

# (2009) SENIOR (TARGETED) HOME REPAIR PROGRAM (SHRP)

## CONTACT INFORMATION:

Name of Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number(s): H: \_\_\_\_\_

W: \_\_\_\_\_

C: \_\_\_\_\_

Email Address: \_\_\_\_\_

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## WHAT DOCUMENTS MUST YOU BRING TO THE INTERVIEW?

### Please bring copies:

- ❖ Copy of all pages of your recorded Deed & recorded Mortgage. Also current bank statement showing account is current and not in arrears.
- ❖ 2008 Federal Tax Return (Family Members 18 years and over) & W 2'S & 1099'S & IRS printout
- ❖ 2008 State Tax Return (Family Members 18 years and over)
- ❖ IRS Non-Filers Form # 1722 (if you did not file a 2008 Federal Income Tax Return)
- ❖ Copy of most recent Checking Account statements
- ❖ Copy of most recent Savings Account statements
- ❖ Social Security & or Pension Benefit Statement(s)
- ❖ Letter from City Tax Collector's Office (280 Grove Street)
- ❖ Letter from Tax Assessor's Office (280 Grove Street)
- ❖ Verification of Child Custody (if applicable)
- ❖ Verification of School Enrollment (Family Members 18 years and over)
- ❖ Declaration Page from Homeowner's Insurance Policy

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## PLEASE SIGN AND DATE APPLICATION

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**Jerramiah T. Healy, Mayor**  
**CITY OF JERSEY CITY**

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

30 Montgomery Street, 4<sup>th</sup> Floor, Jersey City, NJ 07302

Phone: (201) 547-6910

Fax: (201) 547-5104

**Date:** \_\_\_\_\_

**Dear Senior Citizen:**

You may be eligible for emergency assistance to make emergency repairs in your home. Homeowner eligibility requirements include, but are not limited to the following:

- \* **You must be 62 years of age and over, disabled 55 years and older.**
- \* **Own and occupy a one to four family residential unit.**
- \* **Annual income must fall within the HUD income eligibility guidelines.**
- \* **Property taxes, homeowner's insurance and water fees must be current.**
- \* **Have not received financial assistance from any City grant program within the Last ten (10) years.**
- \* **Proof of need from your Heating Supplier (PSE&G/Oil Co.) and/or a licensed Contractor or plumber.**
- \* **Assistance is limited to two emergency items per household.**

**Repairs are Limited to Two Items Only & can include:**

- a) **Roof replacement/Skylight/collapsed chimney**
- b) **Heating system**
- c) **Handicapped Access Ramp/Lift**
- d) **Water/sanitary service**
- e) **Structural**

**Any work or repairs performed prior to the issuance of a Notice to Proceed are ineligible for rebate.**

The maximum amount of assistance is **\$15,000**, which will be based on the Division's estimated cost of eligible work items.

**A five-year (5) self liquidating lien will be placed on your property to provide for repayment if the property is sold or transferred.**

**The Federal funds available for this program are limited. Applications will be reviewed in the order received and they must include required copies of documentation (no originals) in order to be considered complete.**

The following income and asset limits apply to this program:

Family Size*	Gross Income Limit**
1	\$39,850.00
2	\$45,500.00
3	\$51,200.00
4	\$56,900.00
5	\$61,450.00
6	\$66,000.00
7	\$70,550.00
8 or more	\$75,100.00

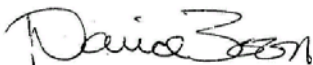
\*Family includes the owner(s) listed on recorded documents; the number of dependents claimed on his/her most recently filed Federal income tax return, and any other individuals residing in the household. Income certification will be required for tenants in buildings of 3 and 4 units.

\*\*Gross Income includes the amount shown on the owner(s) most recently filed Federal income tax return as **total income** (before any adjustments or deductions) plus any non-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 (CD's and Savings Accounts) cannot exceed \$25,000.

**NOTE:** 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 DCD will request 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.

Please call the Division of Community Development at **(201) 547-4747** if you have any questions concerning the application.

Sincerely,



**DARICE TOON**  
Director Division Community Development

**CITY OF JERSEY CITY**  
**DEPARTMENT OF HOUSING, ECONOMIC DEVELOPMENT & COMMERCE**  
**DIVISION OF COMMUNITY DEVELOPMENT**  
**SENIOR CITIZEN ASSISTANCE**  
**SENIORS AGES 62 AND UP & DISABLED PERSONS 55 AND UP**  
**SENIOR HOME REPAIR PROGRAM APPLICATION 2009**  
**(OWNER-OCCUPIED ONLY)**

**HOMEOWNER(S) INFORMATION (PLEASE PRINT)**

<b>APPLICANT:</b> _____	<b>SSN #</b> _____ - _____ - _____
<b>LIST ANY OTHER OWNER ON THE DEED:</b>	
<b>NAME:</b> _____	<b>SSN #</b> _____ - _____ - _____
<b>APPLICANT ADDRESS:</b> _____	
<b>TELEPHONE Home:</b> _____	
<b>Business:</b> _____	
<b>MARITAL STATUS:</b>	_____ <b>Single</b> _____ <b>Married</b> _____ <b>Divorced</b> _____ <b>Separated</b> _____ <b>Widowed</b>
<b>HOUSEHOLD SIZE (Number of persons residing in your unit):</b> _____	

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

**COPIES OF THESE DOCUMENTS MUST ACCOMPANY THE APPLICATION**

- Recorded deed (all pages) and mortgage.
- Income verification and social security number for all owners listed on your deed.
  - 2008 IRS Printout (Call 1-800-1040)
  - Signed copies of your 2008 Federal and State Income Tax Return & Attachments (Schedules, W-2s, 1099s).
- IRS letter #1722 (if you did not file a 2008 Federal Income Tax Return). Call (1-800-829-1040)
- Most recent checks and/or pension, social security statement of benefits.
- A letter from the City Tax Collector, stating real estate taxes are current and there are no liens. (form attached).
- Declaration page from your Homeowner's Insurance Policy.
- Death Certificate (if applicable).
- Print-out from Tax Assessor's Office (Age of Building)

We will require documentation regarding cash assets when you are contacted for an interview.

