

**TOWNSHIP OF HAMILTON
HOUSING REHABILITATION PROGRAM
PHONE NUMBER: (609) 890-3675**

Hamilton Township has developed a program for Housing Rehabilitation to uplift the quality of its housing stock and to improve the condition and appearance of its neighborhoods. The primary purposes of the program – to strengthen and preserve the Township’s housing resources – will be accomplished through the use of deferred loans which will make it possible for homeowners to repair and rehabilitate properties on a Township-wide basis in a way that will not abuse undue economic hardship to them. The funding for this program is supplied by the U.S. Department of Housing and Urban Development through the Community Development Block Program in which Hamilton Township is currently participating. Both eligibility and the amount of aid that qualified residents can receive are determined through a sliding scale. Residents who have had a loan in the past are NOT eligible.

This program is **NOT** for Renters or the rented portion of the home.

The Township will provide some technical assistance needed by applicants during their participation in the program.

Program objectives, as envisioned, are:

1. To increase the opportunity for homeownership of safe and decent units;
2. To promote the upgrading of owner-occupied units to habitable (safe and decent) conditions, observing existing housing code standards;
3. To allow for the correction of housing and neighborhood deficiencies that are an imminent threat to health, safety and/or welfare of the residents;
4. To provide assistance in preventing further deterioration of the home and where possible to improve energy efficiency.

Various other governmental agencies have been contacted who may provide assistance to eligible citizens. These agencies have also pledged their cooperation with program workings.

HAMILTON TOWNSHIP HOUSING REHABILITATION PROGRAM

CATAGORIES OF ELIGIBILITY

Maximum program benefits to eligible homeowners will be assured as long as funds are available and residents/homeowners qualify.

1. OWNER-OCCUPIED DWELLING

- a. Loans to homeowners to reduce the cost of rehabilitation of their dwellings to a safe decent (habitable) condition. To be included will be the correction of blatant code violations. Rehabilitation to the structure must be guaranteed.
- b. Size of loans will be determined by a schedule of income limits (sliding scale) appearing on the attached sheet.
- c. Eligibility and size of loans will be determined by a schedule of income limits (sliding scale) appearing on the attached sheet.
- d. Participating homeowners will be required to maintain the rehabilitated dwelling as a principle residence for a minimum period of ten (10) years.

The Township Administration is confident that the Program offers unique opportunities for homeownership to persons interested in the community and present homeowners requiring financial assistance to correct existing housing problems. This program should be effective in preserving the Township's housing stock and neighborhoods.

Applications will be accepted on a first-come basis. Because of limited funds, applications for the program will be voluntary and assistance will be granted until funds are exhausted. The Administration urges all current and prospective income eligible persons to apply for this assistance.

Please bring the following information with you to the Office of Housing in the Township Municipal Building when you are applying for participating in the Housing Rehabilitation Program. Call (609) 890-3675 should you have any questions.

HAMILTON TOWNSHIP HOUSING REHABILITATION PROGRAM

CHECK LIST OF ITEMS TO INCLUDE WHEN SUBMITTING APPLICATION

1. ____ Application completely filled out and signed
2. ____ Completed and signed "Authority for Release of Information" packet
3. ____ Copies of social security cards for applicant and everyone living in the house.
4. ____ Copies of the last four (4) paystubs for applicant and all other adults over 18 living in the house.
5. ____ Copies of continuing education for all adults over 18 in school living in the house
6. ____ Copies of other proof of income (social security, pension, disability, welfare, pension, VA benefits, unemployment, child support, etc.) for applicant and everyone living in the house.
7. ____ Copies of Federal Income Tax returns for applicant and everyone living in the house (last three for any seasonal employees)
8. ____ Copies of all bank statements (checking/savings) for applicant and everyone living in the house
9. ____ Copies of all other assets (stocks, bonds, CDs, other real estate, time share) for applicant and everyone living in the house
10. ____ Copy of homeowner's current mortgage statement
11. ____ Copy of Deed
12. ____ Copy of homeowner's insurance policy
13. ____ Copy of real estate tax and sewer bill
14. ____ Verification of monthly amount received and addresses for any rental properties owned
15. ____ Information on any liens, back taxes, etc. on applicant's property
16. ____ List of all property owners for address
17. ____ Do not forget to list specific electrical and plumbing problems in the home as well as any windows, doors, heaters, roofs or sidewalks in need of repair.
18. ____ If heating work needs to be done, contact a HVAC contractor and submit their reason for repair/replacement and estimate. This office will not do work on AC units.

