



HOME REHABILITATION PROGRAM APPLICATION PACKET

TOWNSHIP OF IRVINGTON

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Kindly complete the herein application and return to:

Shelby Blair
Program Monitor
Kimbelyn Smith
Program Coordinator

DEPARTMENT OF ECONOMIC DEVELOPMENT AND GRANTS OVERSIGHT

Irvington Township Municipal Building
1 Civic Square, Room 203
P. 973.399.6785
www.irvington.net



Department of Economic Development & Grants of Oversight
Irvington Municipal Building
RM 203-A
1 Civic Square, Irvington, NJ 07111
Tel: 973-399-6785

Tony Vauss, Mayor

Deborah F. Smith, Director

Homeowner Rehabilitation Program Eligibility

Who is eligible to apply?

A Township of Irvington homeowner who:

1. Meets the income and family eligibility guideline in the Income Qualifications on Page 3.
2. Provides demonstrable information showing the need for Rehabilitation that meets the Guidelines detailed by the Township of Irvington and HUD.
3. Applicants must be Homeowner occupied.

The homeowner must maintain the home as their primary residence throughout the affordability period (10 years). The subsidy is considered a grant, not a loan. There are no interest charges or payments for the life of the grant. It becomes a loan if the buyer moves or sells the property prorated prior to the end of the required affordability period of 10 years. The homeowner is required to repay a portion of the grant based upon a recapture schedule if it is sold or leased with the 10 (ten) year affordability period. The recapture provision can be found in the Homeowner Rehabilitation Program and Procedure Manual (available upon request).

Upon Final Approval:

1. A lien will be placed on the property and recorded in the Essex County Hall of Records to assure the Homeowners Purchase Program funds are refunded in the event of a transfer of title or the relocation of the homeowner prior to the expiration of the affordability period.
2. All payments will be made in accordance with the Township's Homeowners Rehabilitation Program procedures and will require proper verifications and certifications.

Applicant Checklist

Please provide the information listed below with your application to ensure that your application will be processed in an expedited manner.

- Complete the Homeowner Rehabilitation Program Application;
- Two forms of government issued identification (one must be photo ID)
- Fee Simple Deed in applicant's name;
- Provide any and all proof of income for individuals that live at the property and that are over the age of 18;
- 6 consecutive months bank statements;
- Last 3 consecutive months of pay check stubs (or stubs from any and all other sources of income);
- Current copy of social security statement/award letter (if applicable)
- Current copy of retirement/pension statements (if applicable); and
- Current copy of unemployment statement (if applicable)
- Other verifiable source of income
- 3 months of mortgage statements (if applicable)
- Last Two Years 1040 Tax returns
- Last Two Years W2's and/or 1099
- Homeowner's Policy
- Photos of damage to be repaired

Some items required above may not apply to your situation.



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APPLICATION INSTRUCTIONS

General Instructions

- Please read the instructions for this application carefully.
- Please type or use BLUE or BLACK ink. Do not use pencil or other colors of ink. Please write legibly. All blanks must be completed or have N/A written in.
- The Applicant (Head of Household) and if applicable, Co-Applicant must sign and date the application.
- Submit the **fully completed application with all the required documentation** to: Department of Economic Development and Grants Oversight- Attention: Shelby Blair.

Itemized Instructions

1. **APPLICANT INFORMATION:** Provide your legal name, your address, phone number, an e-mail address (if applicable), your date of birth, and your marital status and other fields.
2. **CO-APPLICANT INFORMATION:** List other members of the household who hold as much responsibility for the property as the applicant. This person is often referred to as the co-owner (i.e., spouse, significant other or adult child) of the property. Attach additional sheet if there are more than two applicants.
3. **HOUSEHOLD COMPOSITION AND CHARACTERISTICS:** As of today, list the current Head of Household and all other members of the household. Indicate the relationship of each family member to the Head of Household, gender, date of birth and marital status. Indicate if any of the members listed are disabled and explain if there are any expected additions to the future household, e.g. birth of a child, adoption, legal custody ruling resulting in an additional household member, expected in the next twelve (12) months.
4. **RACE AND ETHNICITY FOR HEAD of HOUSEHOLD:** This information is being collected to ensure compliance with Federal Housing and Equal Opportunity regulations.
5. **INCOME INFORMATION:** "Income" means **any** income received from **any** source by a resident aged 18 and over, including, but not limited to; full and part-time employment (including overtime, commissions, bonuses and tips), self-employment earnings, public assistance, SSI/SSD, unemployment, child care earnings, alimony, child support, interest dividends or gains, pensions and annuities (incl. Social Security, PERA, Railroad Retirement), educational grants, gains from sale of property or securities, business profit, rental income, compensation. Household income is one of the qualifying factors for determining eligibility for this program. Please also list all the people occupying your home for at least nine months of the year (including yourself). Include ages and income. "Residents" mean any person, other than a renter, living in the household for at least 9 months of the year, or a person who is claimed as a dependent for income tax purposes. Provide information on all household income sources. Income includes the following: wages, salaries and tips, alimony, child support, military income,



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part time income, temporary income, TANF, SSI, SSD, unemployment, other benefits not listed, and other income for all household members over age 18. Food benefits (food stamps) are NOT considered income.

