TOWNSHIP OF NORTH BRUNSWICK
HOUSING PRESERVATION & REHABILITATION PROGRAM

MAXIMUM INCOME LIMITS & REQUIREMENTS FOR DEFERRED LOAN

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<tr>
<th>FAMILY SIZE</th>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>INCOME</td>
<td>$66,920</td>
<td>$76,480</td>
<td>$86,040</td>
<td>$95,600</td>
<td>$103,248</td>
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ELIGIBILITY CRITERIA

1. Property to be rehabilitated must be:
   A. Single-family house
   B. Owner-occupied
   C. Located in North Brunswick Township
   D. Current with all property taxes and utility bills
   E. Current with all mortgages

2. All applications must be approved by the Administrative Agent before bids are accepted for the project.

4. Contractor may be selected by the applicant but must be approved by the Administrative Agent.

5. All proper permits must be obtained by a contractor prior to starting work.

6. The deferred loan will be placed in Escrow Account along with Matching Funds (if required) by homeowner prior to beginning work.

7. The structure must have all serious code violations abated when Rehabilitation is completed.

8. Income will be defined as gross income received by the head of household and spouse plus that of any other household member over 18 years of age and not a full-time student. Income includes, but is not limited to: wages, salaries (including overtime), tips, commissions, alimony, child support, social security, disability, pensions, unemployment compensation, TANF, business income and actual or imputed interest earned from assets (which include bank accounts, CD's, stocks, bonds and other securities), rent and real estate income and any other form reported to IRS.

HEADS OF HOUSEHOLDS OVER:

60 Years of age 10% of gross income added for this program.
65 Years of age 12% of gross income added for this program.
68 and older 13% of gross income added for this program.
APPLICATION FOR DEFERRED LOAN

Date: ________________________

Applicant’s Name: ____________________________________________________________

Property Address: ______________________________________________________________

Telephone Number: ______________________________________________________________

Email: ________________________________________________________________________

Name of Owner #1: ______________________________________________________________

Age: _______ Social Security #: __________________________________________________

Phone: __________________________ Email: _________________________________________

Name of Owner #2: ______________________________________________________________

Age: _______ Social Security #: __________________________________________________

Phone: __________________________ Email: _________________________________________

Owner #1:
Gross Annual Income (previous year): ____________________________________________
Source of Income: ______________________________________________________________
Name of Employer (if applicable): _________________________________________________
Address: ______________________________________________________________________
Length of Employment: __________________________________________________________
Work Phone: __________________________________________________________________

Owner #2:
Gross Annual Income (previous year): ____________________________________________
Source of Income: ______________________________________________________________
Address: ______________________________________________________________________
Length of Employment: __________________________________________________________
Work Phone: __________________________________________________________________
Names and Ages of Additional Household Members Over 18 Years of Age Living at Home (Except Full Time Students):

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE</th>
<th>EMPLOYED (Y/N)</th>
<th>YEARLY INCOME</th>
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Total number of all household members living in home: ________________

Total amount of all household members' yearly income: ________________

Do you have a 1st mortgage on the home?  Y  /  N
If Yes, please list mortgage company/bank name, address and current balance on the loan.
Name /Address__________________________________________________________
Original Balance: $__________________________
Current Balance: $__________________________

Do you have a 2nd mortgage on the home?  Y  /  N
If Yes, please list mortgage company/bank name, address and current balance on the loan.
Name /Address__________________________________________________________
Original Balance: $__________________________
Current Balance: $__________________________

Do you have a 3rd mortgage on the home?  Y  /  N
If Yes, please list mortgage company/bank name, address and current balance on the loan.
Name /Address__________________________________________________________
Original Balance: $__________________________
Current Balance: $__________________________

Year home was built: ________________
Year home was purchased:___________________________

List all work needed on building:

1. ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

2. ___________________________________________________________________________
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9. ___________________________________________________________________________
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10. ____________________________________________________________________________
    ____________________________________________________________________________
HOMEOWNER CERTIFICATION

The homeowners certify that all information furnished in support of this application for the purpose of obtaining a deferred loan under the Middlesex “Urban County” Housing Preservation Program, is true and complete to the best of the applicant’s knowledge and belief. The applicant further agrees to accept technical assistance in the development of rehab work specifications and selection of a mutually acceptable contractor.

_________________________________________________________  __________________________
Property Owner #1                                                                 Date

_________________________________________________________  __________________________
Property Owner #2                                                                 Date

*Please return the following items with the application:*

1. Copy of Driver’s License or State ID (per each household member who is 18 years or older);
2. Proof of Income (per each household member who is 18 years or older and not a full-time student);
3. Copies of tax returns for the past recent three (3) years;
4. Proof of ownership, copy of the deed;
5. Proof of homeowner’s insurance (declaration page).

Mail application to:

Andrei Alexeev, Zoning Officer
Township of North Brunswick
710 Herman Road
North Brunswick, NJ 08902

Revised July 2020