only for the above

Signature of Applicant

Date

Signature of Applicant

Date