

HIGHTSTOWN
NEIGHBORHOOD HOUSING REPAIR FUND

c/o Community Grants & Planning, Inc. ♦ 569 Abbington Drive ♦ East Windsor, NJ 08520
Phone 800/619-9979 ♦ Fax 609/371-1776

RE: Borough of Hightstown
Neighborhood Housing Repair Fund

Dear Homeowner:

Thank you for your interest in the Neighborhood Housing Repair Fund. Enclosed is a *Program Information Handout, Application* and an *Eligibility Release*.

Please complete the Application in its entirety. Income information is to be provided on all adult household members. The Eligibility Release is to be signed by all adult family members as well. Please be certain to include all verification documents as shown on the "Enclosure Checklist." Return the application and support documentation to:

Corinne Markulin
Community Grants & Planning, Inc.
569 Abbington Drive
East Windsor, NJ 08520

If you should have any questions as you complete this application and gather the necessary documentation, please do not hesitate to call me at 609-371-1937 ext. 17 or e-mail me at ximena@cgplan.com. I look forward to receipt of your application and the prospect of assisting you with your property rehabilitation needs.

Sincerely,

Community Grants & Planning, Inc.

Ximena Calle
Rehabilitation Coordinator
Neighborhood Housing Repair Fund

Enclosures

Hightstown Neighborhood Housing Repair Fund (HRP) Homeowner's Program Information Handout

I. Am I Eligible?

Hightstown Borough has established the Neighborhood Housing Repair Fund to assist eligible low and moderate income homeowners and investor-owners who rent to low or moderate income renters, residing in Hightstown, bring their houses up to code. Community Grants & Planning, Inc., a private consulting firm, will administer the NHRF for the Borough.

To be eligible for NHRF, the applicant must meet the following eligibility requirements:

1. The owner-occupied properties and occupants of the rental units must occupy the house as their primary residence.
2. The owner of the property to be improved must make application to the NHRF.
4. The home must be permanently fixed upon a foundation. Mobile homes are ineligible.
5. The gross annual income of all persons residing in the owner-occupied or rental household must not exceed the Council On Affordable Housing (COAH) Low and Moderate Income Eligibility Limits outlined below:

COAH Income Eligibility Limits by Household Size Region 4 (Mercer, Monmouth and Ocean Counties)

HOUSEHOLD SIZE	MAXIMUM INCOME ALLOWED
1 Person	\$44,508
2 Persons	\$50,867
3 Persons	\$57,225
4 Persons	\$63,583
5 Persons	\$68,670
6 Persons	\$73,757
7 Persons	\$78,843
8 Persons	\$83,930

2005 Regional Limits, Updated annually

The applicant will be required to provide income support documentation for each household. The required documents are listed on page 7 of the application. The income documentation will be reviewed and verified by a NHRF Rehabilitation Coordinator.

6. Property taxes, water/sewer payments and mortgage payments must be paid current.

7. NHRF can assist homeowners in several kinds of residences:
 - a. Single Family Owner-Occupied Homes
 - b. Owner-Occupied Multi-Family Homes **provided the owner(s) and/ or renters are certified as Low or Moderate Income.**
 - c. Investor-Owned Single or Multi-Family Homes **provided the renters are certified as Low or Moderate Income.**

II. *How Does the Neighborhood Housing Repair Fund Work?*

NHRF is designed to provide owner-occupied single and multi-family houses with a fully forgivable loan if the homeowner resides in the home, retains full title to the property and in cases of multi-family homes, continues to rent affordable housing units to low and moderate income households throughout the respective lien period listed in the table below. No monthly payments occur with this type of forgivable loan. Likewise, the NHRF will provide investor properties with a 3% direct loan to investors who rent affordable units to low and moderate income households throughout the respective lien period listed below. A monthly payment is required with this type of direct loan. Both types of loans will require the homeowner to execute a Mortgage and Mortgage Note with the NHRF, which will place a conditional lien on the home for a specific period of time. After the specified period of time has lapsed, the lien will be removed from the property. The table below describes the terms of the liens:

<i>Type of Residence</i>	<i>Eligible Rehabilitation Costs</i>	<i>Length of Affordability Controls</i>	<i>Loan Type</i>
<i>Owner-Occupied Single Family</i>	\$16,000 maximum	six (6) years	<i>Forgivable</i>
<i>Owner-Occupied Multi-Family</i>	\$10,000 maximum per unit	ten (10) years	<i>Forgivable</i>
<i>Investor-Owned Single or Multi-Family</i>	\$10,000 maximum per unit	ten (10) years	<i>3% Direct Loan</i>

Please note, it is important for you to realize that should you decide to sell your property, transfer title, or rent the unit(s) to other than a low or moderate income renter*, **before the terms of the lien have expired**, you or your heirs, executors, or representatives must notify the Hightstown Borough Administrator because you would be obligated to repay the loan. In this case, full loan repayment must occur within thirty (30) days.

