

CERTIFICATION APPLICATION and COVER LETTER

BRIDGEWATER TOWNSHIP HOUSING REHABILITATION PROGRAM

Housing Office
100 Commons Way
Bridgewater, NJ 08807

Dear Applicant:

The purpose of this project is to rehabilitate homes of low and moderate income owners in conjunction with the Bridgewater Affordable Housing Program.

Applicants must meet the requirements as set forth in the Affordable Housing Program. Eligibility depends on total gross income for all adult members of the household. Applicants must be current on their property taxes and show proof of homeowner's insurance. Rehabilitation work will include plumbing, electrical, structure, energy saving improvements and health and safety issues.

The income limits currently are:

Number of persons in household	Maximum Annual Income Very Low-Income Units	Maximum Annual Income Low – Income Units	Maximum Annual Income Moderate – Income Units
1	22,134	36,890	59,024
2	25,296	42,160	67,456
3	28,458	47,430	75,888
4	31,620	52,700	84,320
5	34,150	56,916	91,066
6	36,679	66,132	97,811
7			
8			

If you believe you fall within these income limits, fill out and submit this application for certification to our office. Also, you must provide all the applicable documentation listed on the attached checklist. We need this information to verify your income.

All homes rehabilitated under this program will be under resale restriction. Assistance is in the form of a 10 year declining loan. The loan balance is forgiven at the rate of 10% per year. At the end of the ten years, the entire loan is forgiven.

Please remember that all applications and documents are held in the strictest confidence. If you have any further questions please contact us at 908 725-6300 ext. 5245.

APPLICATION FOR HOUSING REHABILITATION

APPLICANT NAME: _____

CURRENT ADDRESS: _____

CITY, STATE, ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____ OTHER: _____

E-MAIL _____

HOUSEHOLD COMPOSITION

1. List the Head of Household and all other members who live in the home. Give the relationship of each family member to the head.

#	MEMBERS FULL NAME	RELATION	BIRTH DATE	SEX	SOCIAL SECURITY #
1		Applicant			
2					
3					
4					
5					
6					
7					
8					
9					

2. Are any members of the household handicapped Yes No
3. Briefly describe type of work you are applying for:

INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each "yes", provide details in the charts below.

Does any member of your household:

Yes	No	1.	Work full-time, part-time or seasonally?
Yes	No	2.	Expect to work for any period during the next year?
Yes	No	3.	Work for someone who pays you cash?

Yes	No	4.	Expect a leave of absence from work due to lay-off, medical, maternity or military leave?
Yes	No	5.	Now receive or expect to receive unemployment benefits?
Yes	No	6.	Now receive or expect to receive child support?
Yes	No	7.	Entitled to child support that he/she is not now receiving?
Yes	No	8.	Now receive or expect to receive alimony?
Yes	No	9.	Have an entitlement to receive alimony that is not currently being received?
Yes	No	10.	Now receive or expect to receive public assistance (welfare)?
Yes	No	11.	Now receive or expect to receive Social Security or disability benefits?
Yes	No	12.	Now receive or expect to receive income from a pension or annuity?
Yes	No	13.	Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
Yes	No	14.	Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds or income from rental property?
Yes	No	15.	Own real estate or any assets for which you receive no income (checking account, cash)?
Yes	No	16.	If you own a home, do you maintain a mortgage on the property?
Yes	No	17.	Have you sold or given away real property or other assets (including cash) in the past two years?
Yes	No	18.	Are you responsible for paying child support or alimony? This amount will be deducted from your total annual income. Amount Paid Monthly: \$_____

MEMBER NO.	SOURCE OF INCOME / TYPE OF INCOME	TOTAL GROSS ANNUAL INCOME

Homeowner's Insurance

Company Name _____ Policy Number _____

ASSETS

List all checking and savings accounts (including IRAs, Keogh accounts, and Certificate of Deposit) of all household members.

MEMBER NO.	BANK NAME	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

EMPLOYMENT HISTORY

Name and address of Head of Household's present employment:

_____ Telephone: _____
Supervisor's Name? _____
How long have you worked there? _____

Name and address of spouse's or co-head employer:

_____ Telephone: _____
Supervisor's Name? _____
How long have you worked there? _____

APPLICANT CERTIFICATION

Signature of Head of Household _____ Date: _____

Signature of Spouse/Co-Head _____ Date: _____

Signature of Administrative Agent _____ Date: _____

We Do Business in Accordance With the Federal Fair Housing Law (The Fair Housing Amendments Act of 1988). It is Illegal to Discriminate Against Any Person Because of Race, Color, Religion, Sex, Handicap, Familial Status, or National Origin.



The following documentation (if it applies) must be provided so we can verify your income and household size.

Personal identification (Driver's License, passport, birth certificate, social security card, etc.)

Checking - 6 months of statements

Savings Account (CD's, IRA's, etc) statements and current interest rates

Bonds

Stocks

Real Estate (total value minus any outstanding mortgage balance, closing costs, broker's fees, etc) and income from real estate or businesses.

(4) most recent consecutive pay stubs for all employed household members

Social Security: S.S. Computer Printout or Award Letter

Pension Letter received from pension fund

Verification of Temporary Assistance for Needy Families (TANF)

Verification of Support (Child Support and/or Alimony)

Verification of Military Pay

Workers' Compensation - Letter from Workmen's Compensation.

Verification of Unemployment Benefits

1040 Federal Tax Return (Both front and back) (last 3 years)

State Tax Return (last 3 years)