Nondisclosure of information is a criminal offense. If fraud is determined, the Township will keep a lien on the property until the loan is paid back in full, plus 12% interest per year compounded.



The Township of Hamilton

Jeffrey S. Martin
Mayor

AUTHORITY FOR RELEASE OF INFORMATION/PRIVACY ACT NOTICE

TO WHOM IT MAY CONCERN:

I hereby authorize any investigator or duly accredited representative of the Office of Housing, Hamilton Township, Mercer County, NJ, bearing this release or copy thereof, within one (1) year of its date, to obtain any information from schools, residential management agents, employers, criminal justice agencies, credit agencies, or individuals, relating to my activity. This information may include, but is not limited to residential, current salary and wages, employment history, financial and income verification, arrest and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the U.S. Department of Housing and Urban Development and the Township of Hamilton Office of Housing and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

The purpose for furnishing said information is for use in making a determination as to my financial qualification for the Hamilton Township Housing Rehabilitation Grant Program federally funded through the U.S. Department of Housing and Urban Development.

I hereby release you, as the custodian of such records, and any college, university or other education institution, credit bureau or consumer reporting agency, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below.

PLEASE TYPE OR PRINT ALL INFORMATION

Applicant's Full Name (Last, First, Middle)	Other Names Used by Applicant
Current Address (Street, City, State, Zip Code)	Telephone Number (include area code)
Applicant's Signature	Date

Purpose: In signing this consent form, you are authorizing HUD and the Township of Hamilton to request income information from the sources listed on the form. HUD and the Township need this information to verify your household's income, in order to ensure that you are eligible for assisted rehabilitation grants and that these grants are set at the correct level.

Signatures:

1. _____ Date _____
Head of Household

Social Security Number of Head of Household

2. _____ Date _____
Other Family Member over age 18

Social Security Number of other family member over age 18

3. _____ Date _____
Other Family Member over age 18

Social Security Number of other family member over age 18

4. _____ Date _____
Other Family Member over age 18

Social Security Number of other family member over age 18

Please include a separate sheet of paper with signatures, dates and social security numbers for all additional household members over the age of 18.

Privacy Act Notice: Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. Seq.), Title VI of the civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward the rehabilitation of your home. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the Township of Hamilton Housing Office, including all Social Security Numbers you, and all other household members have and use. Giving the Social Security Numbers of all household members is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Use of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 52a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to the Township of Hamilton for the purpose of determining rehabilitation assistance. The Township is also requested to protect the income information it obtains in accordance with any applicable State privacy law. HUD and the Township of Hamilton employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form.

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility.

Sources of Information To Be Obtained:

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information any payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for rehabilitation grant programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years.

Consent: I consent to allow HUD or the Township of Hamilton Office of Housing to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's housing rehabilitation grant program. I understand that the Township of Hamilton receives income information under this consent form cannot use it to deny, reduce or terminate the grant without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given and opportunity to contest those determinations.

This consent form expires one year after signed.

Penalties for Misusing this Consent:

HUD and the Township of Hamilton Housing Office (or any employee of HUD and the Township of Hamilton Housing Department) may be subjected to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of this information collected based on the form HUD 9886 is restricted to the purposes sited on the form HUD 9886. Any person who knowingly or willfully requested, obtains or discloses any information user false pretenses concerning an applicant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the Township of Hamilton Housing Department responsible for the unauthorized disclosure or improper use.



