

AFFORDABLE ASSISTANCE MANUAL



Township of Eastampton
12 Manor House Court
Eastampton, NJ 08060

September, 2021

Prepared by:



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INTRODUCTION

N.J.A.C. 5:97 – 8.8 (a) states that “...at least 30 percent of all development fees collected and interest earned shall be used to provide affordability assistance to low- and moderate-income households in affordable units included in the municipality’s Fair Share Plan. One-third of the affordability assistance portion shall be used to provide affordability assistance to very low-income households. Affordability assistance programs may include down payment assistance, security deposit assistance, low interest loans, rental assistance, assistance with homeowner’s association or condominium fees and special assessments, and assistance with emergency repairs.”

It is also important to note that the spending of trust fund money for the Township of Eastampton’s affordability assistance on units in the Fair Share Plan does not create Fair Housing credits for the Township.

The purpose of this Manual is to describe the policies and procedures of the Affordability Assistance Program. This Manual describes the basic content and operation of the various affordable assistance program components.

I. TYPES OF AFFORDABILITY ASSISTANCE

The four types of affordability assistance offered are listed below. The specifics of each type are summarized in Exhibit 1. No ongoing or monthly assistance options are currently available.

A. Emergency and Health/Safety Repairs – Affordability Assistance funding is available to assist owners of low-and moderate-units to make emergency and/or health and safety related repairs that they do not have the financial resources to make otherwise. Funding will not be provided for standard maintenance items, work covered by the homeowner association, damage covered by homeowner insurance and/ or minor repairs such as small areas of peeling paint or other items that can be addressed easily by the homeowner. This funding will help preserve the affordable deed restricted housing stock and the residents who reside in the homes. Only units in the Township’s Fair Share Plan (portfolio of affordable units) may be eligible to apply.

B. Create Additional Very Low-Income Units – Affordability assistance may be utilized to create additional very low-income units by converting a moderate- or low-income unit into a very low-income unit in new developments. The affordability assistance will result in additional very low-income units beyond what is required by state affordable housing rules. Eastampton may negotiate with developers of inclusionary developments to determine the appropriate amount of subsidy required to make the unit affordable to a very low-income household. This subsidy amount may be determined by the following method outlined in N.J.A.C. 5:93-8.16 (c) but it is not required:

Example: A 200-unit development in a municipality consists of 170 market-rate rental units, 15 moderate-income rental units and 15 low-income rental units. Four of the low-income units are

priced to be affordable to a household earning 30 percent of regional median income (RMI). The remaining 11 low-income units are priced to be affordable to households earning 49 percent of RMI. The rental rate established for a one-bedroom home priced at a 49 percent level of affordability is \$833 per month while the rental rate established for units priced at a 30 percent level of affordability is \$510 for a difference of \$323 per month or \$3,876 per year. Assuming a capitalization rate of 8.5 percent would establish a 30-year present value of \$45,600 on the reduced rental income. Therefore, a developer might consider re-pricing low-income units to provide additional very low-income units in exchange for an up-front lump sum payment of \$45,600 for each unit re-priced. An example of this calculation is provided below.

Convert Low Income Home to Very Low Income Home Sample Calculation			
	1 BR	2 BR	3BR
Low rent (49% of median)	\$ 833	\$ 999	\$ 1,154
Very Low Rent (30% of median)	\$ 510	\$ 612	\$ 707
Monthly Difference	\$ 323	\$ 387	\$ 447
Annual Difference (monthly difference x 12)	\$ 3,876	\$ 4,644	\$ 5,364
Capitalization Rate	8.50%	8.50%	8.50%
Reduced Monthly rent (Annual difference divided by capitalization rate)	\$45,600	\$54,635	\$63,106

This program can also be used to make existing low-income units more affordable (very low income) via subsidies and changes to existing deed restrictions.

C. Rental Assistance - An interest -free loan is available to an income eligible renter who qualifies for a low- or moderate-income rental unit in a deed restricted affordable unit in the Township or Rental Housing Rehabilitation Program. This assistance will be up to \$1,000 that is paid directly to the landlord and returned to the Township when tenant vacates the property.

