



DEPARTMENT OF
Housing, Economic Development & Commerce
Division of Community Development

30 Montgomery Street, 4th Floor, Jersey City, NJ 07302

Phone: (201) 547-6910

Fax: (201) 547-5104

Jerramiah T. Healy, Mayor
CITY OF JERSEY CITY

Dear Homeowner:

You may be eligible for assistance to correct code violations, repair or replace major systems, weatherize your home or address lead-based paint issues.

Eligibility includes, but is not limited to the following:

- **You have not received HORP funds for the past ten years. (Exception for the following emergency repairs not previously covered by HORP:**
 - **Roof Replacement / Skylight / Collapsed Chimney**
 - **Heating System**
 - **Handicapped Access Ramp / Lift**
 - **Water / Sewer Service**
- **You do not reside in a City subsidized new construction housing unit. (exception for properties over 10 years old).**
- **You own and occupy a 1-4 Family house in Jersey City (excludes condominiums).**
- **You meet the Federal (HUD) guidelines for income eligibility.**
- **Your property taxes and Homeowner's Insurance have no past due balance.**
- **You have no past due water and sewerage balances and your account is not in a payment plan.**

The maximum amount of assistance is \$24,900 per residential unit. This is based on the City's cost estimate of eligible work items, including, but not limited to the following:

- **Electrical Service**
- **Heat / Hot Water System (no conversion)**
- **Plumbing: Water / Sanitation Service**
- **Roof / Chimney**
- **Smoke Detectors**
- **Windows / Doors / Locks**
- **Porch / Steps / Railings / Sidewalk**
- **Siding**
- **Handicapped Access**
- **Code Violations as cited by the Division of Housing Code Enforcement**

In September 2000 HUD instituted regulations governing the containment of lead dust commonly found in houses built pre-1978. If lead is present in areas where work is to be completed, work associated with the containment of lead will receive priority.

A self-liquidating lien* in the amount of the full grant will be placed on the property for a period of ten (10) years to provide for repayment if the property is sold or transferred to an ineligible owner (New owner(s) must be income qualified upon a change of ownership).

* This Lien is solely for the purpose of preventing an ineligible transfer of ownership.

Upon the Division's inspection of the property, if it is determined that an additional living unit(s) exists which does not agree with the City's tax records, the Division of Community Development (DCD) will request a review of the property by the City's Zoning Division. The submitted application will be placed on hold until the DCD receives results from the Zoning Division. If the Zoning Division finds illegal quarters, the applicant will be immediately deemed ineligible and cannot reapply to the Program for one (1) year from the date of this determination.

The following income and asset limits apply to this program:

Family Size*	1	2	3	4	5	6	7	8+
Adjusted Gross Income Limit**	41,250	47,150	53,050	58,900	63,650	68,350	73,050	77,750

*Family includes the owner(s) listed on recorded documents; the number of dependents claimed on his/her most recently filed Federal income tax return, and any other individuals residing in the household. Income certification will be required for all tenants.

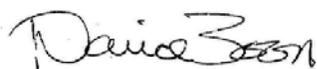
Adjusted Gross Income includes the amount shown on the owner(s) most recently filed Federal income tax return as adjusted **total income (after any adjustments or deductions) plus any taxable income (Social Security, pension, IRA, interest, unemployment). The income of all persons listed on the deed will be included in the determination of eligibility. Assets (Certificate of Deposits, Savings Accounts, etc.) cannot exceed \$50,000; except for seniors 62 or older, \$ 100,000.00.

Applications will be accepted by mail or in person at the Division of Community Development, 30 Montgomery Street, Suite 404 from 9:00 A.M. to 4:00 P.M. All applicants will be contacted by letter or by telephone to schedule an appointment.

Applications will be available on an ongoing basis. Only complete applications with all required **copies** of documents will be accepted. **Incomplete applications will be returned to you** and will be reviewed in the order received. All applicants will be notified by mail regarding eligibility determinations.

If you have any questions, please feel free to contact the Division of Community Development at **201-547-4747**.

Sincerely,



DARICE TOON
Director, Division of Community Development

**CITY OF JERSEY CITY
DEPARTMENT OF HOUSING, ECONOMIC DEVELOPMENT & COMMERCE
DIVISION OF COMMUNITY DEVELOPMENT
HOMEOWNERS REHABILITATION PROGRAM APPLICATION 2012
(OWNER-OCCUPIED ONLY)**

HOMEOWNER(S) INFORMATION (PLEASE PRINT)

APPLICANT: _____	SSN# (last 4 digits only) _____ <i>(Applicant must show SS card)</i>	
LIST ANY OTHER OWNER ON THE DEED:		
NAME: _____	SSN# (last 4 digits only) _____ <i>(Applicant must show SS card)</i>	
APPLICANT ADDRESS: _____		
TELEPHONE Home: _____	Mobile: _____	
Business: _____		
MARITAL STATUS: _____ Single	_____ Married	_____ Divorced
_____ Separated	_____ Widowed	
HOUSEHOLD SIZE (Number of persons residing in your unit): _____		

BUILDING INFORMATION:
Number of Units: 1 _____ 2 _____ 3 _____ 4 _____
Year Built: _____ (If available)
Have any of the current occupants been tested for lead and had an elevated blood level?
_____ Yes _____ No _____ Unknown
Have you received a previous grant for this building: _____ Yes _____ No
If yes, date of previous grant: _____