*If NHRF assists an Owner-Occupied Single Family Home, the owner may not rent it to anyone for any reason.

III. *What Would I Be Able To Fix On My House?*

● **ELIGIBLE HOME IMPROVEMENTS: MAJOR CODE VIOLATION REPAIRS/REPLACEMENTS**

Structural Improvements, Roof, Heating System (includes Hot Water Heater), Plumbing System (includes sewer and water connections), Electric System (inspected by municipal inspector), Weatherization (to reduce energy consumption), Structural Damage and Stove (**only when a safety hazard**)

●ELIGIBLE HOME IMPROVEMENTS: MINOR REPAIRS

Minor Painting, Masonry, Gutters and Leaders, Drywall and Flooring, Fixtures, Minor Carpentry
Handicap Facility (documentation required).

●INELIGIBLE HOME IMPROVEMENTS

Custom Painting, Luxury Fixtures, Purchase of Appliances Not Required by Local Code, Acquisition of
Land, Landscaping, Custom Tile and Swimming Pools.

IV. What Happens Next?

Once the NHRF has verified your income eligibility as per COAH Income Eligibility Limits, property tax status, property ownership, and flood zone map review, the house will be inspected for substandard systems. At least one code violation has to exist in one major system, as well as the house must require a minimum of \$8,000 in total code violation abatement cost for the house to be eligible for NHRF's assistance. This initial inspection will be conducted by the local municipal inspector and will include an electrical inspection. Upon confirmation of an existing code violation, the municipal inspector will certify the house substandard and provide the NHRF with a punchlist of code violations. A comprehensive property inspection to be conducted by a NHRF inspector will follow. The purpose of the comprehensive inspection is to detail any health, safety or code violations that exist on your property.

NHRF will create a Work-Write-Up and Cost Estimate for your home's rehabilitation, based upon the aforementioned inspections. A copy of the Work Write-Up, along with a contractor list, will be provided to you for approval.

The NHRF will solicit bids by circulating bid packages to approved bidding contractors. If you know of a contractor that would like to bid on the job, they must contact NHRF to request a bid package.

The lowest bidding qualified contractor is awarded the contract to rehabilitate your home. Should you decide to use a contractor other than the lowest qualified bidder, you will be responsible for the cost difference between the lowest responsible bid and the bid from the contractor of your choice. The homeowner's contribution of cost difference is to be provided at the pre-construction meeting.

The Program is not guaranteeing to rehabilitate all the work listed in the work write-up. Safety and health code related work items identified by the program inspector will take precedent over non code work if elimination of work items is necessary. The NHRF can only provide assistance if the house is brought up to code. Therefore, the homeowner will be asked to contribute personal funds for any code related work that exceeds the NHRF funding limit. Likewise, the homeowner has the option to contribute personal funds for non code work items in excess of the program funding limit.

NHRF will manage the construction process. NHRF's participants will adhere to NHRF's staff decisions. Payments to the contractor will not be released until approved by a NHRF Inspector and the Homeowner. The lien period will commence on the property upon satisfactory completion of the final inspection.

If you have any further questions, please contact Community Grants & Planning, administrators of the NHRF, Monday through Friday between the hours of 9:00 AM and 6:00 PM at 609-371-1937.

**HIGHTSTOWN BOROUGH
NEIGHBORHOOD HOUSING REPAIR FUND**

**APPLICATION FOR
HOUSING REHABILITATION ASSISTANCE**

APPLICANT INFORMATION

Owner (Last Name First) Social Security Number

Co-Owner (Last Name First) Social Security Number

Street Address City State Zip
 () ()

Home Telephone Work Telephone

STATISTICAL DATA (head of household): **The following information is for statistical purposes only:**

_____/_____/_____ Yes _____ No _____ Yes _____ No
 Date of Birth Age 60 and over? Handicapped/Disabled?

Racial Description (check one)
 _____ Black _____ White _____ Asian or Pacific Islander _____ American Indian or Alaskan Native

Ethnicity (check one)
 _____ Hispanic _____ Anglo/American _____ Other

HOUSEHOLD INFORMATION: Please name all other household members excluding the owner:

Name	Relationship to Owner	Social Security No.	Date of Birth
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Have you ever received assistance through any publicly funded housing rehabilitation program?
 Yes _____ No _____

If yes, please state which agencies, the dates and the amount of assistance: _____

EMPLOYMENT INFORMATION

Please name each household member who receives income from employment and is 18 years of age or over:

1.