ELIGIBILITY

Applications submitted for affordability assistance will be provided on a first come-first-served basis according to the following criteria:

1. There are affordability assistance funds remaining in the budget for the year.
2. The applicant owns a deed restricted affordable unit in Eastampton that they maintain as their primary residence.
3. The applicant rents a deed restricted affordable unit in Eastampton.
4. The applicant has not received an affordability assistance grant in the past. (Only one award per household is permitted. This requirement can be waived with justification.)

5. Applicants applying for repairs will require income certification at the time of application.
6. Applicants applying for repairs, must show proof that property taxes, municipal utilities and, if applicable, mortgage and homeowner association fee are paid current.
7. Applicants applying for repairs, must show proof that the needed improvements cause a serious threat to the health and/or safety of the building's residents.

REPAYMENT TERMS & REPAYMENT AGREEMENT

When required, loans for properties participating in the Affordability Assistance Program shall be secured through a Mortgage and Mortgage Note in favor of the municipality and executed by the property owner. The Mortgage and Mortgage Note will be executed at closing. The terms of the mortgage are in the Mortgage Note, which is not recorded. The original mortgage note shall be retained by the Program Administrator and kept in the unit file. The administrative agent will send the affordability assistance Mortgage requiring recording to the Township. Upon receipt the Township will file said documents with the County Clerk's office upon the completion of the closing of title or completion of the repair, whichever program is applicable.

When required, the following is the term of the mortgage:

All loans are zero interest, deferred payment, forgivable loans. If property is sold prior to the fifth year, the loan becomes due upon change in ownership. After the fifth year, the loan shall be forgiven by 20% each year, up to year 10. After year 10, the loan will be completely forgiven.

II. PROGRAM ADMINISTRATION

The Administrative agent will be responsible for administering the program. Questions about the Program should be directed the Administrative Agent. All forms are included in the appendices

TRIAD Associates

1301 W. Forest Grove Road

Vineland, NJ 08360

Phone: (856) 690-9590

Fax: (856)-690-5622

www.triadincorporated.com

www.triadhousingprograms.com

1. EMERGENCY AND HEALTH/SAFETY REPAIRS PROGRAM PROCEDURES

- Homeowner submits application for assistance along with proof of work items needed. Refer to section on Requirements of Work Items.
- Triad Associates income certifies applicant and confirms property taxes, municipal utilities and, if applicable existing mortgage and homeowner association fee are paid current.
- Program inspector visits home to document emergency repair and to prepare the work specifications and cost estimate.

- Upon eligibility determination and site visit– Triad Associates will send homeowner:
 - ✓ Eligibility letter (including paragraph on municipal contractor payment process to show to the contractor)
 - ✓ Work specifications
 - ✓ Instructions to obtain and provide proposal from 3 contractors (willing to be paid by municipality at job completion). Homeowner to identify contractor selected to do the job and provide that contractor’s business registration, Consumer Affairs home improvement license and certificate of insurance listing program as certificate holder. The homeowner will have to fund any amount over the program funding limit, payable directly to the contractor.

- Once homeowner provides the above items, send the homeowner’s certificate of eligibility and contractor selection to the Township to pass a resolution authorizing funding assistance. Upon receipt of the approved municipal resolution, provide the homeowner the construction agreement for the homeowner and contractor to sign, as well as program mortgage & note (if applicable) for the homeowner to sign in front of notary and return to program.

- Upon construction completion, the homeowner will provide to the Program:
 - ✓ Written homeowner’s approval of satisfactory job completion.
 - ✓ Invoice from contractor with notarized statement identifying the work items he completed.
 - ✓ Copies of municipal permits and closed out permits via municipal Certificate of Approval for the applicable items installed.

- If work does not require permit, Triad Associates inspector will inspect work to ensure completeness before payment.

- Triad Associates submits the contractor invoice to the municipality for payment and forwards the mortgage, when applicable, to the municipality to file (record) with the county clerk.

Emergency and Health/Safety Repairs Program Eligibility Certification Process

In order to be eligible for assistance, households in each unit to be assisted must be determined to be income eligible. All adult members, 18 years of age and older, of the household must be fully certified as income-eligible before any assistance will be provided by the Program. The Program will income qualify applicants in accordance with the Uniform Housing Affordability Controls (UHAC) at N.J.A.C. 5:80-16.1 et seq., except for the asset test.

