

TOWNSHIP OF MIDDLETOWN

Department of Planning and Community Development

3 Penelope Lane
Middletown, NJ 07748-2504
Tel: (732) 615-2098
(732) 615-2280
Fax: (732) 615-2103

Organized December 14, 1667
"Pride in Middletown"



SANYOGITA S. CHAVAN, P.P., A.I.C.P.
Director of Planning

AMY H. SARRINIKOLAOU, P.P., A.I.C.P.
Director of Community Development

Date: _____

Re: Community Development - Home Improvement Program

Dear Homeowner,

Enclosed are Guidelines and Application for the Middletown Township Home Improvement Program.

HOUSEHOLD INCOME is the basis for eligibility. Provide the GROSS INCOME for ALL MEMBERS OF THE FAMILY living in the home, including Social Security, Food Stamps, Pension, Overtime pay, Unemployment Compensation, Disability Payments, etc.

Please read the guidelines carefully. Complete the application. Submit all necessary information to our office. All applications must go through a screening process that takes approximately three months. You will then be contacted by this office.

Thank you,

Amy H. Sarrinikolaou, PP, AICP
Director of Community Development

HOMEOWNER'S CHECKLIST

Completed Application	_____
Deed-Indicating Ownership	_____
Property Tax Bill	_____
Proof of Income	_____
Last 3 years of Income Tax Returns	_____
Year House Built, and any additions	_____

How did you hear about the Middletown Township's Housing Rehabilitation Program?

- Middletown Matters Television Newspaper Website
- Attended Meeting Other (please specify) _____

Many Neighborhoods. One Middletown!

Belford ◦ Chapel Hill ◦ Fairview ◦ Harmony ◦ Leonardo ◦ Lincroft ◦ Locust ◦ Middletown Village
Monmouth Hills ◦ Navesink ◦ New Monmouth ◦ North Middletown ◦ Nut Swamp ◦ Oak Hill ◦ Port Monmouth ◦ River Plaza

TOWNSHIP OF MIDDLETOWN COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) HOUSING REHABILITATION PROGRAM APPLICATION



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The Department of Housing and Urban Development's (HUD) Community Development Block Grant (CDBG) Program provides Middletown with resources to help rehabilitate owner-occupied, single-family homes throughout the Township.

The program is designed to bring Middletown's housing up to Code Standards. A primary CDBG Program objective is to help a Homeowner make necessary repairs to his/her home and live in comfort and safety.

HOW TO APPLY

Call the Community Development Department at 732-615-2281 and request an application for home rehabilitation, or print out an application at middletownnj.org under the "Forms and Resources" link. Complete the application and return it, along with your deed and proof of income as specified in the attached checklist. You will be notified of your eligibility after your application is thoroughly reviewed and deemed complete; a personal interview may be conducted.

HOW IT WORKS

The CDBG Housing Rehabilitation Program is available to families of Low to Moderate Income (see income standards below), who have owned and lived in their home for at least one year. Grants not to exceed \$25,000 are available to eligible homeowners for correcting code violations and repairing major household systems. A ten-year lien equal to the cost of repairs is placed on the homeowner's property. The homeowner pays no interest on the lien during this ten-year period; **after ten years the lien is canceled.**

If the home is sold or the property title is changed during the ten-year period, the grant must be repaid in full. If the rehabilitated property is sold within one (1) year of the completion date of the rehabilitation, a 10% penalty charge will be added, i.e. 10% of the cost of rehabilitation.

After the Program determines that your household meets income requirements, an inspection will be made of your home by the Township's Rehabilitation Specialist and Township Electrical Inspector to determine necessary repairs. For homes built prior to January 1, 1978, the Township's Lead Inspector/Risk Assessor is required to conduct a partial lead-based paint evaluation for areas of the home where renovation work will be performed.

A detailed work write-up will be prepared for the homeowner's review and approval. Licensed, insured and registered general contractors pre-approved by the CDBG Program will submit bids based on the approved work write-up. Ultimately, a contract between the homeowner and the selected contractor will be prepared and executed.

