### REHABCO, INC.

Phone: 732-477-7750 Fax: 732-920-9649

# TOWNSHIP OF HANOVER Housing Rehabilitation Program Application

44 E. Water Street Toms River, NJ 08753 Email: rehabco@aol.com

٩ppl	licant's Name: Soc	Social Security #:			
Spou	use/Partner Name: Soc	ial Security #:			
Stree	et Address: City/State/Zip:				
Hom	ne Phone: Work Ph:	Mobile Ph	:		
E-Ma	ail Address:				
Num	nber of People in Household: Number of I	Bedroom(s):			
	ANSWER ALL OF THE FOLLOWING QUESTION	NC .			
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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		
6a	Have you ever filed for bankruptcy?		Yes	No	
6b					
7	Last Year, did the owner and/or other household member file				
-	FEDERAL INCOME TAX RETURN	١	Yes	No	
	STATE INCOME TAX RETURN	١	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 s	statistical purposes only, please check your Racial/Ethnic informationBlackHispanic Native American	w	hite'	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
	APPLICANT			\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

#### **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.

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 Toms River, NJ 08753 Phone: 732-477-7750 Fax: 732-920-9649 44 E. Water Street Toms River, NJ 08753 Email: rehabco@aol.com

#### **TOWNSHIP OF HANOVER**

## **Housing Rehabilitation Program Documents Required**

# ALL OF THE FOLLOWING APPLICABLE DOCUMENTS MUST BE SUBMITTED WITH YOUR APPLICATION FOR ALL HOUSEHOLD MEMBERS.

Any item not applicable must be marked "N/A", SIGN & RETURN with application.

			ax Returns for <b>ALL</b> household members. INCLUDE <b>A D SIGN THE COPIES OF TAX RETURNS.</b>	LL W-2s,		
	opies of three (3) recent pay stubs showing gross year-to-date amounts. If not available, please obtain a etter from your place of employment stating your gross year-to-date and total gross annual income.					
	obtain a letter from the Social Secu					
	Copies of Disability statements. Thi received.	s must state t	he beginning and ending dates, as well as the amou	nt		
	Copies of Welfare statements. This must state the beginning and ending dates, as well as the amount received. If not available, please obtain a letter from the Welfare Office.					
	Copies of Unemployment statements. This must state the beginning and ending dates, as well as the amount received. If not available, please obtain a letter from the Unemployment Office.					
	Copies of Alimony and Child Suppo stating the amount received/to be		required is a copy of the Separation/Divorce agree	ment		
	Three (3) current consecutive months bank statements, all pages for all accounts, (checking, savings, money market etc.) and Interest and Dividend statements.					
	Copies of Pension and Annuity statements.					
	Copies of <u>ALL</u> income received from child care, cleaning homes, etc. (Non-taxable AND Taxable)					
	All other public assistance, non-taxable AND taxable received by ALL household members.					
	All other payments/assistance rece	ived from sch	olarships, stipends, parsonage, etc.			
	Proof of paid property tax. (Can be	obtained at t	the Township Tax Office.)			
	Copy of the declaration page of cur	rent homeow	ner's insurance policy.			
	Copy of the <u>recorded</u> property deed. Copy <u>MUST</u> have the County stamp showing the recorded date, book and page numbers.					
	Copy(s) of current mortgage and/o	r equity loan(s	s) showing balance owed.			
	eby attest all items marked by N/A ted to by my/our signature(s) below		ove are not applicable to me or any household mer	mber as		
Appli	cant Signature	Date	Co-Applicant Signature	Date		

**RETURN THIS SIGNED FORM WITH YOUR APPLICATION**