FOR OFFICIAL USE ONLY

FILE # _____

OWNER OCCUPIED (within Rehab area)

OWNER OCCUPIED (outside Rehab area)

HAMILTON TOWNSHIP HOUSING REHABILITATION GRANT PROGRAM
PRELIMINARY APPLICATION FOR ASSISTANCE

APPLICANT'S NAME _____

ADDRESS: _____
Number and Street

_____ City and State

PHONE _____ EMAIL _____

MARITAL STATUS _____

MAP # _____

BLOCK # _____

LOT# _____

CENSUS TRACT# _____

TYPE OF STRUCTURE: _____

ASSESSED VALUE: _____

BLDG. _____

LAND _____

TOTAL _____

LIST MEMBERS OF HOUSEHOLD (Including Applicant)

NAME	RELATIONSHIP (To Applicant)	D.O.B	SEX	RACE	SOCIAL SECURITY
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

COPY OF SOCIAL SECURITY CARD FOR EACH HOUSEHOLD MEMBER MUST BE SUBMITTED

INCOME INFORMATION

EMPLOYMENT STATUS (Head of Household)

EMPLOYER'S NAME _____ PHONE _____

ADDRESS: _____ LENGTH OF EMPLOYMENT _____

_____ OCCUPATION _____

APPROX. YEARLY INCOME _____

PART-TIME EMPLOYMENT (IF APPLICABLE)

EMPLOYER'S NAME _____ PHONE _____

ADDRESS: _____ LENGTH OF EMPLOYMENT _____

_____ OCCUPATION _____

APPROX. YEARLY INCOME _____

EMPLOYMENT INFORMATION (*Other Household Members*)

1. EMPLOYER'S NAME _____ PHONE _____
 ADDRESS: _____ LENGTH OF EMPLOYMENT _____
 _____ OCCUPATION _____
 _____ APPROX. YEARLY INCOME _____

2. EMPLOYER'S NAME _____ PHONE _____
 ADDRESS: _____ LENGTH OF EMPLOYMENT _____
 _____ OCCUPATION _____
 _____ APPROX. YEARLY INCOME _____

IF ADDITIONAL HOUSEHOLD MEMBERS ARE EMPLOYED, PLEASE LIST INFORMATION BELOW AND ON SEPARATE SHEET OF PAPER:

FOR ANY CHILD OVER 18 RESIDING IN THE HOUSEHOLD, LIST SCHOOL OF CONTINUING EDUCATION, FULL-TIME OR PART-TIME, EMPLOYER IF NOT ALREADY LISTED ABOVE, OR PUBLIC ASSISTANCE, MUST SUBMIT COPIES OF PROOF.

LIST ALL OTHER SOURCES OF INCOME (include monthly Social Security, V.A. benefits, Child Support, Welfare, Pensions, Unemployment, Disability, etc.)

TYPE OF BENEFIT	MONTHLY/WKLY. AMT.	BENEFIT RECIPIENT	CLAIM NUMBER	AGENCY
1.				
2.				
3.				
4.				
5.				

LIST ASSETS:

OTHER REAL ESTATE (*land, bldgs., or other assets*) OWNED EITHER ALONE OR WITH OTHER PARTIES. (*list location, approx value, and any income received from same*), SUPPLY COPY OF PROOF

STOCKS, BONDS OWNED (*List name and address of agent, numbers of certificates, approx. value and any income received from same*), PLEASE SUPPLY COPIES OF STATEMENTS

IF YOUR HOME CONTAINS MORE THAN ONE UNIT (*ADDITIONAL APARTMENT*) FROM WHICH YOU OBTAIN ADDITIONAL INCOME (*ex. rent*), PLEASE LIST THE NUMBER OF ADDITIONAL UNITS AND MONTHLY AMOUNT OF RENTAL INCOME

ASSETS CONTINUED

BANK ACCOUNTS (all checking and/or savings accounts for each household member) SUBMIT LAST STATEMENT.

TYPE OF ACCOUNT	ACCOUNT NUMBER	NAME OF DEPOSITORY	ADDRESS OF DEPOSITORY
1.			
2.			
3.			
4.			

LIST LIABILITIES: Are there presently any liens of any kind on your property, any outstanding municipal assessments, and/or outstanding taxes due? If yes, please explain.

TO THE EXTENT OF YOUR KNOWLEDGE, ARE THERE ANY LEGAL ACTIONS THREATENED AGAINST YOU AT THE PRESENT THAT COULD AFFECT YOUR ABILITY TO PAY BACK A LOAN OR CLOUD THE TITLE OF YOUR PROPERTY? (ex. judgment, etc.) IF YES, PLEASE EXPLAIN.

