



*Mayor Bruce R. Hankins  
Vice Mayor Paul Ritter III  
Joseph C. Shoemaker, Jr.  
Gregory Facemyer  
Robin S. Freitag*

### **Hopewell Township Housing Rehabilitation Program**

Hopewell Township has applied for and received a grant from the NJ DCA to assist low to moderate income homeowners in the Township to make repairs to their homes. The Township has hired Blauer Associates to administer the Housing Rehabilitation Program. Assistance is provided as a combination of a forgivable loan and a deferred loan. Half of the assistance is a forgivable loan that converts to a grant after 6 years-the other half is a deferred loan that is paid back (without interest) when you sell your home.

The application form is attached. Be sure to include the following items with your application:

- Copy of your 2015 Federal Tax Return and your four (4) most recent pay stubs. If you are retired provide statements of annual benefits from Social Security and/or other pensions. Provide income information for everyone residing in your home who is 18 years and older.
- Copy of your deed
- Copy of the current Declarations page of your homeowner insurance policy.

You can submit the application and required documents to either Blauer Associates, PO Box 363, Nescopeck, PA 18635 or Hopewell Township, Attn: Lois Yarrington, 590 Shiloh Pike, Bridgeton NJ 08302.

Hopewell Township looks forward to assisting you through the rehabilitation program. If you have any questions about the program, you can contact the Township Clerk's Office at 856-455-1230 ext. 110 or Mark Blauer from Blauer Associates at 570-379-2552.

*Municipal Building      590 Shiloh Pike      Bridgeton, New Jersey 08302  
Main Office Phone (856) 455-1230      Fax (856) 455-3080*

TOWNSHIP OF HOPEWELL  
FY 2016 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 2015 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 2015 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:

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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

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date