

**SCF-2 APPLICATION FOR REHABILITATION ASSISTANCE
MONROE TOWNSHIP HOUSING REHAB PROGRAM**

APPLICANT INFORMATION

Owner (Last Name First) _____

Social Security Number _____

Co-Owner (Last Name First) _____

Social Security Number _____

Street Address _____

City _____

State _____

Zip _____

Block / Lot _____

Mailing Address if different from Street Address _____

Home Telephone _____

Work Telephone _____

Cell Phone _____

E-Mail _____

STATISTICAL DATA:

_____ Date of Birth

Yes No
Age 60 and over?

Yes No
Handicapped/Disabled

Racial Description (check one)

Black

White

Asian or Pacific Islander

Hispanic

American Indian or Alaskan Native

Other

You Must Report All Persons Living In Your Household

Name and age of others living in household:

1.	_____	_____	2.	_____	_____
	Name	Age		Name	Age
3.	_____	_____	4.	_____	_____
	Name	Age		Name	Age
5.	_____	_____	6.	_____	_____
	Name	Age		Name	Age

Have you ever received State or Federal Rehabilitation Funds before: Yes No

If yes, Give name of program, amount and date _____

Are there any children under the age of 7 years residing in the household? Yes No

Are there any children under the age of 7 years old with an identified elevated blood lead (EBL) level residing in the household? Yes No

DO YOU HAVE A REVERSE MORTGAGE? Yes No

Are you or any household member related to any government official or employee of your municipality? Yes No

If so, give names of person(s) related and their official title: _____

INCOME DATA (You must report **all income received for all household members**)

EMPLOYMENT

Applicant:

Name _____

Name and Address of Employer _____

(If you work for more than one employer, state name and address and total income below)

Position: _____ Number of Years Employed: _____

Gross Income \$ _____ Check One: Weekly Bi-Weekly Monthly

#2 Other Household Members:

Name _____

Name and Address of Employer _____

(If you work for more than one employer, state name and address and total income below)

Position: _____ Number of Years Employed: _____

Gross Income \$ _____ Check One: Weekly Bi-Weekly Monthly

#3 Other Household Members:

Name _____

Name and Address of Employer _____

(If you work for more than one employer, state name and address and total income below)

Position: _____ Number of Years Employed: _____

Gross Income \$ _____ Check One: Weekly Bi-Weekly Monthly

#4 Other Household Members:

Name _____

Name and Address of Employer _____

(If you work for more than one employer, state name and address and total income below)

Position: _____ Number of Years Employed: _____

Gross Income \$ _____ Check One: Weekly Bi-Weekly Monthly

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

OTHER INCOME

Name: _____	<input type="checkbox"/> Social Security	\$ _____
_____	<input type="checkbox"/> Pension	\$ _____
	<input type="checkbox"/> Welfare	\$ _____
	<input type="checkbox"/> Child Support	\$ _____
	<input type="checkbox"/> Unemployment	\$ _____
	<input type="checkbox"/> Disability	\$ _____
	<input type="checkbox"/> Interest, Stocks, and/or Bonds	\$ _____
Explain Other: _____	<input type="checkbox"/> Other	\$ _____

Name: _____	<input type="checkbox"/> Social Security	\$ _____
_____	<input type="checkbox"/> Pension	\$ _____
	<input type="checkbox"/> Welfare	\$ _____
	<input type="checkbox"/> Child Support	\$ _____
	<input type="checkbox"/> Unemployment	\$ _____
	<input type="checkbox"/> Disability	\$ _____
	<input type="checkbox"/> Interest, Stocks, and/or Bonds	\$ _____
Explain Other: _____	<input type="checkbox"/> Other	\$ _____

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

Name & Address of Financial Institution	Account Number	Current Value	Annual Income (interest / dividends)

PROPERTY INFORMATION

Name of Owner(s) as it appears on the property's deed

Year home was built

Is there a Mortgage on the Property? Yes No

Original Mortgage Amount

Approximate Present Balance

Monthly Payment

List the repairs that you believe require rehabilitation through this program:

ACKNOWLEDGMENT:

This is to certify that all statements made in my application are true to the best of my knowledge. I understand that failure to report all income on all household members can result in the denial to participate in the rehabilitation program.

I understand that I can withdraw my application at any time, but will be assessed for all program activity to date, including costs for the work write-up and property inspection, risk assessment, and all administrative costs incurred. A lien will be assessed against the homeowner's property if payment is not forthcoming. *This provision is in accordance with the Policy and Procedural Manual adopted for this program by Monroe Township (municipality)*

Signature of Homeowner

Signature of Co-Owner

Date

Date

The following items must be returned with this application: Please place a check mark in the space provided with the documents you are including with this application. If an item does not pertain to your household place N/A in the space provided.

- ___ Copy of RECORDED Deed
(a recorded deed can be obtained at the county clerks office)
- ___ Copy of current homeowner's insurance (declaration page only)
- ___ Copy of Flood insurance where applicable (declaration page only)
- ___ Copy of most recent tax return, all pages and schedules 1040, 1040A, EZ,
- ___ Copy most recent pay stubs,(4) consecutive (one month), for all who earn income
- ___ Copy Real Estate Tax Bill
- ___ Copy Social Security Award Letter for all who collect- current
- ___ Copy Pension, Welfare, Disability, etc., award letters for all who collect- current
- ___ Copy Bank Statements showing interest, stocks, bonds, etc. for all household members
60 days - current
- ___ Student ID for children over 16
- ___ Proof of child support and/or alimony payments received

OFFICE USE ONLY: Employment Income _____ Other Income _____ Total Household Income _____ Number in Household _____ % of Median _____ Date Approved _____

This application and all supporting documents can be returned to:
Triad Associates Attn. Lyanessa Rodriguez
1301 W. Forest Grove Rd., Vineland NJ 08360
by email to lrodriguez@triadincorporated.com; or
by fax to (856) 690-5622