COPIES OF THESE DOCUMENTS MUST ACCOMPANY THE APPLICATION

- Recorded deed (all pages), quit claim deeds are not acceptable and copy of recorded home mortgage and bank statement showing account is current. (Temporary loan modifications are ineligible.)
- Proof of residence (utility bill, etc.)
- Income verification and social security number [last four (4) digits only] for all owners listed on your deed.
 - 2011 IRS Tax File Transcript (Call 1-800-829-1040)
 - Signed copies of your 2010 Federal and State Income Tax Return and Attachments (Schedules, W-2s, 1099s).
- IRS letter #1722 (if you did not file a 2010 Federal Income Tax Return). Call (1-800-829-1040)
- Most recent checks and / or pension, Social Security statement of benefits.
- Declaration page from your current Homeowner's Insurance Policy.
- Death Certificate (if applicable).
- Verification of child custody (if applicable)

**VERIFICATION REGARDING CASH ASSETS WILL BE REQUIRED WHEN YOU ARE CONTACTED FOR AN INTERVIEW.
ALSO, ALL PROPERTIES ARE SUBJECT TO A CURRENT APPRAISAL AND TITLE SEARCH.**

FEDERAL REPORTING REQUIREMENTS

To fulfill Federal reporting requirements, please provide the following information for reporting purposes only.

PLEASE HAVE THIS PAGE NOTARIZED

HOMEOWNER INFORMATION

Number of persons in the household (Note: Household is a group of related or unrelated persons occupying the same house with at least one member being the head of the household. Renters, roomers, or borders cannot be included as household members): _____

Which race do you identify yourself as?

- White
- Black/African American
- Asian
- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native AND White
- Asian AND White
- Black/African American AND White
- American Indian/Alaska Native AND Black/African American
- Other: _____

Do you identify yourself as HISPANIC / LATINO? Yes No

Please check, yes or no, if you are a female Head of Household? YES NO

Are you a Senior Citizen (62 years of age or older)? YES NO

TENANT INFORMATION

Name _____

Number of persons in the household (Note: Household is a group of related or unrelated persons occupying the same house with at least one member being the head of the household. Renters, roomers, or borders cannot be included as household members): _____

Which race do you identify yourself as?

- White
- Black/African American
- Asian
- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native AND White
- Asian AND White
- Black/African American AND White
- American Indian/Alaskan Native AND Black/African American
- Other: _____

Do you identify yourself as HISPANIC / LATINO? Yes No

Please check, yes or no, if you are a female Head of Household? YES NO

Are you a Senior Citizen (62 years of age or older)? YES NO

Total Monthly Rental Amount: \$ _____ **Approximate Total Household Income:** \$ _____

I certify that all of the information in this application is true and accurate as stated, and I understand that any false statements on this application form and ensuring documents, whether it be intentional or inadvertent, can result in immediate disqualification from the program and possible criminal prosecution by Federal and State Law Enforcement Officials.

Owner's Signature _____ Co-Owner's Signature _____

Sworn and subscribed before me _____ this _____ day of _____, 2012

Notary Public: _____

**CITY OF JERSEY CITY
 HOMEOWNER REHABILITATION PROGRAM (HORP)
 APPLICATION CHECKLIST**

Owner(s) Name(s): _____

Property Address: _____

Block: _____ Lot: _____

Ward: _____ # of Units: _____

Please check (✓) all that apply. Return this checklist with application, along with copies of the following Documentation (Originals will not be returned):

Social Security / Pension / Award Letter Yes _____ Not Applicable _____

IRS Letter #1722 (Non-Filer) Yes _____ Not Applicable _____

Recorded Deed Yes _____ Not Applicable _____
 (Obtain from County Registrar's office)

Recorded Home Mortgage Yes _____ Not Applicable _____
 (Obtain from County Registrar's office)

Death Certificate Yes _____ Not Applicable _____

Mortgage Statement Yes _____ Not Applicable _____

Mortgage Cancellation Yes _____ Not Applicable _____

Home Insurance Declarations Page Yes _____ Not Applicable _____

Custodial Papers and Child Support Documentation Yes _____ Not Applicable _____

Flood Insurance Yes _____ Not Applicable _____

Multi Family Registration (3-4) Units Yes _____ Not Applicable _____

Divorce Decree Yes _____ Not Applicable _____

Current IRS Tax File Transcript Yes _____ Not Applicable _____

Proof of Residence (utility bill, telephone bill) Yes _____ Not Applicable _____

Division of Community Development Use <u>ONLY</u>		
Tax Assessor's Verification on File (Age of building on file)	Yes _____	Not Applicable _____
Tax Collector's Verification on File (Taxes must be current with no outstanding liens)	Yes _____	Not Applicable _____

INSTRUCTIONS FOR OBTAINING TRANSCRIPTS OF TAX RETURNS, COPIES OF TAX RETURNS, OR 1722 LETTERS

1. Call 1-800-829-1040 and request a transcript by the automated system. Please follow the options listed below:

**WHEN CALLING BETWEEN THE HOURS OF 7:00 A.M. and 10:00 P.M.,
PLEASE SELECT THE FOLLOWING OPTIONS:**

- Option 2 (Personal Tax Account)
- Enter your Taxpayer ID Number (SSN, ITIN, or EIN)
- Option 1 (Transcripts)
- Enter the Numbers in your street address.
- Enter the year of the tax return you are requesting.

**IF YOU ARE CALLING AT ANY OTHER TIME, PLEASE SELECT THE
FOLLOWING OPTIONS:**

- Option 2
- Enter your Taxpayer ID Number (SSN, TIN, or EIN)
- Option 1
- Enter the Numbers in your street address.
- Option 2
- Enter the year of the Return you are requesting.

Your transcript(s) will be mailed within 10 to 15 days

OR

2. You may complete IRS Form 4506, REQUEST FOR COPY OR TRANSCRIPT OF TAX FORM, and mail it to the address indicated on the form. You should receive your transcript within 10-15 days.