

**TOWNSHIP OF DOVER**

**Housing Rehabilitation Program Application**

Applicant's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

E-Mail 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 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**

\_\_\_ Asian \_\_\_ Black \_\_\_ Hispanic \_\_\_ Native American \_\_\_ White \_\_\_ Other

**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
	<b>APPLICANT</b>			\$
				\$
				\$
				\$
				\$
				\$

**ALL** of the documentation listed in the attached pamphlet under "What Documentaton is Required From the Applicant?" **MUST BE RETURNED** with this form. If an application is incomplete and/or missing documents, it **WILL NOT BE ACCEPTED.**

**OWNER CERTIFICATION & FINANCIAL DISCLOSURE AGREEMENT**

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.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Co-Applicant*

\_\_\_\_\_  
*Date*

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

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

