

**SCF-2 APPLICATION FOR REHABILITATION ASSISTANCE
SMALL CITIES HOUSING REHAB PROGRAM**

APPLICANT INFORMATION

Owner (Last Name First) _____ Social Security Number _____

Co-Owner (Last Name First) _____ Social Security Number _____

Street Address _____ City _____ State _____ Zip _____ Block _____ Lot _____

Mailing Address if different from Street Address _____

Home Telephone _____ Work Telephone _____ Cell Phone _____

E-Mail Address _____

STATISTICAL DATA:

_____ Yes No Yes No
Date of Birth Age 60 and over? Handicapped/Disabled

Racial Description (check one)
 Black White Asian or Pacific Islander American Indian or Alaskan Native
 Hispanic Other

You Must Report All Persons Living In Your Household

Name and age of others living in household:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

Have you ever received State or Federal Rehabilitation Funds before: **Yes** _____ **No** _____

Give name of program, amount and date _____

Are there any children under the age of 7 years residing in the household? **Yes** **No**

Are there any children under the age of 7 years old with an identified elevated blood lead (EBL) level residing in the household? **Yes** **No**

Do you have a reverse mortgage? **Yes** **No**

Are you or any household member related to any government official or employee of your municipality? **Yes**_____ **No**_____

If so, give names of person(s) related and their official title:

INCOME DATA (You must report **all income received for all household members**)

EMPLOYMENT:

Applicant:

Name and Address of Employer (If you work for more than one employer, state name and address and total income below)

Position: _____ Number of Years Employed: _____

Gross Income \$ _____ Check One: Weekly _____ Bi-Weekly _____ Monthly _____

#2 Other Household Members:

Name _____

Name and Address of Employer (If you work for more than one employer, state name and address and total income below)

Position: _____ Number of Years Employed: _____

Gross Income \$ _____ Check One: Weekly _____ Bi-Weekly _____ Monthly _____

#3 Other Household Members:

Name _____

Name and Address of Employer (If you work for more than one employer, state name and address and total income below)

Position: _____ Number of Years Employed: _____

Gross Income \$ _____ Check One: Weekly _____ Bi-Weekly _____ Monthly _____

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

OTHER INCOME

Name _____	Social Security \$ _____	Pension \$ _____	
	Welfare \$ _____	Child Support \$ _____	
Explain Other _____	Unemployment \$ _____	Disability \$ _____	
_____	Interest, Stocks, Bonds \$ _____	Other \$ _____	

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	Welfare \$ _____	Child Support \$ _____	
Explain Other _____	Unemployment \$ _____	Disability \$ _____	
_____	Interest, Stocks, Bonds \$ _____	Other \$ _____	

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 & Address of Financial Institution	Account Number	Current Value	Annual Income

PROPERTY INFORMATION

Name of Owner(s) as it Appears on the Property's Deed

Year the home was built? _____

Is there a Mortgage on the Property? Yes _____ No _____

 Original Mortgage Amount Approximate Present Balance Monthly Payment

List the repairs that you believe require rehabilitation through this program:

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.

I understand that I can withdraw my application at any time, but will be assessed for all program activity to date, including costs for the work write-up and property inspection, risk assessment, and all administrative costs incurred. A lien will be assessed against the homeowner's property if payment is not forthcoming. *This provision is in accordance with the Policy and Procedural Manual adopted for this program by the municipality and approved by the New Jersey department of Community Affairs.*

Signature of Homeowner

Signature of Co-Owner

Date

Date

The following items must be returned with this application:

Please place a check mark in the space provided with the documents you are including with this application.

If an item does not pertain to your household place N/A in the space provided.

- Copy of RECORDED Deed (a recorded deed can be obtained at the county clerks office)**
- Copy of current homeowner's insurance (declaration page)**
- Most recent tax return, all pages and schedules 1040, 1040A, EZ,**
- Most recent pay stubs, 4 consecutive (one month), for all who earn income**
- Real Estate Tax Bill**
- Social Security Award Letter for all who collect**
- Pension, Welfare, Disability, etc., award letters for all who collect**
- Bank Statements showing interest, stocks, bonds, etc. for all household members**
- Flood insurance where applicable**
- Student ID for children over 16**
- Proof of child support and/or alimony payments received**

OFFICE USE ONLY: Employment Income_____ Other Income_____
Total Household Income_____ Number in Household_____ % of Median_____
Date Approved_____

**This application and all supporting documents can be faxed to (856) 690-5622
Attn:**