

# NORTH BRUNSWICK HOUSING REHABILITATION PROGRAM

## Administered by the North Brunswick Housing Corporation

Completed applications may be hand-delivered or mailed to the following address:

Attn: Irma Faraci  
North Brunswick Senior Housing  
740 Hermann Road  
North Brunswick, NJ 08902

### APPLICATION FORM FOR SINGLE-FAMILY, OWNER-OCCUPIED HOMES

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**OWNER'S NAME**

**PROPERTY ADDRESS**

This application must be completed and returned to the above address. If you have any questions relative to completing the application, please call Irma Faraci at 732-296-7122. Your application should be complete and accompanied by all support documentation at the time it is submitted. There is no benefit to be derived from submitting an incomplete application, as application numbers will not be assigned until your application is determined complete.

All information provided shall be kept in strict confidence and shall only be used to determine your eligibility for participation in the North Brunswick Housing Rehabilitation Program.

**CONTACT INFORMATION** (Please provide all requested contact information for either one or two individuals who we may contact with respect to the processing of your application.)

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Name

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Home Phone

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Cell Phone

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Primary E-mail

---

Smart Phone E-mail

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Name

---

Home Phone

---

Cell Phone

---

Primary E-mail

---

Smart Phone E-mail

**PROPERTY INFORMATION** (Please provide information on the property that is the subject of this application.)

Estimated Market Value \$ \_\_\_\_\_

How many mortgages or property liens are there on the home? \_\_\_\_\_

List all mortgagees and lien holders below and provide the amount of the mortgage or lien:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Amount of Annual Real Estate Taxes \$ \_\_\_\_\_

Place a check mark below for all bills where your payments are current:

Real Estate Taxes \_\_\_\_\_ Water \_\_\_\_\_ Sewer \_\_\_\_\_ Property Insurance \_\_\_\_\_

How long have you owned the property? \_\_\_\_\_

Do you know what year the building was constructed? Yes \_\_\_\_ No \_\_\_\_ Constructed in \_\_\_\_\_

**NAME, AGE, BIRTH DATE AND TOTAL INCOME FROM ALL SOURCES** (Please provide the following information for each person living in the house, including persons who are not related by blood or marriage. Include income from all sources, whether earned or unearned.)

	<u>Full Name</u>	<u>Age</u>	<u>Birth Date</u>	<u>Income</u>
#1	_____	_____	_____	_____
#2	_____	_____	_____	_____
#3	_____	_____	_____	_____
#4	_____	_____	_____	_____
#5	_____	_____	_____	_____
#6	_____	_____	_____	_____
#7	_____	_____	_____	_____
#8	_____	_____	_____	_____

**Total Household Income from All Sources** \_\_\_\_\_

**EMPLOYMENT INCOME OF EACH HOUSEHOLD MEMBER** (Please provide information on employment income for each person who is age 18 or older, except students who are enrolled for 12 or more credit hours per semester and who work less than 35 hours per week .)

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Annual Income \$ \_\_\_\_\_ Employer's Name \_\_\_\_\_

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 Annual Income \$ \_\_\_\_\_ Employer's Name \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Annual Income \$ \_\_\_\_\_ Employer's Name \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Annual Income \$ \_\_\_\_\_ Employer's Name \_\_\_\_\_

**OTHER INCOME OF EACH HOUSEHOLD MEMBER** (Please provide the information below for each household member who receives income that is not employment income. Identify each person by the # located to the left of their name at the bottom of page 2. Documentation must be provided for all income that is applicable for each household member.)

<u>Income Category</u>	<u>Household Member's Identifying #</u>			
	# _____	# _____	# _____	# _____
Business Income	\$ _____	\$ _____	\$ _____	\$ _____
Real Estate Income	\$ _____	\$ _____	\$ _____	\$ _____
Social Security Income	\$ _____	\$ _____	\$ _____	\$ _____
Pension Income	\$ _____	\$ _____	\$ _____	\$ _____
Income from a Retirement Plan	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment Benefits	\$ _____	\$ _____	\$ _____	\$ _____
Welfare Benefits	\$ _____	\$ _____	\$ _____	\$ _____
Disability Benefits	\$ _____	\$ _____	\$ _____	\$ _____
Alimony and/or Child Support	\$ _____	\$ _____	\$ _____	\$ _____
Investment income	\$ _____	\$ _____	\$ _____	\$ _____

Alimony and/or Child Support Paid to Someone Living in another Household \$ \_\_\_\_\_  
 (This amount will be subtracted from household income.)

**REQUIRED INCOME DOCUMENTATION** (Please provide support documentation for all sources of income that are applicable to any household member. Place a check mark by each source of income for which you are including support documentation. If the item is not applicable to any member of your household, place a check mark under NA for not applicable.)

<u>Type of Documentation</u>	<u>Included</u>	<u>NA</u>
Federal & State Income Tax Returns for the Most Recent 3 Years	_____	_____
Four Consecutive Current Pay Stubs	_____	_____
A Social Security Award Letter or Check	_____	_____
A Pension Letter	_____	_____
A Workman’s Compensation Letter or Check for Disability Income	_____	_____
An Unemployment Benefits Letter	_____	_____
A Welfare Award Letter or Check	_____	_____
An Award Letter for Alimony and/or Child Support	_____	_____
Letters Documenting Payments from Retirement Funds	_____	_____
Copies of Most Recent Statements from All Investment Accounts	_____	_____
Copies of Most Recent Statements from All Bank Accounts	_____	_____

**INVESTMENT ACCOUNTS AND BANK ACCOUNTS** (Please provide information on all investment accounts and bank accounts held by any household member.)

<u>Account Owner’s Name</u>	<u>Investment Account or Bank Account Name</u>	<u>Account #</u>	<u>Value</u>	<u>Estimated Annual Income</u>
_____ / _____	_____ / _____	_____ / _____	_____ / \$ _____	_____ / \$ _____
_____ / _____	_____ / _____	_____ / _____	_____ / \$ _____	_____ / \$ _____
_____ / _____	_____ / _____	_____ / _____	_____ / \$ _____	_____ / \$ _____
_____ / _____	_____ / _____	_____ / _____	_____ / \$ _____	_____ / \$ _____
_____ / _____	_____ / _____	_____ / _____	_____ / \$ _____	_____ / \$ _____
_____ / _____	_____ / _____	_____ / _____	_____ / \$ _____	_____ / \$ _____
_____ / _____	_____ / _____	_____ / _____	_____ / \$ _____	_____ / \$ _____
_____ / _____	_____ / _____	_____ / _____	_____ / \$ _____	_____ / \$ _____
_____ / _____	_____ / _____	_____ / _____	_____ / \$ _____	_____ / \$ _____
_____ / _____	_____ / _____	_____ / _____	_____ / \$ _____	_____ / \$ _____



**CERTIFICATION AS TO ACCURACY OF INFORMATION ON OWNER’S HOUSEHOLD COMPOSITION AND INCOME** (All household members whose names appear on the deed must sign the certification below.)

I/We hereby certify that information on household composition and income provided by me/us in this application is true and accurate to the best of my/our knowledge and belief. I/We certify that income information has been provided for all members of the household who receive income, except those who are full-time students working less than 35 hours per week. I/We are aware that if any of the information is found to be willfully false, the application will be denied.

I /We understand that this application does not obligate me/us to move forward with the program, but rather is being utilized only to determine program eligibility.

<u>Print Full Name</u> (all persons named on the deed)	<u>Signature</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____