The following is a list of various types of wages, payments, rebates and credits. Those that are considered as part of the household's income are listed under Income. Those that are not considered as part of the household's income are listed under Not Income.

A. WHAT IS CONSIDERED INCOME

The following income sources are considered income and will be included in the income eligibility determination:

- Wages, salaries, tips, commissions
- Regularly scheduled overtime
- Unemployment compensation (verify the remaining number of weeks they are eligible to receive)
- Social Security
- Pensions
- Disability
- Alimony
- Verified regular child support (received)
- Interest income from assets such as savings, certificates of deposit, money market accounts, mutual funds, stocks, bonds
- Imputed interest (using a current average annual rate of two percent) from non-income producing assets, such as equity in real estate. Rent from real estate is considered income, after deduction of any mortgage payments, real estate taxes, property owner's insurance.
- TANF (Temporary Assistance For Needy Families)
- Net income from business or real estate
- Rent from real estate is considered income
- Any other forms of regular income reported to the Internal Revenue Service

B. WHAT IS NOT CONSIDERED INCOME

The following income sources are not considered income and will not be included in the income eligibility determination:

- Court ordered payments for alimony or child support paid to another household shall be deducted from gross annual income
- Part-time income of dependents enrolled as full-time students
- Lump-sum additions to assets such as inheritances, lottery winnings, gifts, insurance settlements
- Food stamps
- Rebates or credits received under low-income energy assistance programs
- Payments received for foster care
- Relocation assistance benefits
- Income of live-in attendants
- Scholarships
- Student loans

- Personal property such as automobiles

C. HOW TO VERIFY INCOME

To calculate income, the current gross income of the applicant is used to project that income over the next 12 months. Income verification documentation should include, but is not limited to the following for each and every member of a household who is 18 years of age or older:

- Four current consecutive pay stubs, including bonuses, overtime or tips, or a letter from the employer stating the present annual income figure or if self-employed, a current Certified Profit & Loss Statement and Balance Sheet.
- A signed copy of regular IRS Form 1040 (Tax computation form), 1040A or 1040EZ (as applicable) and state income tax returns filed for the last three years prior to the date of interview or notarized tax waiver letter for respective tax year(s)
- A Form 1040 Tax Summary for the past three tax years can be requested from the local Internal Revenue Service Center or by calling 1-800-829-1040.
- If applicable, a letter or appropriate reporting form verifying monthly benefits such as:
 1. Social Security or SSI – Current award letter or computer printout letter
 2. Unemployment – verification of Unemployment Benefits
 3. Welfare -TANF current award letter
 4. Disability - Worker’s compensation letter or
 5. Pension income (monthly or annually) – a pension letter
 6. A letter or appropriate reporting form verifying any other sources of income claimed by the applicant, such as alimony or child support – copy of court order or recent original letters from the court (includes separation agreement or divorce papers) or education scholarship/stipends – current award letter;
- Reports from the last two consecutive months that verify income from assets to be submitted by banks or other financial institutions managing savings and checking accounts (bank statements and passbooks), trust funds, money market accounts, certificate of deposit, stocks or bonds (In brokerage accounts – most recent statements and/or in certificate form – photocopy of certificates). Examples include

copies of all interest and dividend statements for savings accounts, interest and non-interest-bearing checking accounts, and investments;

- Evidence or reports of income from directly held assets, such as real estate or businesses owned by any household member 18 years and older.
- Interest in a corporation or partnership – Federal tax returns for each of the preceding three tax years.
- Current reports of assets – Market Value Appraisal or Realtor Comparative Market Analysis and Bank/Mortgage Co. Statement indicating Current Mortgage Balance. For rental property attach copies of all leases.

D. ADDITIONAL INCOME VERIFICATION PROCEDURES

1. Student Income

Only full-time income of full-time students is included in the income calculation. A full-time student is a member of the household reported to the IRS as a dependent who is enrolled in a degree seeking program for 12 or more credit hours per semester; and part-time income is income earned on less than a 35-hour workweek.

