



# NOTICE TO MONROE TOWNSHIP HOMEOWNERS!

The Township of Monroe Township Will Be Utilizing Affordable Housing Trust Funds For The Purpose Of Providing Home Repair Loans To Low And Moderate Income Homeowners.

## NEED SOME HOME REPAIRS?

Read about how you may be able to obtain a home repair loan with no interest and No monthly payments!!!

## Type of Loan & Terms

Loans are issued in the form of “deferred loans”. Loan funds are secured by a mortgage note held by the Monroe Township. Under most circumstances, **when the deed of the property is transferred from the original applicant, the loan is repaid to the Township.** At no time are monthly payments required or interest added.



## Eligible Repairs

The purpose of the program is to address code related items & weatherization needs. The types of repairs covered are **electric, plumbing, heating, roof, structural issues, windows, doors, handrails, steps, smoke detectors, and CO detectors.** Items are addressed by priority starting with major systems. **Additions and interior decorating are not eligible.**

## Homeowner Eligibility

To qualify for a Home Repair Loan, the applicant must meet the following eligibility requirements:

- **Must Be A Full-Time Resident**
- **Real Estate Taxes And Municipal Utilities Must Be Current**
- **Homeowner’s And Flood Insurance Must Be Valid (If Applicable)**
- **Gross Annual HOUSEHOLD Income Must Be Less Than 80% Of The Median Income Limit**
- **Property Cannot Have An Existing Lien**

## HUD Income Guidelines 2020

### Persons Per Household

| Income Level Not to Exceed | 1 Person | 2 People | 3 People | 4 People | 5 People | 6 People | 7 People | 8 People  |
|----------------------------|----------|----------|----------|----------|----------|----------|----------|-----------|
|                            | \$54,150 | \$61,850 | \$69,600 | \$77,300 | \$83,500 | \$89,700 | \$95,900 | \$102,050 |

Applicants will be selected in the order of receiving a completed application to include copies of **all** required documentation requested until funding is exhausted.

If you are interested in being considered for this program, please contact **Lyanessa Rodriguez, Triad Associates at (856) 690-9590** or via email at [lrodriguez@triadincorporated.com](mailto:lrodriguez@triadincorporated.com)

**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:

|           |       |       |           |       |       |
|-----------|-------|-------|-----------|-------|-------|
| <b>1.</b> | _____ | _____ | <b>2.</b> | _____ | _____ |
|           | Name  | Age   |           | Name  | Age   |
| <b>3.</b> | _____ | _____ | <b>4.</b> | _____ | _____ |
|           | Name  | Age   |           | Name  | Age   |
| <b>5.</b> | _____ | _____ | <b>6.</b> | _____ | _____ |
|           | 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<br>(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:

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**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

|   |
|---|
| <b>OFFICE USE ONLY:</b> Employment Income _____ Other Income _____<br>Total Household Income _____ Number in Household _____ % of Median _____<br>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](mailto:lrodriguez@triadincorporated.com); or  
by fax to (856) 690-5622

**STATEMENT OF FACT  
HOUSING REHABILITATION PROGRAM**

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I, (print name) \_\_\_\_\_, certify by initialing below that I **do not** either receive the following items or I am not required to file such report or returns.

**PLEASE INITIAL EACH ITEM AS IT APPLIES TO YOU.**

\_\_\_\_\_ I do not work

\_\_\_\_\_ I am not a full-time student

\_\_\_\_\_ I do not receive any additional earned or unearned income from any source other than what I have already submitted to the Program.

\_\_\_\_\_ I do not receive any alimony

\_\_\_\_\_ I do not receive any child support

\_\_\_\_\_ I am not required to file any Federal or State Income Tax Returns

\_\_\_\_\_ **I do not have the following:** any checking and savings accounts to include CDs, Money Market Funds, Mutual Funds, Stocks and Bonds and any other assets held by financial institutions other than what I have already submitted to the Program

**I further state that I understand eligibility under the this program is based upon household income and failure to disclose and report all income can result in disqualification and/or cancelation and full restitution of any funds expended or received under false pretense.**

**X**  
\_\_\_\_\_  
**Signature**

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

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Address                      City/ State/ Zip