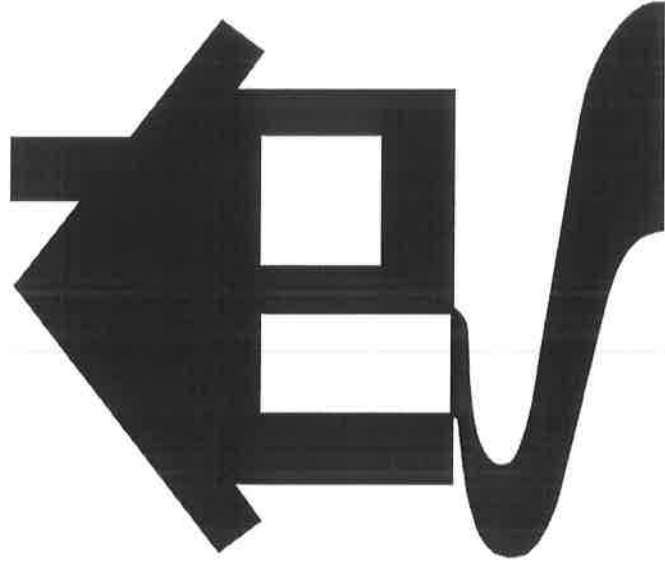


COUNTY OF WARREN
HOUSING REHABILITATION
PROGRAM



337 Water Street
Belvidere, New Jersey 07823
TELEPHONE: (908) 475-3989

SPECIAL ACCOMMODATIONS AVAILABLE



COUNTY OF WARREN HOUSING REHABILITATION PROGRAM

• WHO NEEDS IT?

The Warren County Housing Rehabilitation Program is available to assist resident homeowners whose homes are in need of repairs to correct conditions which are hazardous to health and safety.

• WHAT CAN BE DONE?

In cooperation with your Township or Borough, the Warren County Housing Rehabilitation program can provide financing to assist you in paying for urgently needed repairs to your property.

• DO I QUALIFY?

The program is available to homeowners whose income falls within the following guidelines as set by the U.S. Department of Housing and Urban Development Housing Choice Voucher Housing Assistance Payments Program:

| Income Eligibility | | |
|-----------------------------|--------------------------|---------------------|
| <u>Persons in Household</u> | <u>Income Preference</u> | <u>Income Limit</u> |
| 1 | \$ 40,400 | \$ 62,600 |
| 2 | \$ 46,200 | \$ 71,550 |
| 3 | \$ 51,950 | \$ 80,500 |
| 4 | \$ 57,700 | \$ 89,400 |
| 5 | \$ 62,350 | \$ 96,600 |
| 6 | \$ 66,950 | \$103,750 |
| 7 | \$ 71,550 | \$110,900 |
| 8 | \$ 76,200 | \$118,050 |

Income limits last updated 27 April 2022

• HOW DO THE FINANCES WORK?

Assistance through the Rehabilitation Program consists of a zero-interest deferred loan (a loan with no monthly payments). The loan is secured by a mortgage on the property on which work is to be done. This loan becomes due and must be paid when the property is sold, gifted, or transferred in any way.

• HOW CAN YOU APPLY?

1. Fill out the pre-application that is enclosed with this brochure and return it to the Warren County Housing Programs.
2. If you meet the eligibility requirements, you will be placed on the waiting list for the Program. The waiting list is weighted by factors including income and severity of needed repairs so that the households most in need can be assisted as quickly as possible. For this reason, Program staff are unable to provide waiting times to pre-applicants.
3. When your pre-application reaches the top of the waiting list, you will be asked to provide in-depth documentation of your ownership of your property and finances to verify the information given on your pre-application. Included in the verification process will be a personal credit report for all property owners and a search for outstanding liens against the property.
4. After the verification process is complete, an inspection will be made of your property to determine what repairs are most urgently needed. A report estimating the value of your property will be obtained to determine the amount of assistance you are eligible for.
5. After the amount of your eligibility for assistance is determined, repairs are performed up to this amount and loan and mortgage documentation is completed.

**WARREN COUNTY / HARDWICK TOWNSHIP
HOUSING REHABILITATION PROGRAM
PREAPPLICATION FORM**

NAME: _____

STREET: _____

CITY, STATE, ZIP: _____

TOWNSHIP OF: _____

TELEPHONE HOME #: _____ CELL #: _____

E-MAIL ADDRESS: _____

| FAMILY COMPOSITION: | NUMBER OF PERSONS |
|------------------------|-------------------|
| ELDERLY (62 OR OLDER) | _____ |
| ADULTS (19 – 61 YEARS) | _____ |
| MINORS (18 OR YOUNGER) | _____ |
| TOTAL PERSONS | _____ |

CIRCLE YOUR ANSWER TO THE FOLLOWING:

- | | | |
|---|-----|----|
| 1. DO YOU OWN THE PROPERTY? | YES | NO |
| 2. IS THERE A HANDICAPPED PERSON IN FAMILY? | YES | NO |
| 3. IS THE HEAD OF HOUSEHOLD ELDERLY? | YES | NO |
| 4. IS THE HEAD OF HOUSEHOLD FEMALE? | YES | NO |

ANNUAL FAMILY INCOME (FROM ALL SOURCES / ALL FAMILY MEMBERS):

| | |
|----------------------------|-----------------|
| SALARY | \$ _____ |
| SOCIAL SECURITY/RETIREMENT | \$ _____ |
| INTEREST/DIVIDENDS | \$ _____ |
| OTHER (IDENTIFY: _____) | \$ _____ |
| TOTAL | \$ _____ |

BRIEFLY DESCRIBE NEEDED IMPROVEMENTS:

RACE (OPTIONAL)

- WHITE
- BLACK / AFRICAN-AMERICAN
- AMERICAN INDIAN OR ALASKAN NATIVE
- ASIAN OR PACIFIC ISLANDER

ETHNICITY (OPTIONAL)

- HISPANIC OR LATINO
- NON-HISPANIC OR LATINO

IF YOU REQUEST NOT TO IDENTIFY YOUR RACE AND/OR ETHNICITY PLEASE INITIAL HERE: _____

PREAPPLICANT'S SIGNATURE: _____

DATE _____

RETURN PROGRAM PREAPPLICATION FORM TO:

**HOUSING REHABILITATION PROGRAM
337 WATER STREET
BELVIDERE, NEW JERSEY 07823
(908) 475-3989 ext. 227**