

APPLICATION FOR JACKSON HOUSING REHABILITATION PROGRAM

Section I

APPLICANT'S NAME:

SOCIAL SECURITY #

CO-OWNER 'S NAME

SOCIAL SECURITY #

STREET ADDRESS

LAKEWOOD, NJ 08701

HOME TELEPHONE #

WORK TELEPHONE #

Section II

- 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
- 6) Have you ever filed for bankruptcy ? YES NO If yes, year filed for bankruptcy _____
- 7) Last year, did the Owner and/or any other household member file the following?
FEDERAL INCOME TAX RETURN... YES NO
STATE INCOME TAX RETURN..... YES NO
- 8) Number of persons residing in your household?
- 9) A) Is there a handicapped person(s) residing in the 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.

Section IV

Please complete the following for ALL household members:

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

Section V

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

Asian
 Black
 Hispanic
 Native American
 White
 Other

Section VI

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 VI

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 Rehabco or Jackson Township 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. These 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 Co-Applicant

Date