6. ASSET INFORMATION: Provide the requested information on any asset you may own. Examples of what constitutes assets are listed below.

Typical assets include:

- Cash held in savings, checking accounts, safe deposit boxes, homes, etc.;
- Stocks, bonds, treasury bills, CDs, mutual funds, money market accounts, and other investment accounts;
- Individual retirement accounts, 401(k), Keogh accounts, and other similar retirement savings accounts;
- Cash value of life insurance policies available to the holder before death; Personal property that is held for investments purposes;
- Equity in real property;
- Retirement and pension funds;
- Mineral rights; and
- Mortgage or deeds of trust held by the applicant and co-applicant

Some items of personal property are NOT counted as assets for the purposes of determining annual income:

- Automobile;
- Jewelry; and/or
- Term life insurance policies

7. APPLICANT CERTIFICATION: Certify that all information in the application is true, to the best of your knowledge. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.
8. ELIGIBILITY RELEASE: It is required that you sign the form, which allows the Sub-recipient, State or Vendor to request information from Third Parties concerning your eligibility and participation in this program. This form allows for income, assets, child support, etc. to be verified and documented.
9. HOME REPAIRS: Funding for this program is limited as such, only applicants requesting non-cosmetic repairs will be considered. Properties that are in substantial disrepair or are in need of replacement will be considered. ALL repairs must be necessary to bring the property up to the NJ State and Township of Irvington Housing Code Compliance. Cosmetic and luxury repairs will not be considered.

Please be advised: initial review period may be up to 60 days**



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Administrator Information

Application Number		Date:
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Applicant Contact Information

Applicant Name(s):	
Street Address:	
City/ State/ Zip:	Home Phone:
Email Address:	Cell Phone:

Household Composition Information

Full Name <small>(exactly as it appears on driver's license or other government document)</small>	Relationship to Head of Household	Marital Status	Date of Birth	Age	Gender	Disabled?	Student Status <small>FT= Full Time PT= Part time N/A= Not applicable</small>	Receives Income?
A.	Head of Household				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
B.	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Co-Head <input type="checkbox"/> Other Adult				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
C.	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Co-Head <input type="checkbox"/> Other Adult				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
D.	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Co-Head <input type="checkbox"/> Other Adult				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
E.	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Co-Head <input type="checkbox"/> Other Adult				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
F.	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Co-Head <input type="checkbox"/> Other Adult				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
G.	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Co-Head <input type="checkbox"/> Other Adult				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Household Composition Information (Continued)

1. Was any household member a full-time student within the last calendar year?	<input type="checkbox"/> No <input type="checkbox"/> Yes, who?
2. Is any household member listed above a foster child?	<input type="checkbox"/> No <input type="checkbox"/> Yes, who?
3. Is any household member listed above a live-in attendant?	<input type="checkbox"/> No <input type="checkbox"/> Yes, who?
4. Is any household member temporarily absent from the home?	<input type="checkbox"/> No <input type="checkbox"/> Yes, who?
5. If Yes, Indicate reason for temporary absence:	
6. Do you anticipate other members will join your household within the next 12 months?	<input type="checkbox"/> No <input type="checkbox"/> Yes, explain:

Annual Income of All Household Members

(List ALL income of household members, except for the earned income from employment by persons under the age of 18). If a single household member has multiple sources of income, list their name again, with the new income type

Income Types include but are not limited to:

Salary
 Overtime
 Commissions/ Fees
 Tips and Bonuses
 Temporary Income
 Workers Compensation

Income from Military
 Interest/ Dividends
 New Business Income
 New Rental Income
 Social Security
 Alimony

Supplemental Security Income
 Pension
 Retirement Familial Support/ Recurring Gifts
 Unemployment Benefits
 Child Support
 AFDC/ TANF

Household Member Name	Income Type	Total
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total Combined Annual Income:		\$



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Current Employment Information

List the employment information for any current household members. Be sure to include the most current contact information for employers.