Name

Employer Firm Name Name of Supervisor

Employer Address

()

Employer Telephone Number Years at Job

Job Title

2.

Name

Employer Firm Name Name of Supervisor

Employer Address

()

Employer Telephone Number Years at Job

Job Title

3.

Name

Employer Firm Name Name of Supervisor

Employer Address

()

Employer Telephone Number Years at Job

Job Title

IF ADDITIONAL HOUSEHOLD MEMBERS ARE EMPLOYED, PLEASE ATTACH ANOTHER SHEET AND PROVIDE EMPLOYMENT INFORMATION

INCOME INFORMATION

Please use separate pages 3-4 for every household member who is 18 years of age or over and receives income of any kind.

Calculate all GROSS INCOME on an ANNUAL BASIS. Monthly income should be multiplied by 12, bi-monthly by 24, weekly by 52, and bi-weekly pay by 26 for a total Gross Annual figure. Income verification must be attached to the Application and available for review in your project file. Please refer to "Enclosure Checklist" on page 7.

Please transfer starred (*) totals below to page 5 - Income Calculation Sheet.

Name of Household Member

Social Security Number

A. Please state the amount of income received from each applicable source:

Gross Salary or Wages:	\$ _____ weekly	\$ _____ bi-weekly	\$ _____ monthly	\$ _____ bi-monthly	\$ _____ ANNUALLY
Pension:		\$ _____ bi-weekly	\$ _____ monthly		\$ _____ ANNUALLY
Social Security:		\$ _____ bi-weekly	\$ _____ monthly		\$ _____ ANNUALLY
Unemployment Compensation:		\$ _____ bi-weekly			\$ _____ ANNUALLY
Disability Payment:			\$ _____ monthly		\$ _____ ANNUALLY
Welfare:			\$ _____ monthly		\$ _____ ANNUALLY

State the amount of any additional income (monthly):

\$ _____ Tips	\$ _____ Overtime	\$ _____ Alimony	\$ _____ Commissions	\$ _____ Other	\$ _____ ANNUALLY
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TOTAL ANNUAL INCOME FROM WAGES, SALARY AND OTHER SOURCES: \$ _____*

B. Please list all checking and savings accounts including CDs, Money Market Funds, Mutual Funds, and other assets held by financial institutions:

Name and Address of Financial Institution	Account Number	Current Value	Annual Income

Total Annual Income: \$ _____ (A)

Please list Stocks, Bonds and other directly held assets:

Name of Assets	Number of Shares	Current Value	Annual Dividend

Total Annual Income: \$ _____ (B)

Do you own a business or other income-producing real estate? _____ Yes _____ No

Do you receive income (rent/receipts) from this asset? _____ Yes _____ No

How much is this Net Income monthly? \$ _____ = Total Annual Income: \$ _____ (C)

TOTAL ANNUAL INCOME FROM ASSETS, RENTS, AND BUSINESS RECEIPTS \$ _____ **
(A+B+C)

INCOME CALCULATION

1. Transfer Total Income starred (*and **) figures from Parts A and B of each completed Page 3-4, and subtotal figures.
2. Add subtotals and enter amount in Part C.

A. *Total Gross Annual Income from Salary, Wages, and other Sources:

Household Member #1: \$ _____

Household Member #2: \$ _____

Household Member #3: \$ _____

Household Member #4: \$ _____

SUBTOTAL: \$ _____ (A)

B.Total Annual Income from Assets, Rents, and Business Receipts:**

Household Member #1: \$ _____

Household Member #2: \$ _____

Household Member #3: \$ _____

Household Member #4: \$ _____

SUBTOTAL: \$ _____

(B)

C. TOTAL ESTIMATED GROSS ANNUAL HOUSEHOLD INCOME \$ _____
(A+B)

LIABILITY INFORMATION

Are there presently any liens on your property or any outstanding municipal assessments or outstanding taxes due? Yes No If yes, please explain:

To the best of your knowledge, is there any legal action threatened against you at the present that could affect your ability to pay back a loan or cloud the title of your property?

Yes No If yes, please explain:

PROPERTY INFORMATION

Name of Owner(s) as it Appears on the Property's Title

Year the home was built: _____ Block# _____ Lot# _____

Please check one: ___ Single Family House ___ Multi Family House Number of Units:

Is there a Mortgage on the Property? Yes No

If yes, type of Mortgage FHA VA Conventional Other

Original Mortgage Amount	Approximate Present Balance	Monthly Payment
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Name and Address of Mortgagee

Mortgage is dated _____ and was recorded on _____ (date) in _____ County at Book No. _____ and Page No. _____ .

