



BOROUGH OF RED BANK

Housing Rehabilitation Program Application

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|-------------------|--------------------------------------|
| Applicant's Name: | Social Security #: |
| Partner's Name: | Social Security #: |
| Address: | City, State, Zip: Red Bank, NJ 07701 |
| Phone Number: | Number of People Household: |
| Email Address: | |

EMPLOYMENT INFORMATION

| | |
|---------------------|-------------------------------|
| Employer: | Employer Address: |
| Position/Years: | Annual Salary or Hourly Rate: |
| Partner's Employer: | Employer Address: |
| Position/Years: | Annual Salary or Hourly Rate: |

RACIAL/ETHNIC INFORMATION

For statistical purposes only, please check your race/ethnicity:

Asian African American/Afro-Caribbean Hispanic White Other

PLEASE LIST ALL PROPERTY IMPROVEMENTS THAT YOU ARE APPLYING FOR ASSISTANCE WITH:



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HOUSEHOLD COMPOSITION

Please list the names, age, sex relationship to the applicant and income, including yourself.

| NAME | AGE | RELATIONSHIP TO HEAD OF HOUSEHOLD | INCOME |
|------|-----|-----------------------------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES & MEMBERS OF HOUSEHOLD

| | |
|----------------------|----|
| Salary | \$ |
| Social Security | \$ |
| Retirement (Pension) | \$ |
| Interest Dividends | \$ |
| Other (identify) | \$ |
| Total | \$ |



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TERM

This assistance is given in the form of a zero interest, no monthly payment loan for a period of 10 years. The note is forgiven at the rate of 10% per year. As long as the Applicant maintains the home as his/her primary residence and does not sell or transfer the title of the property, the loan will be forgiven after the 10th year following completion of the repairs. If the Applicant should move, sell or transfer title during the 10-year period, the zero-interest loan must be repaid, based on the number of years since the completion of the repairs. Upon death of the original applicant, a financially eligible relative may live in the property and assume the remaining term of the note.

The applicant certifies all information in this application to be true to the best of his/her knowledge and belief. Verification may be obtained from any source named herein.

PENALTY FOR FALSE OR FRAUDULENT STATEMENTS

I/We understand that under U.S.C. Title 18 Section 1001, any untruthful or deliberately misleading statements made by me on this application can result in prosecution under federal law, and that I can be fined not more than \$10,000.00 and/or imprisoned for not more than five years, if found guilty.

PRIVACY ACT STATEMENT

The information that you will be requested to provide as part of your application for financial assistance will be used to determine eligibility and funding amount. Voluntary failure to furnish any of the requested information may delay the processing or may result in the rejection of your application. This information may be disclosed to your employer for employment and wage verification, your mortgage and credit reporting agencies, but to no other parties except as permitted by law.

This application can be rejected for failure to enclose pertinent information.

Application Signature:

Date:

Co-Application Signature:

Date:

I/We do not file Federal Tax Return due to insufficient income and assets.

Application Signature:

Date:

Co-Application Signature:

Date:



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DOCUMENT CHECKLIST

Please attach copies of the following documents to your application. Please do not send originals.

- Completed and signed Application
- Copies of Social Security card(s) for applicant and all household members
- Copies of the four (4) most recent paystubs for all employed individuals over 18
- Verification of student status for all household members over 18
- Proof of other income (Social Security, pension, disability, TANF, VA benefits, unemployment, disability, child support, etc.) for applicant and all household members
- Copies of Federal Income Tax return(s) for applicant and all household members over 18 for three (3) years
- Copies of all bank statements (checking/savings) for applicant and all adult household members for three (3) months (Internet copies must have name and account numbers to be acceptable.)
- Proof of all other assets (stocks, bonds, CDs, other real estate, time share) for applicant and all adult household members.
- Copy of the homeowner's current mortgage/lease statement.
- Copy of homeowner's property insurance policy.
- Copy of real estate tax and sewer bills.
- Verification of monthly rental income received, and addresses for any rental properties owned
- Information/documentation on any liens, back taxes etc. on the property to be rehabilitated

Return completed application with documentation to:

**Red Bank of Red Bank
Planning and Zoning Office
90 Monmouth Street, 3rd Floor
Red Bank, NJ 07701
732-858-8352**
