



**DEPARTMENT OF PUBLIC WORKS- PLANNING DIVISION
OFFICE OF HOUSING & COMMUNITY DEVELOPMENT**

**OWNER-OCCUPIED HOME REHABILITATION
- ADA RAMP PROGRAM – *Grant program*
(In partnership with Gloucester County Habitat for Humanity)**



***Sponsored By*
The Gloucester County
Board of Chosen Freeholders**

**Robert M. Damminger
Freeholder Director**

**Heather Simmons
Freeholder Liaison**

**Giuseppe (Joe) Chila
Deputy Freeholder Director**

**Daniel Christy
Freeholder**

**Lyman Barnes
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Freeholder**

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GLOUCESTER COUNTY ADA RAMP PROJECT PRELIMINARY APPLICATION¹

This is exclusively a handicap exterior ramp application ONLY
MOBILE HOMES ARE NOT ELIGIBLE
APPLICANTS SEEKING ADDITIONAL HOME REPAIRS SHOULD CONTACT
(856) 307-6650 FOR A SEPARATE APPLICATION
MAIL APPLICATION TO: PLANNING DIVISION - 1200 N. DELSEA DRIVE, CLAYTON, NJ 08312
ATTN: HOUSING & COMMUNITY DEVELOPMENT

Only up-to-date information for the calendar year will be accepted. Please make copies and attach the following documentation. We reserve the right to verify all information provided to us. We must receive the following information in order to process your application.

- Copy of Deed Copy of Survey Copy of Homeowners Insurance Mortgage Statement
 Recent Tax Returns (1040, 1040A, EZ, W-2's) OR Statement of No Tax Filing
 Real Estate Tax Bill
 Bank or Financial Institution Statement showing interest, stocks, bonds, etc.

All sources of income:

- Affidavit of No Income Pay stubs (a minimum of 3 recent pay stubs are required)
 Child Support Welfare (Award Letters) Social Security Award Letter
 Pensions (Award Letters) Disability (Award Letters)

A. APPLICANT INFORMATION

Date: _____

Name of Applicant: _____

Mailing Address: _____ City: _____ Zip Code: _____

Phone Number: _____ Email address: _____

Municipality taxes are paid to: _____ Lot: _____ Block: _____

B. PROPERTY DATA: Please fill out all information to the best of your knowledge.

Name of owner(s) as it appears on the MOST RECENT RECORDED Deed:

Was home built before 1978? Yes No Approximate year home was built _____

Is this property in foreclosure or have a Lis Pendens filed against it? Yes No

Homeowner Insurance Policy _____ Policy Number _____

**Please provide current Declaration Page*

¹ The County of Gloucester complies with all state and federal rules and regulations and does not discriminate on the basis of race, religion, color, national or ethnic origin, sexual orientation, age, marital status or disability in admission to, access to, or operations of its programs, services, or activities. In addition, Gloucester County encourages the participation of people with disabilities in its programs and activities and offers special services to all County residents 60 years of age and older. Inquiries regarding compliance may be directed to the Division of Disability Services at (856) 384-6842/New Jersey Relay Service 711 or the EEO office at (856)384-6903.

Homeowner Eligibility

To qualify for this program, you must meet the following eligibility requirements: must be the owner-occupant of an owner occupied home in Gloucester County. The Program requires owners of the properties to be income eligible. The gross HOUSEHOLD income must be at or below 80% of the median income guidelines established by HUD. Gross household income includes: income from employment of all working members of the family 18 years or older residing in the home, Social Security, SSI, Disability, Pension, Investments, Interest, Rental Properties, Retirement Funds, Welfare, Child Care or other benefits. You must have a recorded deed to the property, current homeowners insurance and flood insurance if applicable; and your property taxes and municipal utilities must be current.

Gloucester County, New Jersey								
FY 2018 ² Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Low (80%) Income Limits	\$48,950	\$55,950	\$62,950	\$69,900	\$75,500	\$81,100	\$86,700	\$92,300

C. HOUSEHOLD DATA

*The following information must be completed. It is reported to the U.S. Department of Housing and Urban Development. Federal law prohibits housing discrimination based on your race, color, national origin, religion, sex, family status, handicap, or disability.

Name	Relationship to Head of Household	Gender	Age/Race Ethnicity	Date of Birth	Annual Income	Source of Income
1.	Head of Household				\$	
2.					\$	
3.					\$	
4.					\$	
5.					\$	

Are you Hispanic? Yes No **Age 60 or over?** Yes No **Handicapped/Disabled?** Yes No
 Single Separated Married Divorced

Are you, or any member of the household, related to a government official or employee of Gloucester County? Yes No **If yes, please provide their name and official title:**

IMPORTANT PLEASE READ BEFORE YOU SIGN:

This is to certify that all statements made in my application are true to the best of my knowledge. I understand that failure to report all income of all household members can result in the denial to participate in the rehabilitation program.

Date: _____

Applicant Signature _____

² Effective April 1, 2018

AFFIDAVIT

**STATE OF NEW JERSEY
COUNTY OF GLOUCESTER**

_____, of full age, duly sworn according to law hereby
(Print name)

States by way of **AFFIDAVIT**.

I presently reside at _____,
(Address) (Town)

_____, _____ and have resided there since _____.
(State) (Zip Code) (Enter date)

I am making this **AFFIDAVIT** in conjunction with an application for federal funds for homeowner rehabilitation through the Gloucester County Owner-Occupied Rehabilitation Program – Division of Housing & Community Development Services.

I swear and affirm that the below initialed statements made by me are true. I am aware that if any statements made by me are willfully false, I am subject to punishment. I am aware that if I supply materially false information, or conceal for the purpose of misleading information concerning any fact, material hereto, I am subject to criminal prosecution and civil penalties.

_____ I do not work.

_____ I do not receive alimony.

_____ I do not receive any child support.

_____ I do not receive any earned income from any source.

_____ I am not required to file any Federal or State Income Tax Return.

Dated:

Signature

I CERTIFY that on _____, _____ person came before me and acknowledged under oath, to my satisfaction, that this person: (a) is named in personally signed this document; and (b) signed, sealed and delivered this document as his or her act or deed.

(NOTARY)