1. Household Member Name:		Occupation:		Work Phone:	
Employer Name and Address:			City:	State:	Zip code:
Date Hired:	Salary:	Pay Period:	Hours Worked Per Week:	Fax:	

2. Household Member Name:		Occupation:		Work Phone:	
Employer Name and Address:			City:	State:	Zip Code:
Date Hired:	Salary:	Pay Period:	Hours Worked Per Week:	Fax:	

3. Household Member Name:		Occupation:		Work Phone:	
Employer Name and Address:			City:	State:	Zip Code:
Date Hired:	Salary:	Pay Period:	Hours Worked Per Week:	Fax:	

4. Household Member Name:		Occupation:		Work Phone:	
Employer Name and Address:			City:	State:	Zip Code:
Date Hired:	Salary:	Pay Period:	Hours Worked Per Week:	Fax:	



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Assets of All Household Members

(When listing the cash value of any asset marked with an asterisk (), indicate the amount you would have if you were to convert the asset to cash (i.e. sell or exchange the asset), deducting any penalties for early withdrawal, amounts used to pay off a balance, and any fees which may be assessed for the conversion.)*

Asset Types include but are not limited to:

Checking Account Savings Account Credit Union Account Lump Sums Received (Inheritance, Capital Gains, Insurance)	Income from Military Stocks, Bonds, Mutual Funds* Real Estate/ Home* Real Estate/ Land*	Trust Fund Mortgage Note Held Whole Life Insurance* Personal Property Held As an Investment (gems, coins, etc.)
---	--	--

Account Holder Name	Asset Type	Name of Financial Institution	Cash Value	Asset Income Interest/Dividends
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Disposal of Assets Information

Has anyone in the household given away any asset of value within the last two years? (If a home was released due to bankruptcy, foreclosure, or divorce, answer No): No Yes, who?

Provide explanation (including the type of asset, estimated value of asset, amount disposed for and the date of disposal):

Has anyone in the household owned a home in the last three years? No Yes, who?
 What happened to the home?

Disposal of Assets Information (Continued)



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Do they currently own it? No If No: When was it posted for, and date of?
 Yes, If Yes: Is it being rented? No Yes
 Is it sitting vacant? No Yes
 Is it in the process of being sold? No Yes

Demographic and Special Needs Information:

The Township of Irvington requests this information in order to comply with HUD's required reporting requirements. Although TOI would appreciate receiving this information, you may choose not to furnish it. If you do not wish to furnish this information, please initial below.

RACE (Check all that apply):

<input type="checkbox"/> American Indian or Alaskan Name	<input type="checkbox"/> American Indian, Alaskan Native & White
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Black African American & White
<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian Alaskan Native & Black African American
<input type="checkbox"/> White	<input type="checkbox"/> Non-Hispanic
	<input type="checkbox"/> Other Multi- Racial

Hispanic or Latino- A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture of origin, regardless of race. The term "Spanish origin", can be used in addition to "Hispanic or Latino."

Non-Hispanic or Latino- A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Check all that apply:

<input type="checkbox"/> Head of Household	<input type="checkbox"/> Single Parent, non-elderly
<input type="checkbox"/> Female Head of Household	<input type="checkbox"/> Two Parents, non-elderly
<input type="checkbox"/> Elderly	<input type="checkbox"/> Other

For Official Use Only

<input type="checkbox"/> Extremely Low Income	<input type="checkbox"/> Moderate Income
<input type="checkbox"/> Low Income	<input type="checkbox"/> Non Low/Moderate

_____ I do not wish to furnish information regarding my ethnicity, race, gender, age, and/or household composition



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Property Information:

Provide the following information about the property to be improved with this grant.

Is your property: A Single Family House Multifamily (# of units ___)
 Duplex Townhome _____ #Bedrooms

Is your property currently in foreclosure? No Yes

Is there currently a lien on your property? No Yes

How many years have you lived in the house? _____

What is the approximate age of the house? _____

Do you have any outstanding mortgage(s) on the house?

If yes, with whom? (use additional sheet if necessary):

Outstanding Balance(s) \$ _____

Are mortgage payments current? No Yes

Are property taxes current? No Yes

Do you have any outstanding Contract(s) for Deed on the house? No Yes

If yes, with whom? (use additional sheet if necessary) _____ Amount \$ _____

Rental Property:

Is your property a multifamily property? No Yes

If so, how many units? _____

Are you currently receiving any rental income for the property? No Yes

If yes, is this information recorded on your taxes? No Yes

Check type of Rehabilitation seeking to be completed. Please attach color photos of the area

- | | | |
|--|--|---|
| <input type="checkbox"/> Roofing | <input type="checkbox"/> Heating | <input type="checkbox"/> Window Installation |
| <input type="checkbox"/> Foundation Repair | <input type="checkbox"/> Electrical | <input type="checkbox"/> Siding/Exterior Repair |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Water & Sewer Connections | <input type="checkbox"/> Lead Abatement |

Please Describe Any Additional Areas to be Repaired



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Release and Signatures

The Township of Irvington or an authorized representative shall have the right to inspect the property to be improved at any time from the date of the Rehabilitation Application upon notice to the occupant(s).