Are there any additional mortgages on the property? Yes No

If yes, please attach additional page listing above requested information for each additional mortgage.

Do you have extended coverage/hazard insurance on your property? Yes No

Name of Insurance Company

Agent Name _____ Telephone Number

List the repairs which you wish to be addressed through this Program:

I hereby grant permission of entrance by appointment for the purpose of inspection of my property by authorized Municipal agents. I also understand that since inspection will be made as per my request, inspections are not to be considered a routine inspection, but are inspections of items which can potentially be improved via this program.

This is to certify that all statements made in my Application for assistance from the Neighborhood Housing Repair Fund 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.

Signature of Applicant

Date

Signature of Applicant

Date

ENCLOSURE CHECKLIST

Copies of the following eligibility documentation, if applicable, must be enclosed with your completed application for all household members age 18 and over:

_____ Social Security Numbers for applicants and all other household members.

_____ A signed copy of regular IRS Form 1040 (Tax computation form), 1040A or 1040EZ as applicable and state income tax returns filed for each of the three years prior to the date of interview or notarized tax waiver letter for respective tax year(s);

_____ Copies of the four consecutive most recent pay stubs including overtime, bonuses, or tips (showing year-to-date, if possible) dated within 120 days of interview date or a letter from employer stating present annual income figures as projected annually;

_____ A letter, year end 1099 form or appropriate reporting form verifying benefits such as Social Security, Unemployment, Welfare, Disability or Pension income (monthly or annually). Documentation of temporary benefits such as unemployment and disability are to include the start and ending date as well as the benefit amount;

_____ A letter or appropriate reporting form verifying any other sources of income claimed such as alimony and child support. This includes separation agreement or divorce papers signed by the presiding judge;

_____ Reports that verify income from assets to be submitted by banks or other financial institutions managing trust funds, money market accounts, certificate of deposit, stocks or bonds. Examples include copies of all interest and dividend statements for savings accounts, checking accounts, and investments;

_____ Documentation of Income from delayed earnings (IRA, 401K, annuities). This is for verification purposes only. Income is not calculated until received;

_____ Evidence or reports that verify assets such as real estate or businesses owned by any household member;

_____ Evidence or reports that verify assets that do not earn regular income such as non-producing real estate or savings that do not earn interest and;

_____ If applicable, a notarized statement of explanation of current status of any household member(s) 18 years of age or over not receiving income.

_____ Proof property taxes are paid current.

_____ Current homeowner's extended coverage/hazard insurance declarations page (not the policy or receipt).

_____ Copy of Recorded Deed to the property.

_____ **Original** completed Eligibility Release form (enclosed: all adult household members 18 years of age or older to sign, print name and date).

Please remember to provide copies of the requested items, with the exception of the original Eligibility Release form.

HIGHTSTOWN BOROUGH
NEIGHBORHOOD HOUSING REPAIR FUND

ELIGIBILITY RELEASE FORM

PURPOSE:

Your signature on this *Neighborhood Housing Repair Fund Eligibility Release Form*, and the signatures of each member of your household which is 18 years of age or older, authorizes the above-named organization and its representatives to obtain information from a third party relative to your eligibility and continued participation in the *Neighborhood Housing Repair Fund*.

PRIVACY ACT NOTICE STATEMENT:

The *Borough of Hightstown* is requiring the collection of the information derived from this form to determine an applicant's eligibility in the *Neighborhood Housing Repair Fund (NHRF)* and the amount of assistance necessary using funds from the *NHRF*. This information will be used to establish the level of benefit from the *NHRF* to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval.

INSTRUCTIONS:

Each adult member of the household must sign a NHRF Eligibility Release Form prior to the receipt of benefit to establish eligibility.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

INFORMATION COVERED:

Inquiries may be made about the following items:

- ▶ Income (all sources)
- ▶ Assets (all sources)

AUTHORIZATION:

I authorize the *Neighborhood Housing Repair Fund* and its representatives to obtain information about me and my household that is pertinent to eligibility for participation in the *NHRF*. I acknowledge that:

- (1) A photocopy of this form is as valid as the original;
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me);
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate; and
- (4) All adult household members will sign this form and cooperate with the owner in this process.

Head of Household-Signature Print Name, & Date:

2nd Household Adult Member-Signature, Print Name & Date

3rd Household Adult Member-Signature, Print Name, & Date:

4th Household Adult Member-Signature, Print Name & Date