2. Income from Real Estate

If real estate owned by an applicant for affordable housing is a rental property, the rent is considered income. After deduction of any mortgage interest, real estate taxes, property owner insurance and reasonable property management expenses as reported to the Internal Revenue Service, the remaining amount shall be counted as income.

If an applicant owns real estate, other than primary residence, the Program Case Manager should determine the imputed interest from the value of the property. The Program Case Manager should deduct outstanding mortgage debt from the documented market value established by either a market value appraisal or by applying the property tax equalization market value method, as well as real estate commission if property was to be sold. Based on current money market rates, interest will be imputed on the determined value of the real estate.

E. OTHER ELIGIBILITY REQUIREMENTS

Applicant to submit the following in the application package:

- Recorded deed to the property to be assisted;
- If you are a widow or widower, copy of Death Certificate should be included;
- Receipt for property taxes paid current.
- Signed Release form to verify eligibility determination from third party sources;

- Proof that all mortgage payments are current; and
- Copy of any and all other liens recorded against the property.
- Personal identification (a copy of any of the following Driver's License, Passport, Birth Certificate, Social Security Card, Adoption Papers, Alien Registration Card, etc.) for each household member.

F. REQUIREMENTS OF UTILITIES & TAXES PAID CURRENT

All applicants' water/sewer and tax accounts must be paid current. The Program reserves the right to make an exception to the requirement of paid up tax and/or water and/or sewer accounts. Individual files will be reviewed on a case-by-case basis. Upon approval by the appropriate municipal officials and the Program, a Special Needs Eligibility Requirements Waiver may be issued.

G. REQUIREMENTS OF WORK ITEMS

Homeowner has to demonstrate the existing problem has been inspected and the threat verified by one of the following:

- The appropriate local sub code official;
- A doctor or local health official; or
- Systems or components that have been red tagged by utility company and/or verified non-functional by a qualified service technician.

This is done at time of submission of the program application.

H. ELIGIBILITY CERTIFICATION

After Triad Associates Program staff determines that the household is income eligible and meets all other eligible requirements, the Triad Associates Program Manager will complete and sign the Eligibility Certification. This certification is valid for six months starting from date of eligibility certification. A Construction Agreement must be signed within this time period. If not, the Program Manager must reevaluate the household's eligibility.

- The Eastampton Emergency Repair Assistance Program will provide a maximum loan of \$10000. to each eligible homeowner.

2. CREATION OF ADDITIONAL VERY LOW-INCOME UNITS PROGRAM PROCEDURE

- A. Terms to be negotiated between landlord/developer and Eastampton.
- B. Upon approval of terms by both parties, Municipal attorney prepares Resolution authorizing award and terms, including changes in unit designation(s) from conversion of moderate- and low-income

units to very low-income units; revisions to restrictive covenant language, etc. Administrative Agent shall assist attorney upon request. See Exhibit 1.

- C. Township adopts Resolution.
- D. Township sends assistance directly to landlord.
- E. Triad Associates records assistance on master reporting spreadsheet.

3. SECURITY DEPOSIT ASSISTANCE PROCEDURES

The Township of Eastampton will designate a portion of all development fees collected and interest earned towards a revolving Security Deposit Assistance Fund. An interest -free loan from the fund will be received by an income eligible renter with good credit standing who qualifies for a low- or moderate-income rental unit in one of the Township's deed restricted units or its Rental Housing Rehabilitation Program as per the following guidelines:

- The security deposit assistance will be in the form of a cash loan equal to the security deposit amount determined by the landlord and will be paid to the landlord on behalf of the tenant.
- At the termination of the lease, the landlord will return the portion of the security deposit it determines to the Township of Eastampton along with the interest earned. The tenant will repay any difference between the original security deposit amount and the portion returned by the landlord. Funds returned to the municipality will be placed in the affordable housing trust fund to be used for future security deposit assistance.
- The Township of Eastampton's Security Deposit Affordability Assistance Program will be administered by the Administrative Agent, Triad Associates. After an applicant is income qualified by Triad Associates pursuant to New Jersey Fair Housing rules and the Uniform Housing Affordability Controls, or cannot be qualified due to a need for assistance, an affordability assistance application will be completed and forwarded with all necessary documentation to Triad Associates. The affordability assistance recipient will sign a contract with municipality which states the amount of funds granted, interest information, procedures, duration and conditions of affordability assistance, and repayment information. All tenants of affordable units within the Township of Eastampton will be advised of the availability of the Township's Affordability Assistance Program. An income eligible occupant or applicant for an affordable unit within the municipality may not be denied participation in the Affordability Assistance Program(s) unless funding is no longer available.
- The Eastampton Security Deposit Assistance Program will provide a maximum loan of \$1,000.00 for security deposit assistance.

