

TOWNSHIP OF DOWNE
FY 2021 NJ DCA SMALL CITIES PROGRAM
HOUSING REHABILITATION APPLICATION

Name: _____

Street Address: _____

Telephone Number(s) (DAY) _____ (EVENING) _____

What is your age? _____

Do you reside at this address? YES: _____ NO: _____

If yes, for how long? _____ Yrs _____ Months

Do you own this property?: YES: _____ NO: _____

Is part of this property rented? YES: _____ NO: _____

Do you know when your home was built? YES: _____ NO: _____

If "yes" please tell us the year on construction _____

Attach copy of your deed and evidence of homeowners insurance

If your home is located in the 100 year flood hazard area you must also submit evidence of Federal Flood Insurance

How many persons reside in this home: _____
(NOTE THOSE PERSONS BY NAME, AGE AND RELATIONSHIP)

Is anyone living at your home disabled or handicapped?

If yes please describe _____

What was your gross household income for 2020 for all persons living in your home?: \$_____ (Applications are not processed if an income figure is not provided)

Provide evidence of your income - applications that do not provide income information cannot be processed.

Attach a copy of 2020 IRS 1040 tax return form and last four pay stubs, if you are employed. Disabled, retired or unemployed persons should include "award letter" from appropriate agency. Self-employed persons must include IRS Schedule "C". Include income documentation for all persons aged 18 years and over living in the home. Count all sources including wages, salaries, rents, fees, social security, disability payments, and pension payments.

This program is limited to correcting dangerous code deficiencies in homes owned and occupied by low income persons. Give a brief description of the problems that you would like corrected:

I, _____ (print your name), hereby certify that to the best of my knowledge and belief, the above statements made by me are true and correct. I understand that there may be legal penalties for fraudulently misrepresenting my income or ownership status.

Signature of Applicant

Date