REHABCO, INC.

Phone: 732-477-7750 Fax: 732-920-9649

TOWNSHIP OF DOVER

44 E. Water Street Toms River, NJ 08753 Email: rehabco@aol.com

Housing Rehabilitation Program Application

Applicant's Name: Social Secu		Social Security #:					
Spou	use/Partner Name:	Social Security #:					
Street Address: City/State:							
Hom	ne Phone: Work Ph:	Mobile Ph:					
E-Ma	ail Address:						
Number of People in Household: Number of Bedroom(s)							
	ANSWER ALL OF THE FOLLOWING	QUESTIONS:					
1	Is this Property the Owner's principal place of residence?		Yes	No			
2	How old is your home?						
3	How many rental units are within your building?						
4	Are your quarterly Property taxes presently current?		Yes	No			
5	Have you previously received assistance through this program?.		Yes	No			
6a	Have you ever filed for bankruptcy?		Yes	No			
6b	If YES, in what year?						
7	Last Year, did the owner and/or other household member file						
	FEDERAL INCOME	TAX RETURN	Yes	No			
	STATE INCOME T	TAX RETURN	Yes	No			
8	Is there a handicapped person(s) residing in the household?		Yes	No			
9	If YES, is this person (s) wheelchair bound?		Yes	No			
For statistical purposes only, please check your Racial/Ethnic information AsianBlackHispanic Native American WhiteOther							

PLEASE STATE BELOW THE ITEMS IN NEED OF IMMEDIATE REPAIR OR REPLACEMENT

PLEASE COMPLETE THE FOLLOWING FOR ALL HOUSEHOLD MEMBERS								
NAME	RELATIONSHIP TO APPLICANT	AGE	SEX	GROSS ANNUAL INCOME				
	APPLICANT			\$				
				\$				
				\$				
				\$				
				\$				
				\$				
<u>ALL</u> of the documentation listed in the attached phamphlet under "What Documentaton is Required From the Applicant?" <u>MUST BE RETURNED</u> with this form. If an application is incomplete and/or missing documents, it <u>WILL</u> <u>NOT BE ACCEPTED.</u>								
OWNER CERTIFICATION	& FINANCIAL DIS	CLOSURE AG	REEMENT					
I hereby certify that all information on this application and all information furnished in support of this application is true and complete to the best of my knowledge.								
I further certify that I (we) am the owner of the property described on this application; and that I/we will not discriminate on the basis of race, color, religion, sex or national origin in either the hiring of a contractor to perform rehabilitation work, or in the future sale or lease of the above property.								
By signing this document, I hereby permit the staff of the Township of Dover Housing Rehabilitation Program to request, compile, review and obtain copied documentation of any and all financila records which the program deems necessary to ascertain my eligibility for housing rehabilitation assistance. These may include Federal and State Income Tax Returns, Social Security and Disability Benefits, Unemployment Benefits, Welfare, Checking & Savings, Certificates and any interest bearing accounts, profit & loss statements, et.al.								
I also understand that all financial information will remain confidential and will be used only for the above.								

PLEASE MAIL THE SIGNED COMPLETED FORM & LIST WITH ALL THE DOCUMENTATION REQUIRED TO:

Signature of Co-Applicant

Date

REHABCO, Inc. 44 E. Water Street, 2nd FL Toms River, NJ 08753

Date

Signature of Applicant

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Township of Dover

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Housing Rehabilitation Program

ALL OF THE FOLLOWING APPLICABLE DOCUMENTS MUST BE SUBMITTED WITH YOUR APPLICATION <u>FOR</u>

ALL HOUSEHOLD MEMBERS.

ALL HOUSEHOLD MEMBERS.							
Any item not applicable must be marked "N/A", sign and return with application.							
	Copies of last year's Federal AND State Income Tax 1099s, schedules and attachments . BE SURE TO	x Returns for ALL household members. INCLUDE ALL W SIGN THE COPIES OF TAX RETURNS.	'-2s,				
	Copies of three (3) recent pay stubs showing gross from your place of employment stating your gross	ross year-to-date amounts. If not available, please obtain a letter ross year-to-date and total gross annual income.					
	pies of the annual Social Security and Supplemental Security Statements. If this is not available, please obtain tter from the Social Security office stating your annual income.						
	Copies of Disability statements. This must state the	he beginning and ending dates, as well as the amount received.					
	Copies of Welfare statements. This must state the beginning and ending dates, as well as the amount received. f not available, please obtain a letter from the Welfare Office.						
	Copies of Unemployment statements. This must state the beginning and ending dates, as well as the amount received. If not available, please obtain a letter from the Unemployment Office.						
	Copies of Alimony and Child Support checks. Also required is a copy of the Separation/Divorce agreement stating the amount received/to be received.						
	Three (3) current consecutive months bank statements, all pages for all accounts, (checking, savings, money market etc.) and Interest and Dividend statements. ALL PAGES with or without info on page.						
	Copies of Pension and Annuity statements.						
	Copies of <u>ALL</u> income received from child care, cleaning homes, etc. (Non-taxable AND Taxable)						
	All other public assistance, non-taxable AND taxable received by ALL household members.						
	Copies of all other payments/assistance received from scholarships, stipends, parsonage, etc.						
	Proof of paid property tax. (Can be obtained at the Township Tax Office.)						
	Copy of the declaration page of current homeown	er's insurance policy.					
	Copy of the <u>recorded</u> property deed. Copy <u>MUST</u> have the County stamp showing the recorded date, book and page numbers.						
	Copy(s) of current mortgage and/or equity loan(s)	showing balance owed.					
I hereby attest all items marked by N/A answered above are not applicable to me or my family as attested to by my/our signature(s) below.							
Appli	cant Signature Date	Co-Applicant Signature	Date				
Print Name:		Print Name:					

RETURN THIS SIGNED FORM WITH YOUR APPLICATION & DOCUMENTS