**FEDERAL REPORTING REQUIREMENTS**

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

**\*PLEASE HAVE THIS PAGE NOTARIZED\***

<b>Number of Persons in Household</b>	<b>Owner</b>	<b>Tenant 1</b>	<b>Tenant 2</b>	<b>Tenant 3</b>
<b>Age (Head of Household)</b>				
<b>Sex (Head of Household)</b>				
<b>Is anyone legally handicapped?</b>				
<b>Number of Children</b>				
<b>Ethnicity Select only one):</b>				
<b>Hispanic/Latino</b>				
<b>Not Hispanic/Latino</b>				
<b>Race (Select one or more):</b>				
<b>American Indian/ Alaska Native</b>				
<b>Asian</b>				
<b>Black/ African American</b>				
<b>Native Hawaiian/ Pacific Islander</b>				
<b>White</b>				
<b>Amount of Monthly Rent Collected from Tenants</b>	<b>Total Rent Collected</b>	<b>Monthly Rent</b>	<b>Monthly Rent</b>	<b>Monthly Rent</b>

**CERTIFICATION**

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.

Notarized: \_\_\_\_\_

\_\_\_\_\_  
Homeowner's Signature

\_\_\_\_\_  
Homeowner's Signature

Sworn and subscribed before me

**CITY OF JERSEY CITY  
SENIOR CITIZEN TARGETED REPAIR PROGRAM  
AGES 62 YEARS & OVER/DISABLED 55 YEARS & OVER**

**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 (Original will not be returned):**

**2008 Federal/State Tax Returns, IRS  
Printout, 1099, W-2's  
& Attachments**

Yes \_\_\_\_\_ Not Applicable \_\_\_\_\_

**SS / Pension / Award Letter**

Yes \_\_\_\_\_ Not Applicable \_\_\_\_\_

**IRS Letter #1722 (Non-Filer)**

Yes \_\_\_\_\_ Not Applicable \_\_\_\_\_

**Recorded Deed**

Yes \_\_\_\_\_ Not Applicable \_\_\_\_\_

**Death Certificate**

Yes \_\_\_\_\_ Not Applicable \_\_\_\_\_

**Current Tax Letter**

Yes \_\_\_\_\_ Not Applicable \_\_\_\_\_

**Mortgage Statement**

Yes \_\_\_\_\_ Not Applicable \_\_\_\_\_

**Mortgage Cancellation**

Yes \_\_\_\_\_ Not Applicable \_\_\_\_\_

**Home Insurance Declaration  
Page**

Yes \_\_\_\_\_ Not Applicable \_\_\_\_\_

**Age of House  
(Tax Assessor's Office)**

Yes \_\_\_\_\_ Not Applicable \_\_\_\_\_

**Flood Insurance**

Yes \_\_\_\_\_ Not Applicable \_\_\_\_\_

**Multi Family Registration (3-4) Units**

Yes \_\_\_\_\_ Not Applicable \_\_\_\_\_

**Divorce Decree**

Yes \_\_\_\_\_ Not Applicable \_\_\_\_\_

Proof of Residence, if you use a P.O. Box (i.e. utility bill, telephone bill, etc.)

## 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 AM and 10:00 PM,  
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 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, ITIN, 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 Form attached 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.

IRS REQUIRES ONLY A COPY OF YOUR RETURN.

**CASE NO.** : \_\_\_\_\_  
**HOMEOWNER'S NAME** : \_\_\_\_\_  
**PROPERTY ADDRESS** : \_\_\_\_\_  
**SUBJECT** : **"TENANT ELIGIBILITY FORM"**

**TENANT'S NAME** : \_\_\_\_\_  
Telephone No. : H) \_\_\_\_\_ W) \_\_\_\_\_  
Apartment Number : \_\_\_\_\_ No. of Occupants \_\_\_\_\_  
Head Of Household Is : Male \_\_\_\_\_ Female \_\_\_\_\_  
Occupants Are : White  Black  Hispanic  Other   
Are Any of the Occupants Senior Citizens : Yes \_\_\_\_\_ No \_\_\_\_\_  
Is Anyone Handicapped : Yes \_\_\_\_\_ No \_\_\_\_\_

The approximate combined Annual Gross Income for These Occupants

Is: \_\_\_\_\_

The **Current Monthly Rent** for this Unit is \$ \_\_\_\_\_

**SIGNED:**

\_\_\_\_\_  
**TENANT**

\_\_\_\_\_  
**DATE**

**CERTIFIED BY:**

\_\_\_\_\_  
**HOMEOWNER**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**NOTARY PUBLIC**

\_\_\_\_\_  
**DATE**

