



**GLOUCESTER COUNTY  
DEPARTMENT OF PUBLIC WORKS  
PLANNING DIVISION  
OFFICE OF HOUSING & COMMUNITY DEVELOPMENT  
  
OWNER-OCCUPIED HOME REHABILITATION  
  
- MOBILE HOME HEATER GRANT SUBSIDY PROGRAM**



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

**Robert M. Damminger  
Freeholder Director**

**Heather Simmons  
Freeholder Liaison**

**Frank DiMarco  
Deputy Freeholder Director**

**Lyman Barnes  
Freeholder**

**Daniel Christy  
Freeholder**

**Jim Jefferson  
Freeholder**

**James Lavender  
Freeholder**

**GLOUCESTER COUNTY PRELIMINARY GRANT APPLICATION<sup>1</sup>**

**This is exclusively a mobile home heater application ONLY**  
**Wheelchair ramp installations are not eligible**  
**APPLICANTS SEEKING ADDITIONAL HOME REPAIRS SHOULD CONTACT**  
**(856) 307-6646 FOR A SEPARATE APPLICATION**  
MAIL APPLICATION TO: CHRISTINA VELAZQUEZ, SR. PROGRAM ANALYST  
PLANNING DIVISION - 1200 N. DELSEA DRIVE, CLAYTON, NJ 08312 856-307-6650

***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 Homeowners Insurance       Mortgage Statement (IF APPLICABLE)
- Recent Tax Returns (1040, 1040A, EZ, W-2's)       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**

Application Date: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Municipality taxes are paid to (if applicable): \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

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

IS THIS A MOBILE HOME?       Yes       No      **Name of Mobile Home or Trailer Park**

**Community:** \_\_\_\_\_

Name of owner(s) as it appears on the 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

\_\_\_\_\_  
Homeowner Insurance Policy

\_\_\_\_\_  
Policy Number

*\*Please provide current Declaration Page*

<sup>1</sup> The County of Gloucester complies with all state and federal rules and regulations against discrimination in admission to, access to, or operations of its programs, services, and activities. In addition, County encourages participation of people with disabilities in its programs and activities and offers special services to all residents 60 years of age and older. Inquiries regarding compliance may be directed to the County's ADA Coordinator at (856) 384-6842/ New Jersey Relay Service 711.

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

**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 2020 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Low (80%) Income Limits	\$54,150	\$61,850	\$69,600	<b>\$77,300</b>	\$83,500	\$89,700	\$95,900	\$102,050

**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 \_\_\_\_\_

**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)**