NOTICE TO CUMBERLAND COUNTY HOMEOWNERS!
The County of Cumberland Will Receive Funding Through A Grant From The New Jersey Department Of Community Affairs For The Purpose Of Repairing or Replacing Private Septic Systems To Low And Moderate Income Homeowners.

NEED YOUR SEPTIC SYSTEM REPLACED?
The Small Cities Housing Rehabilitation Program may be able to help. Read about how you may be able to obtain a repair loan with no interest and no monthly payments!!!

The purpose of this Housing Rehabilitation program is to assist owner-occupied; income eligible homeowners rehab their private septic system.

Homeowner Eligibility
To qualify, the applicant must meet the following eligibility requirements:

- Must Be A Full-Time Resident
- Real Estate Taxes And Municipal Utilities Must Be Current
- Homeowner’s And Flood Insurance Must Be Valid (If Applicable)
- Gross Annual HOUSEHOLD Income Must Be Less Than 80% Of The Median Income Limit
- Property Cannot Have An Existing Small Cities Lien

Income Guidelines are listed below

<table>
<thead>
<tr>
<th>HUD Income Guidelines 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income Level</td>
</tr>
<tr>
<td>Low</td>
</tr>
<tr>
<td>Low</td>
</tr>
<tr>
<td>Moderate</td>
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</table>

If you are interested in being considered for this program, please contact Tanya Bellamy or Lyanessa Rodriguez, Triad Associates at (856) 690-9590 or via email at tbellamy@triadincorporated.com or lrodriguez@triadincorporated.com
## APPLICATION FOR REHABILITATION ASSISTANCE

### HOUSING REHAB PROGRAM

### APPLICANT INFORMATION

<table>
<thead>
<tr>
<th>Owner (Last Name First)</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Owner (Last Name First)</td>
<td>Social Security Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Block</th>
<th>Lot</th>
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</thead>
</table>

Mailing Address if different from Street Address:

<table>
<thead>
<tr>
<th>Home Telephone</th>
<th>Work Telephone</th>
<th>Cell Phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>E-Mail Address</th>
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</table>

### STATISTICAL DATA:

Date of Birth

<table>
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<tr>
<th>Age 60 and over?</th>
<th>Handicapped/Disabled</th>
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</table>

<table>
<thead>
<tr>
<th>Racial Description (check one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
</tr>
<tr>
<td>Hispanic</td>
</tr>
</tbody>
</table>

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 EMPLOYMENT INFORMATION
OTHER INCOME

Name _____________________________ Social Security $_________ Pension $_________

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:

<table>
<thead>
<tr>
<th>Name &amp; Address of Financial Institution</th>
<th>Account Number</th>
<th>Current Value</th>
<th>Annual Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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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
(3 consecutive months - current)
( ) 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: