

Woodland Park Housing Rehabilitation Program Application

Applicant's Name:		Social Security #:
Spouse/Partner Name:		Social Security #:
Street Address:		City/State/Zip: Woodland Park, NJ 07424
Home Phone:	Work Ph:	Mobile Ph:
E-Mail Address:		
Number of People in Household:		Number of Bedroom(s):

ANSWER ALL OF THE FOLLOWING QUESTIONS

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___	No___
6a	Have you ever filed for bankruptcy?	Yes___	No___
6b	If YES, in what year?	_____	
7	Last Year, did the owner and/or other household member file		
	FEDERAL INCOME TAX RETURN	Yes___	No___
	STATE INCOME TAX RETURN	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 statistical purposes only, please check your Racial/Ethnic information

___ Asian	___ Black	___ Hispanic	___ Native American	___ White	___ Other
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PLEASE STATE BELOW THE ITEMS IN NEED OF IMMEDIATE REPAIR OR REPLACEMENT

Continued.....

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, 2nd FL
Toms River, NJ 08753

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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.

	Copies of last year's Federal AND State Income Tax Returns for ALL household members. INCLUDE ALL W-2s, 1099s, schedules and attachments . BE SURE TO SIGN THE COPIES OF TAX RETURNS.
	Copies of two (2) recent pay stubs showing gross year-to-date amounts. If this is not available, please obtain a letter from your place of employment stating your gross year-to-date and total gross annual income.
	Copies of the annual Social Security and Supplemental Security Statements. If this is not available, please obtain a letter from the Social Security office stating your annual income.
	Copies of Disability statements. This must state the beginning and ending dates, as well as the amount received.
	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 Support checks. Also required is a copy of the Separation/Divorce agreement stating the amount received/to be received.
	Copies of a current bank statement (checking & savings) and Interest and Dividend statements.
	Copies of Pension and Annuity statements.
	Copies of ALL 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.
	Proof of paid property tax. (Can be obtained at the Tax Office.)
	Copy of the declaration page of current homeowner's insurance policy.
	Copy of the recorded property deed. Copy MUST show the County stamp showing the recorded date, book and page numbers.
	Copy(s) of current mortgage and/or equity loan(s) showing balance owed.

I hereby attest all items marked by N/A answered above are not applicable to me or my family as attested to by my/our signature(s) below.

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Applicant Signature	Date	Co-Applicant Signature	Date
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Print Name:		Print Name:	