IN WHOSE NAME IS TITLE SUBJECT PROPERTY? _____

IS THERE A MORTGAGE ON THE PROPERTY? _____ TYPE OF MORTGAGE: F.H.A. _____

ORIGINAL MORTGAGE AMOUNT _____ DATE _____ V.A. _____

APPROX. PRESENT BALANCE _____ CONVENTIONAL _____

MONTHLY PAYMENT _____ OTHER _____

ARE PAYMENTS UP TO DATE: _____

YEARLY REAL ESTATE TAX _____

YEARLY SEWER TAX _____

NAME AND ADDRESS OF MORTGAGEE _____

TYPE OF INSURANCE COVERAGE: HOMEOWNER'S FIRE OTHER, SPECIFY _____

AMOUNT OF INSURANCE COVERAGE ON DWELLING _____

NAME AND ADDRESS OF INSURANCE CARRIER: AGENT _____

ADDRESS _____

COMPANY _____ POLICY # _____

ARE THERE ANY ADDITIONAL MORTGAGES ON THE PROPERTY? IF YES, STATE TYPE, ORIGINAL AMOUNT, BALANCE, MONTHLY PAYMENT, NAME AND ADDRESS OF MORTGAGEE:

LIST REPAIRS WHICH YOU WOULD LIKE TO HAVE COMPLETED THROUGH THIS PROGRAM _____

GENERAL: _____

ELECTRICAL: _____

PLUMBING: _____

HEATING _____

IF HEATING PROBLEMS, MUST SUBMIT AN ESTIMATE FROM AN HVAC CONTRACTOR WITH APPLICATION.

I HEREBY GRANT PERMISSION OF ENTRANCE FOR THE PURPOSE OF INSPECTION OF MY PROPERTY BY HAMILTON TOWNSHIP INSPECTION PERSONNEL. I ALSO UNDERSTAND THAT SINCE INSPECTION BY TOWNSHIP ELECTRICAL AND/OR PLUMBING INSPECTORS WILL BE MADE FOR ANY ITEMS LISTED ABOVE THAT ARE DEEMED A VIOLATION IN ACCORDANCE WITH THE TOWNSHIP CODE FOR SAFETY REASONS WILL BE CONSIDERED FOR REPAIR THROUGH THE HOUSING REHABILITATION PROGRAM. THUS, I AM AWARE THAT ELECTRICAL AND PLUMBING INSPECTIONS ARE NOT CONSIDERED ROUTINE INSPECTIONS, BUT ARE INSPECTIONS OF ITEMS WHICH MAY BE IN URGENT NEED OF REPAIR.

THIS IS TO CERTIFY THAT ALL STATEMENTS MADE IN MY APPLICATION FOR A HAMILTON TOWNSHIP HOUSING REHABILITATION GRANT ARE TRUE TO THE BEST OF MY KNOWLEDGE.

I MAKE THIS STATEMENT WILLINGLY AND WITH FULL KNOWLEDGE OF THE PENALTIES UNDER FEDERAL AND STATE LAWS SHOULD FALSE INFORMATION BE GIVEN. I AM ALSO AWARE THAT FALSIFYING INFORMATION BY NOT LISTING ASSETS OR INCOME IS CONSIDERED MAKING A FRAUDULENT STATEMENT. THIS WILL RESULT IN THE TERMINATION OF MY ELIGIBILITY NO MATTER WHAT STAGE OF THE PROCESS THE REPAIRS ARE IN AND I WILL MAKE FULL PAYMENT TO CONTRACTORS FOR ANY WORK COMPLETED UP TO THAT DATE AS WELL AS REIMBURSE THE GRANT PROGRAM FOR ANY FUNDS ISSUED AT 12.99% INTEREST FROM THE DATE THE WORK BEGINS.

I ALSO UNDERSTAND THAT MY ELIGIBILITY BASED ON THIS INFORMATION WILL BE VALID FOR ONE (3) MONTHS FROM THE DATE STATES BELOW. AFTER THIS PERIOD, A NEW ELIGIBILITY DETERMINATION WILL BE NECESSARY.

DATE

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF APPLICANT