

Township of Jackson Mobile Home Rehabilitation Program Application

Applicant's Name: _____ Social Security #: _____

Spouse/Partner Name: _____ Social Security #: _____

Street Address: _____ City/State/Zip: Jackson, NJ 08527

Home Phone: _____ Work Ph: _____ Mobile Ph: _____

E-Mail Address: _____

Number of People in Household: _____ Number of Bedroom(s): _____

ANSWER ALL OF THE FOLLOWING QUESTIONS

- 1 Is this Property the Owner's principal place of residence?..... Yes___ No___
- 2 How old is your home?..... _____
- 3 How many rental units are within your building? _____
- 4 Are your quarterly Property taxes presently current?..... Yes___ No___
- 5 Have you previously received assistance through this program?..... Yes___ No___
- 6a Have you ever filed for bankruptcy? Yes___ No___
- 6b If YES, in what year? _____
- 7 Last Year, did the owner and/or other household member file

FEDERAL INCOME TAX RETURN Yes___ No___
STATE INCOME TAX RETURN Yes___ No___
- 8 Is there a handicapped person(s) residing in the household?..... Yes___ No___
- 9 If YES, is this person (s) wheelchair bound?..... Yes___ No___

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

___ Asian ___ Black ___ Hispanic ___ Native American ___ White ___ Other

PLEASE STATE BELOW THE ITEMS IN NEED OF IMMEDIATE REPAIR OR REPLACEMENT

PLEASE COMPLETE THE FOLLOWING FOR ALL HOUSEHOLD MEMBERS

NAME	RELATIONSHIP TO APPLICANT	AGE	SEX	GROSS ANNUAL INCOME
	APPLICANT			\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

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.

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

Signature of Applicant

Date

Signature of Co-Applicant

Date

PLEASE MAIL THE SIGNED COMPLETED FORM & LIST WITH ALL THE DOCUMENTATION REQUIRED TO:

REHABCO, Inc.
44 E. Water Street
Toms River, NJ 08753

REHABCO, INC.

Phone: 732-477-7750

Fax: 732-920-9649

44 E. Water Street
Toms River, NJ 08753
Email: rehabco@aol.com

Township of Jackson

Mobile Home Rehabilitation Program

ALL OF THE FOLLOWING APPLICABLE DOCUMENTS MUST BE SUBMITTED WITH YOUR APPLICATION FOR ALL HOUSEHOLD MEMBERS.

Check items being returned and mark any item not applicable "N/A", sign and return with application.

Copies of last year's Federal **AND** State Income Tax Returns for **ALL** household members. **INCLUDE ALL W-2s, 1099s, schedules and attachments . BE SURE TO SIGN THE COPIES OF TAX RETURNS.**

Copies of three (3) recent pay stubs showing gross year-to-date amounts. If not available, please obtain a letter from your place of employment stating your gross year-to-date and total gross annual income.

Copies of the **ANNUAL** Social Security and Supplemental Security Statements. If this is not available, please obtain a letter from the Social Security office stating your annual income.

Copies of Disability statements. This must state the beginning and ending dates, as well as the amount received.

Copies of Welfare statements. This must state the beginning and ending dates, as well as the amount received. If not available, please obtain a letter from the Welfare Office.

Copies of Unemployment statements. This must state the beginning and ending dates, as well as the amount received. If not available, please obtain a letter from the Unemployment Office.

Copies of Alimony and Child Support checks. Also required is a copy of the Separation/Divorce agreement stating the amount received/to be received.

Three (3) current consecutive months bank statements , all pages for all accounts, (checking, savings, money market etc.) and Interest and Dividend statements.

Copies of Pension and Annuity statements.

Copies of **ALL** income received from child care, cleaning homes, etc. (**Non-taxable AND Taxable**)

All other public assistance, non-taxable **AND** taxable received by **ALL** household members.

All other payments/assistance received from scholarships, stipends, parsonage, etc.

Proof of paid property tax. (Can be obtained at the Township Tax Office.)

Copy of the declaration page of current homeowner's insurance policy.

Copy of the **recorded** property deed. Copy **MUST** have the County stamp showing the recorded date, book and page numbers.

Copy(s) of current mortgage and/or equity loan(s) showing balance owed.

I hereby attest all items marked by N/A answered above are not applicable to me or my family as attested to by my/our signature(s) below.

Applicant Signature

Date

Co-Applicant Signature

Date

Print Name:

Print Name:

RETURN THIS SIGNED FORM WITH YOUR APPLICATION