FY2019 INCOME LIMITATIONS

Household Size	Max Gross Income
1 person	\$52,850
2 people	\$60,400
3 people	\$67,950
4 people	\$75,500
5 people	\$81,550
6 people	\$87,600
7 people	\$93,650
8 people	\$99,700

COMMUNITY DEVELOPMENT OFFICE LOCATION

Community Development Department
3 Penelope Lane
Middletown, NJ 07748
Hours: 8:30 am – 4:30 pm

Telephone #:

Director:
Assistant:

732-615-2281

Amy H. Sarrinikolaou, PP, AICP
Jill Cammarosano

**TOWNSHIP OF MIDDLETOWN
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
HOUSING REHABILITATION PROGRAM APPLICATION**



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DATE: _____

FILE # _____

A. OWNER/PROPERTY INFORMATION

1. Owner's Name _____
 Spouse/Partner's Name _____
 Address _____
 Block # _____ Lot # _____ Year Built _____
 Phone _____ Alternate Phone _____ Email _____

Total Household Members _____ # Males _____ Age _____ SS# _____
 Age _____ SS# _____
 Age _____ SS# _____

Females _____ Age _____ SS# _____
 Age _____ SS# _____
 Age _____ SS# _____

CHECK ONE: Single Family Home Two Family Home Multi Family Home
 Is your property located in flood hazard area? Yes No
 If YES, Is property covered by flood insurance? Yes No
 Does your property have more than one dwelling unit? Yes No

B. EMPLOYMENT INFORMATION

1. Employer's Name _____
 Address _____
 Phone Number _____ Years Employed _____ Annual Salary _____ Position _____

2. Spouse/Partner's Employer _____
 Address _____
 Phone Number _____ Years Employed _____ Annual Salary _____ Position _____

3. Other Employer _____
 Address _____
 Phone Number _____ Years Employed _____ Annual Salary _____ Position _____

C. INCOME VERIFICATION - PROOF OF INCOME IS REQUIRED (SEE ATTACHED CHECKLIST)

	<u>Amount Per Year</u>		<u>Amount Per Year</u>
1. Total Household Salary	\$ _____	6. Interest/Dividends	\$ _____
2. Social Security Payments	\$ _____	7. Unemployment	\$ _____
3. Disability	\$ _____	8. Rental Income	\$ _____
4. Welfare/TANF	\$ _____	9. Alimony/Child Support	\$ _____
5. Pension(s)	\$ _____	10. Other Income	\$ _____

TOTAL Gross Household Income \$ _____ (Annual)

D. FINANCIAL DATA

1. Does Applicant possess more than **\$159,071** in assets? Yes No
 2. Are all property and sewer taxes paid up-to-date? Yes No
 3. Do you have any **open** building permits on the property? Yes No
 4. Have you ever had a Community Development Grant? Yes No If so, when? _____

REQUIRED INCOME DOCUMENTATION: CDBG RESIDENTIAL REHAB PROGRAM

To be provided by every household member 18 years of age or older:

Applicant: _____

Number of Household Members Over 18: _____

	Provided	Not Provided	Explain if Not Provided
Four (4) consecutive pay stubs, not more than 120 days old (including bonuses, overtime or tips if applicable)			
Letter from employer stating the present annual income figure			
Copies of filed Federal and State income tax returns for each of the preceding three (3) tax years			
A letter or appropriate reporting form verifying monthly benefits such as Social Security, unemployment, welfare, disability or pension income (monthly or annually)			
A letter or appropriate reporting form verifying any other sources of income claimed by the applicant, such as alimony or child support			
Recent statements from banks or other financial institutions holding or managing savings, checking, trust funds, money market accounts, certificates of deposit, stocks or bonds			
Evidence or reports of income from directly held assets such as real estate or businesses			
Mortgage statement (including lines of credit and home equity loans) showing outstanding mortgage debt			

REQUIRED ASSET VERIFICATION: CDBG RESIDENTIAL REHAB PROGRAM

(Information required for every household member 18 years of age or older; if not applicable, mark "NA")

Applicant #1: _____ Applicant #2: _____

18+ Household Member: _____ 18+ Household Member: _____

Applicant #1 Signature: _____ Date: _____
 Applicant #2 Signature: _____ Date: _____
 18+ Household Member Signature: _____ Date: _____
 18+ Household Member Signature: _____ Date: _____

ASSETS	CASH VALUE	INCOME FROM ASSETS	NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER (last 4 digits only)
Checking Account				
Applicant #1				
Applicant #2				
18+ Household Member				
18+ Household Member				
Savings Account				
Applicant #1				
Applicant #2				
18+ Household Member				
18+ Household Member				
Credit Union				
Applicant #1				
Applicant #2				
18+ Household Member				
18+ Household Member				
Mutual Funds				
Applicant #1				
Applicant #2				
18+ Household Member				
18+ Household Member				
Stocks/Bonds				
Applicant #1				
Applicant #2				
18+ Household Member				
18+ Household Member				
Real Estate				
Applicant #1				
Applicant #2				
18+ Household Member				
18+ Household Member				
Other Assets (IRA, 401-K)				
Applicant #1				
Applicant #2				
18+ Household Member				
18+ Household Member				