BOROUGH OF ELMER
2012 NJ DCA SMALL CITIES PROGRAM
HOUSING REHABILITATION APPLICATION

Name:_____

Street Address:_____

_____

Telephone Number(s)(DAY) _____(EVENING)_____

What is your age? _____

Do you reside at this address? YES:_____NO:_____

If yes, for how long? _____Yrs _____Months

Do you own this property?: YES:_____NO:_____

Is part of this property rented? YES:_____NO:_____

Do you know when your home was built? YES:_____NO:_____

If "yes" please tell us the year on construction _____

Attach copy of your deed and evidence of homeowners insurance

If your home is located in the 100 year flood hazard area you must also submit evidence of Federal Flood Insurance

How many persons reside in this home:_____
(NOTE THOSE PERSONS BY NAME, AGE AND RELATIONSHIP)

_____

_____

_____

_____

_____

Is anyone living at your home disabled or handicapped?

If yes please describe_____

_____

_____

What was your gross household income for 2011 for all persons living in your home?: $_____ (Applications are not processed if an income figure is not provided)

Provide evidence of your income - applications that do not provide income information cannot be processed.

Attach a copy of 2011 IRS 1040 tax return form and last four pay stubs, if you are employed. Disabled, retired or unemployed persons should include "award letter" from appropriate agency. Self-employed persons must include IRS Schedule "C". Include income documentation for all persons aged 18 years and over living in the home. Count all sources including wages, salaries, rents, fees, social security, disability payments, and pension payments.

This program is limited to correcting dangerous code deficiencies in homes owned and occupied by low income persons. Give a brief description of the problems that you would like corrected:

_____

_____

_____

_____

I,_____(print name), hereby certify that to the best of my knowledge and belief, the above statements made by me are true and correct. I understand that there may be legal penalties for fraudulently misrepresenting my income or ownership status.

_____
Signature of Applicant

_____
Date

BOROUGH OF ELMER
HOME REHABILITATION PROGRAM
IMPORTANT NOTICE

SIGN, DATE AND RETURN THIS FORM WITH REHABILITATION APPLICATION

I am acknowledging that I understand and agree to the following requirements of the Elmer Home Rehabilitation program:

1. There will be a mortgage and ten year lien placed on my home in the amount of one-half the assistance amount including change order amounts. The lien documents will be recorded at the County Clerk's Office. The mortgage will be released at the rate of one-tenth of the original amount per year for 10 years. If my home is sold to anyone during the 10 year lien period the unreleased amount of the mortgage will be immediately due and payable to the Borough of Elmer.

One half of the assistance amount including change orders is a deferred loan that is due and payable to the Borough of Elmer whenever my home is sold.

2. I will report the income of all persons residing at my property who reached the age of 18 on or before January 1, 2012.

3. I will not attempt to change the scope of rehabilitation work approved by the Borough's rehabilitation inspector. I understand that the Borough's rehabilitation program will not pay for rehabilitation work not approved by the Borough's rehabilitation inspector.

PRINT YOUR NAME

_____

SIGNATURE

_____

DATED:_____