Any person who makes a false statement or misrepresentation in connection with the application for or use of the Township of Irvington Rehabilitation Funds shall be subject to fine or imprisonment, or both, under the provisions of the New Jersey Criminal Code and/or may be required to return all of the Rehabilitation Funds to the Township of Irvington. Said misrepresentation is also a violation of Federal Law.

Each of the undersigned applicants for HOME Program Assistance hereby certify that all of the information provided in the above application is true and correct, and do hereby authorize the release and/or verification of mortgage loan, employment, asset, liability and income information. All household members age 18 or older must sign application.

Applicant's Printed Name	Signature	Date
Co-Applicant's Printed Name	Signature	Date
Adult Household Member's Printed Name	Signature	Date
Adult Household Member's Printed Name	Signature	Date
Adult Household Member's Printed Name	Signature	Date
Adult Household Member's Printed Name	Signature	Date

Please Be Advised

You must report any changes to household structure, employment, assets, etc. while the application is in process. Failure to do so may delay the review and possibly and denial in your application.



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WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

APPLICANT'S AUTHORIZATION **For The Township to Access Information**

I authorize the above-named Home Participating Jurisdiction to obtain information about me and my household that is pertinent to determining my eligibility for participation in the Program. I acknowledge that:

- (1) A photocopy of this form is as valid as the original; AND
- (2) I have the right to review information received using this form (with a person of my choosing to accompany me); AND
- (3) I have the right to a copy of information provided to the Township of Irvington and to request correction of any information I believe to be inaccurate; AND
- (4) All adult household members will sign this form and cooperate with the Township of Irvington in the eligibility verification process.

Signatures:		
<i>Signature-Head of Household</i>	<i>Print Name</i>	<i>Date</i>
<i>Other Household Member</i>	<i>Print Name</i>	<i>Date</i>
<i>Other Household Member</i>	<i>Print Name</i>	<i>Date</i>
<i>Other Household Member</i>	<i>Print Name</i>	<i>Date</i>
<i>Other Household Member</i>	<i>Print Name</i>	<i>Date</i>
<i>Other Household Member</i>	<i>Print Name</i>	<i>Date</i>



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Required Documents: Submit all applicable documents for each adult household member

Directions: Submit the following documents in the order requested and separate by a sheet with the name of the document and associated number on the sheet. Failure to submit the application and attached documents per this instruction will delay review of your application.

	1. 2 Forms of Government Issued Identification (One must be photo) <i>Driver's License, Passport, Birth Certificate, Social Security Card, etc.</i>
	2. Proof of Income: <i>3 Consecutive Months of Paystubs, , Last two quarters of Profit and Loss Statement, Recent Award Letter, Retirement or Pension Statements, Unemployment Benefits, Child Support Judgement, etc.</i>
	3. Proof of Assets: <i>Last 6 Months of Checking/ Savings statements, CD401k, Money Market, Investment Statements</i>
	4. Last Two Years 1040
	5. Last Two Years W2 and/or 1099
	6. Mortgage Statements <i>Six Consecutive Months Mortgage Statement</i>
	7. Deed <i>Fee Simple Deed in Applicants Name</i>
	8. Homeowners Policy <i>Homeowner's Policy should be current</i>
	9. Photos of Damage <i>Photos should include brief description of areas that require repair</i>

Please keep in mind this is not an exhaustive list of required documents as each household is different. Upon review you may be asked to supply additional documentation.

Note: Submission of this application does not guarantee there will be assistance available for you, nor does certification of income eligibility automatically qualify you. You must also qualify for a mortgage.

All loans and grants are subject to township, state and federal laws, rules, regulations and requirements. All loans and grants are subject to the availability of program funds.

Your application will not be considered complete until all information has been received and statements/ documents have been certified to the satisfaction of the Department of Economic Development and Grants Oversight.

**PLEASE ONLY SUBMIT COPIES, WE WILL NOT ACCEPTED ORIGINAL DOCUMENTS!
 PLEASE MAKE COPIES OF ALL ORIGINAL DOCUMENTS PRIOR TO SUBMITTING YOUR APPLICATION!
 WE WILL NOT MAKE COPIES OF ANY DOCUMENT AT OUR OFFICE; NO EXEPTIONS!**



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