EXHIBIT 1:

**SUMMARY OF AFFORDABILITY ASSISTANCE
PROGRAM TERMS**

	Emergency Repair Program	Create Additional Very Low-Income Rental Units
Purpose	Assist with documented emergency repairs, health and/or safety items that are a threat to the building residents. Unit must be a deed restricted affordable unit and applicant must be income certified at the time of the application.	Converting moderate or low-income unit into very low income in new or existing affordable developments.
Maximum Amount	Up to \$10,000	Determined on case-by-case basis. See sample formula in program narrative
Program Terms	Zero interest, deferred payment, forgivable loans. If property is sold prior to the fifth year, the loan becomes due upon change in ownership. After the fifth year, the loan shall be forgiven by 20% each year, up to year 10. After year 10, the loan will be completely forgiven.	Direct subsidy to developer; does not need to be repaid, in lieu of providing new very low-income units from prior low- or moderate-income units.
Justification Required	Yes	No
Additional Criteria	Need detailed cost proposal from licensed contractor. Contractor paid after work is complete	No
Assistance to:	Homeowner	Property Owner
Advertising	Annual newsletter to owners	Township will inform new affordable housing developers.

	Security Deposit Program Assistance
Purpose	Assist with security deposit payment to landlord. Unit must be a deed restricted affordable unit and applicant must be income certified at the time of the application.
Maximum Amount	Up to \$1,000
Program Terms	Deferred payment 0 % interest loan (unsecured) paid back when tenant moves from apartment.
Justification Required	Yes
Additional Criteria	None
Assistance to:	Tenant
Advertising	Administrative Agent will inform new renters.

EXHIBIT 2:

AFFORDABILITY ASSISTANCE APPLICATION

APPLICATION FOR AFFORDABILITY ASSISTANCE

EASTAMPTON TOWNSHIP

APPLICANT INFORMATION

You Must Report All Persons Living In Your Household:

Homeowner (First, Last Name)	
Social Security Number	
Co-Owner (First, Last Name)	
Social Security Number	
Street Address	
City, State, Zip	
Home / Cell Telephone	
Work Telephone and Ext.	
Email Address:	
Additional Household Member 1	
• Age	
Additional Household Member 2	
• Age	
Additional Household Member 3	
• Age	

PROPERTY INFORMATION

Name of Owner(s) as it Appears on the Property's Deed:	
<u>Co-Owner</u>	
<u>Original Mortgage Amount</u>	
<u>Approximate Present Balance</u>	

Monthly Payment	
-----------------	--

List Emergency Repairs that you believe require rehabilitation through this Program:

INCOME DATA -EMPLOYMENT:

(You must report all income received for all household members)

Applicant Name	
First Employer Name:	
Address of Employer:	
Position:	
# of Years Employed	
Gross Income (before Taxes):	\$ Circle one: Monthly Bi-Weekly Weekly
Second Employer Name:	
Address of Employer:	
Position:	
# of Years Employed	
Gross Income (before Taxes):	\$ Circle one: Monthly Bi-Weekly Weekly
OTHER INCOME	PLEASE ENTER MONTHLY AMOUNT BELOW
Social Security	\$
Child Support	\$
Unemployment	\$
Welfare	\$
Disability	\$
Pension	\$

Interest/Stocks/Bonds	\$
Other (Explain)	\$

Other Household Member #1 Name:	
First Employer Name:	
Address of Employer:	
Position:	
# of Years Employed	
Gross Income (before Taxes):	\$ Circle one: Monthly Bi-Weekly Weekly
Second Employer Name:	
Address of Employer:	
Position:	
# of Years Employed	
Gross Income (before Taxes):	\$ Circle one: Monthly Bi-Weekly Weekly
OTHER INCOME	PLEASE ENTER MONTHLY AMOUNT BELOW
Social Security	\$
Child Support	\$
Unemployment	\$
Welfare	\$
Disability	\$
Pension	\$
Interest/Stocks/Bonds	\$
Other (Explain)	\$

