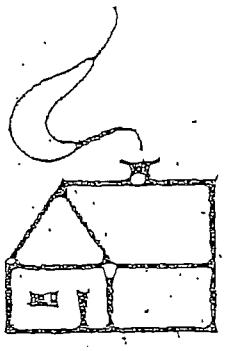
JACKSON TOWNSHIP



HOUSING REHABILITATION PROGRAM

Program Brochure

As Administered By:

Rehabco Inc.
470 Mantoloking Road
Brick, NJ 08723
Phone: (732) 477-7750

WHAT IS IT ALL ABOUT?

Jackson Township's Housing Rehabilitation Program is funded by the Township's Affordable Housing Trust Fund to provide a Housing rehabilitation Program to assist eligible Jackson residents with funding for major and minor rehabilitation to their principal place of residence.

This brochure provides a brief description of eligibility criteria, the application process and procedures.

WHO IS ELIGIBLE ?

1. The applicant must be resident of Jackson Township.

2. The applicant must be the owner of the property and the property must be the principal place of residence.

3. The building cannot contain more than one (1) rental units and the principal unit must be owner-occupied. All rent received must be declared as income by the applicant.

4. The annual GROSS income (amount prior to taxes) of all persons residing in the applicant's household must not exceed the maximum income level established by State Guidelines. These limits are subject to change annually.

In the chart below, find the number of persons residing in the household to obtain the maximum income allowed as of Spring 2014:

# of Persons Residing in the Home	Maximum Allowed Income	# of Persons Residing in the Home	Maximum Allowed Income
1	$51,864	5	$80,018
2	$59,273	6	$85,946
3	$66,682	7	$91,873
4	$74,091	8	$97,800

5. Property taxes must be current.

6. The building must not be utilized for any purpose other than residential use.

WHAT DOCUMENTATION IS REQUIRED FROM THE APPLICANT?

The following INCOME DOCUMENTS MUST be returned with this form for ALL household members over the age of 18. These documents must reflect ALL income, non-taxable and taxable received for the last twelve (12) months. An application WILL NOT be accepted, deemed complete or processed until All of the requested documentation listed below is received.

1. Copies of last year's Federal AND State Income Tax Returns for ALL household members. They are to include the following:
   A. Signatures of the taxpayers.
   B. All applicable attachments and schedules.

2. Copies of two (2) recent pay stubs showing gross year-to-date amounts. If this is not available, please obtain a letter from your place of employment stating your gross year-to-date and total gross annual income.

3. 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.

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

5. 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.

6. 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.

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

8. Copies of a current bank statement (checking & savings) and Interest and Dividend statements.

9. Copies of Pension and Annuity statements.

10. Copies of ALL income received from child care, cleaning homes, etc.

11. All other public assistance, non-taxable AND taxable received by ALL household members. Copies of ALL other income received, non-taxable and taxable not listed above.

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

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

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

15. Copy(s) of current mortgage/ equity loan(s) statement showing balance owed.

WHAT REHABILITATION AND IMPROVEMENTS ARE ELIGIBLE ?

Major Repairs or Replacements:

- Roof
- Heating System (includes hot water heater)
- Plumbing (includes sewer and water connections)
- Electric
- Weatherization to reduce energy consumption
- Structural damage
- Handicap facilities (documentation required)
- Additional bedroom space (ONLY when approved by program officials. specifically when different sex children reside in same sleeping area)
- Stove (ONLY when a safety hazard exists)

Minor Repairs or Replacements:

- Minor painting
- Masonry
- Gutters and leaders
- Drywall and flooring
- Fixtures
- Minor carpentry
- Repair driveways and sidewalks

WHAT REHABILITATION IMPROVEMENTS ARE INELIGIBLE ?

- Custom painting / Custom tile
- Cosmetic Luxury fixtures
- Purchase of appliances not required by code
- Acquisition of land
- Landscaping
- Retention walls

SO HOW DOES THE PROGRAM HELP ?

The Jackson Township Housing Rehabilitation Program is designed to provide assistance based on the Program Building Inspector's determination of what eligible items are needed and does not guarantee the maximum assistance.

If you are eligible, a 100% property rehabilitation Deferred Loan will be made available on a FIRST COME, FIRST SERVED basis. A lien will be placed on your home which will be recorded with your property deed. This Loan (not to exceed $25,000) shall be forgiven ten (10) years from the date it was recorded at the County. During the ten (10) years, if you should transfer title or rent to someone for any reason, you, your heirs, executors, or representatives, must notify Jackson Township Administration and repayment must be made within thirty (30) days.

YOU QUALIFY!! WHAT NEXT?

If after reading this pamphlet, you believe that you are eligible for assistance, the first step is to **COMPLETELY FILL OUT** and return the Jackson Township Housing Rehabilitation Program Application along with ALL the documentation requested. Incomplete application and / or documentation **WILL NOT** be accepted.

Applications are logged into the Applicant Log Book on the date the COMPLETE application is reviewed and approved and will be served on a FIRST COME, FIRST SERVED BASIS.

If your application has been on file for more than six (6) months when it reaches the top of the Application Lob Book, your eligibility must be re-verified based on the requirements at that present time. If determined eligible, an appointment will be scheduled for an electrical inspection and a property inspection. You, or an adult representative, MUST be present for both inspections. A Work Write-up for rehabilitation work will be prepared based upon the results of these inspections. A copy of this Work Write-up will be forwarded to you for your review and comments.

Cost proposals will be solicited from general contractors for the work identified in the Work Write-up. A Rehabilitation Construction Contract will be executed between you and the selected contractor.

The Program Building Inspector and the Homeowner will monitor the construction work in order to determine compliance with the Rehabilitation Contract. All work must be approved by the applicable Municipal Inspectors as well as the program Inspector prior to the contractor receiving payment.

WHAT IF I NEED HELP IN APPLYING?

Program staff is available to answer any questions or to provide assistance in completing the related forms. For assistance, please contact:

Rehabco, Inc.
470 Mantoloking Road
Brick, NJ 08723
(732) 477-7750

between the hours of:

9:30 am and 4:00 pm Monday through Friday

THIS PAMPHLET IS SUBJECT TO CHANGE WITHOUT NOTICE.

JACKSON TOWNSHIP REHABILITATION PROGRAM APPLICATION

Section I

APPLICANT'S NAME:	SOCIAL SECURITY #
CO-OWNER 'S NAME	SOCIAL SECURITY #
STREET ADDRESS	JACKSON, NJ Zip: 08527
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? ..... _____
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

*Pleas*e 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**.

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. 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