Other Household Member #2 Name:	
First Employer Name:	
Address of Employer:	
Position:	
# of Years Employed	

Gross Income (before Taxes):	\$ Circle one: Monthly Bi-Weekly Weekly
Second Employer Name:	
Address of Employer:	
Position:	
# of Years Employed	
Gross Income (before Taxes):	\$ Circle one: Monthly Bi-Weekly Weekly
OTHER INCOME	PLEASE ENTER MONTHLY AMOUNT BELOW
Social Security	\$
Child Support	\$
Unemployment	\$
Welfare	\$
Disability	\$
Pension	\$
Interest/Stocks/Bonds	\$
Other (Explain)	\$

PLEASE LIST ALL checking and savings accounts including CDs, Money Market Funds, Mutual Funds, stocks and bonds, and other assets held by financial institutions:

Name and Address of Financial Institution	Account Number	Current Value	Annual Income

ACKNOWLEDGMENT:

This is to certify that all statements made in my application are true to the best of my knowledge. I understand that failure to report all income on all household members can result in the denial to participate in the rehabilitation program.

These provisions are in accordance with the Policy and Procedural Manual adopted for this program by the Eastampton.

Homeowner Signature

Date

Co-Owner Signature

Date

The FOLLOWING ITEMS MUST BE RETURNED WITH THIS APPLICATION. Enter an X in the space provided or place N/A in the space provided as it pertains to your household.

- _____ COPY OF THE RECORDED DEED –ALL PAGES
- _____ COPY OF HOMEOWNER'S CURRENT INSURANCE (DECLARATION PAGE)
- _____ MOST RECENT TAX RETURN, ALL PAGES AND SCHEDULES, 1040, 1040A, EZ, NO W-2 PLEASE
- _____ MOST RECENT PAY STUBS, FOR ALL HOUSEHOLD MEMBERS WORKING,
4 CONSECUTIVE WEEK/1 MONTH
- _____ REAL ESTATE TAX BILL
- _____ SOCIAL SECURITY AWARD LETTER, ALIMONY, OR CHILD SUPPORT DECREE
- _____ PENSION AWARD LETTER, WELFARE AWARD LETTER, DISABILITY AWARD LETTER
- _____ BANK STATEMENTS SHOWING INTEREST, STOCKS, BONDS, ETC.
- _____ FLOOD INSURANCE WHERE APPLICABLE

=====
OFFICE USE ONLY:

Employment Income:

Other Income:

Total Household Income:

in Household:

% of Median:

Approved Date:

RETURN COMPLETED FORM TO:

TRIAD ASSOCIATES

Beth Mingey, Senior Associate

bmingey@triadincorporated.com

1301 W. Forest Grove Road

Vineland, NJ 08360

or FAX this application to (609) 690-5622

EXHIBIT 4:

SECURITY DEPOSIT PROGRAM DOCUMENTS



Date:

TO: **Eastampton**

FROM: (Landlord for _____)

This is to acknowledge receipt of \$_____ from Eastampton for the Security Deposit for the rental of _____. The tenants name is _____. A copy of the signed lease is attached.

At the termination of the lease, the full amount of the security deposit, along with interest accrued will be returned to Eastampton. The tenant will repay any difference between the original security deposit amount and the portion returned by the landlord. Repayments shall be delivered to:

Eastampton, Attention: TREASURER, 12 Manor House Court,
Eastampton, NJ 08060

APPROVALS:

Landlord Signature and Date		
Administrative Agent Signature and Date		
Eastampton Signature and Date		
TREASURER Signature and Date		
CHECK #:	AMT:	DATE:

EXHIBIT 5:

EMERGENCY REPAIR PROGRAM DOCUMENTS

APPLICATION FOR REHABILITATION ASSISTANCE

Eastampton Emergency Repair Program

APPLICANT INFORMATION

YOU MUST REPORT ALL PERSONS LIVING IN YOUR HOUSEHOLD

Homeowner (First, Last Name)	
Social Security Number	
Co-Owner (First, Last Name)	
Social Security Number	
Street Address	
City, State, Zip	
Home / Cell Telephone	
Work Telephone and Ext.	
Email Address:	
Additional Household Member 1	
• Age	
Additional Household Member 2	
• Age	
Additional Household Member 3	
• Age	

PROPERTY INFORMATION

Name of Owner(s) as it Appears on the Property's Deed:	
<u>Co-Owner</u>	
<u>Original Mortgage Amount</u>	
<u>Approximate Present Balance</u>	
<u>Monthly Payment</u>	

List Emergency Repairs that you believe require rehabilitation through this Program:

First Employer Name:	
Address of Employer:	
Position:	
# of Years Employed	
Gross Income (before Taxes):	\$ Circle one: Monthly Bi-Weekly Weekly
Second Employer Name:	
Address of Employer:	
Position:	
# of Years Employed	
Gross Income (before Taxes):	\$ Circle one: Monthly Bi-Weekly Weekly
OTHER INCOME	PLEASE ENTER MONTHLY AMOUNT BELOW
Social Security	\$
Child Support	\$
Unemployment	\$
Welfare	\$
Disability	\$
Pension	\$
Interest/Stocks/Bonds	\$
Other (Explain)	\$

Other Household Member #2 Name:	
First Employer Name:	
Address of Employer:	
Position:	
# of Years Employed	
Gross Income (before Taxes):	\$ Circle one: Monthly Bi-Weekly Weekly
Second Employer Name:	
Address of Employer:	

Position:	
# of Years Employed	
Gross Income (before Taxes):	\$ Circle one: Monthly Bi-Weekly Weekly
OTHER INCOME	PLEASE ENTER MONTHLY AMOUNT BELOW
Social Security	\$
Child Support	\$
Unemployment	\$
Welfare	\$
Disability	\$
Pension	\$
Interest/Stocks/Bonds	\$
Other (Explain)	\$

IF ADDITIONAL HOUSEHOLD MEMBERS ARE EMPLOYED, PLEASE ATTACH ANOTHER SHEET AND PROVIDE EMPLOYMENT INFORMATION

PLEASE LIST ALL checking and savings accounts including CDs, Money Market Funds, Mutual Funds, stocks and bonds, and other assets held by financial institutions:

Name and Address of Financial Institution	Account Number	Current Value	Annual Income

ACKNOWLEDGMENT:

This is to certify that all statements made in my application are true to the best of my knowledge. I understand that failure to report all income on all household members can result in the denial to participate in the rehabilitation program.

These provisions are in accordance with the Policy and Procedural Manual adopted for this program by Eastampton.

X _____
Homeowner Signature

Date

X _____
Co-Owner Signature

Date

The **FOLLOWING ITEMS MUST BE RETURNED WITH THIS APPLICATION**, enter an X in the space provided or place N/A in the space provided as it pertains to your household.

	COPY OF THE RECORDED DEED – <u>ALL PAGES</u>
	COPY OF HOMEOWNER'S CURRENT INSURANCE (DECLARATION PAGE)
	MOST RECENT TAX RETURN, ALL PAGES AND SCHEDULES, 1040, 1040A, EZ, NO W-2 PLEASE
	MOST RECENT PAY STUBS, FOR ALL HOUSEHOLD MEMBERS WORKING, 4 CONSECUTIVE WEEK/1 MONTH
	REAL ESTATE TAX BILL
	SOCIAL SECURITY AWARD LETTER, ALIMONY, OR CHILD SUPPORT DECREE
	PENSION AWARD LETTER, WELFARE AWARD LETTER, DISABILITY AWARD LETTER
	BANK STATEMENTS SHOWING INTEREST, STOCKS, BONDS, ETC.
	FLOOD INSURANCE WHERE APPLICABLE

OFFICE USE ONLY:

Employment Income: _____

Other Income: _____

Total Household Income: _____

in Household: _____

% of Median: _____

Approved Date: _____

RETURN COMPLETED FORM TO:

TRIAD ASSOCIATES

Beth Mingey, Senior Associate

bmingey@triadincorporated.com

1301 W. Forest Grove Road, Vineland, NJ 08360

or FAX this application to (609) 690-5622