



City of Trenton
Department of Recreation, Natural Resources, and Culture
Urgent Rehabilitation Program Application

The program provides up to \$5,000 for urgent repairs for those income eligible homeowners who would otherwise be financially unable to improve their own dwelling conditions. Existing conditions of property must be of extreme hazard to the owner's health and safety

To apply for assistance, applicant(s) must meet all Program Guidelines, including but not limited to the following:

- ✓ Home must be in the City of Trenton
- ✓ Occupy the property as a primary residence;
- ✓ Must meet the income limits below;
- ✓ Have a current homeowner's insurance policy in effect;
- ✓ Be a U. S. citizen or permanent legal resident;
- ✓ Be named on the filed Deed;
- ✓ Be current on mortgage payments;
- ✓ Be current on property taxes; and
- ✓ Be current on water and sewer;

Household Size	Maximum Income Limits FY2022	Types of Income
1	\$66,300	When calculating the maximum household gross income, the following types of income are included: employment, tips, bonuses, child support, Social Security, disability payments (SSI), Worker's Compensations, retirement benefits, cash, welfare benefits, Veteran's benefits, rental property income, stock dividends, income from bank accounts, alimony, unemployment, retirement accounts, and any other source
2	\$75,750	
3	\$85,200	
4	\$94,650	
5	\$102,250	
6	\$109,800	
7	\$117,400	
8	\$124,950	

Project Approval is subject to availability of funds. Please complete the application **COMPLETELY** and **ACCURATELY**. Ensure all blanks are filled and dates included where appropriate. If an item is not applicable, insert "N/A". Failure to provide complete and accurate information may result in a loss or denial of assistance.

ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED.

CONTACT US: TURP Hotline (609) 815-2519



Please contact a licensed professional to evaluate your urgent rehabilitation (Contractor, PSEG, etc.) before contacting the City of Trenton.



Applicant ID: _____

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PROPERTY ADDRESS

_____ Trenton, NJ _____
Number Street Zip

URGENT NEED:

We are accepting applications to address the following urgent needs. Please check one:

- ☐ No Water, no hot water, or damaged and/or severely leaking water pipes
- ☐ Septic lines/Standing raw sewage
- ☐ No Heat, or if the furnace has been determined to be hazardous by the utility company
- ☐ Severely leaking roof subject to collapse of ceilings
- ☐ Water Heater not working
- ☐ Electrical hazards such as loose and live wiring, breakers not holding amp service, no electric power to the house, shocks from switches and/or plugs, or loss of power to essential major appliances such as refrigerators, stoves, or essential medical equipment;
- ☐ Broken water main
- ☐ Collapsing or hazardous entry into the home
- ☐ Handicap Accessibility Improvements
- ☐ ***In addition to the need indicated above, please evaluate this application for the TWW Lead Service Line Replacement Grant Program.***

Have you had a professional evaluate your urgent need? ____Yes ____No

APPLICANT INFORMATION

Applicant's Name (include Jr. or Sr. if applicable)		Co-Applicant's Name (include Jr. or Sr. if applicable)	
Social Security #	Date of Birth	Social Security #	Date of Birth
Primary Phone Number:		Primary Phone Number:	
Secondary Phone Number:		Secondary Phone Number:	
E-mail address:		E-mail address:	
Marital Status: _____ Married _____ Single _____ Divorced _____ Separated _____ Widowed		Marital Status: _____ Married _____ Single _____ Divorced _____ Separated _____ Widowed	
Do you currently occupy the property as your primary residence? () Yes () No		Do you currently occupy the property as your primary residence? () Yes () No	
How long have you lived there?		How long have you lived there?	
Mortgage Company:			
Other Liens:			

HOUSEHOLD COMPOSITION

List everyone living in the house EXCLUDING APPLICANT AND CO-APPLICANT. This includes all temporary household residents who do not maintain a regular residence in another location. You will need to provide social security cards for every member of the household **and** photo identification for all household members 18 years or older before eligibility will be determined.

Legal Name	Relation to Head of Household	Age	Birth Date	Sex	Last 5 Social Security #

HANDICAP ACCESSIBILITY:

Please complete the below box if any member of your household has a mental or physical handicap requiring special housing accommodations. (You may need to provide a letter from a physician describing the handicap and prescribing the accommodations needed.) If any member is confined to a wheelchair, write wheelchair under special housing need. Also note any member who needs crutches or a walker, is visually or hearing impaired, or is otherwise mobility impaired.

Household member	Type of Handicap	Special Housing Need

APPLICANT EMPLOYMENT INFORMATION

<i>Applicant</i>	<i>Co-Applicant</i>
Employer:	Employer:
Employer's Address:	Employer's Address:
Work Phone #	Work Phone #
Position/Title/Type of Business:	Position/Title/Type of Business:
() Full-Time () Part-Time () Seasonal	() Full-Time () Part-Time () Seasonal
Wages: \$ _____ Per _____	Wages: \$ _____ Per _____
Additional Employment:	
Employer:	Employer:
Employer's Address:	Employer's Address:
Work Phone #	Work Phone #
Position/Title/Type of Business:	Position/Title/Type of Business:
() Full-Time () Part-Time () Seasonal	() Full-Time () Part-Time () Seasonal
Wages: \$ _____ Per _____	Wages: \$ _____ Per _____
Other Employments/Income if any:	Other Employments/Income if any:
Self Employed:	
Name of Business: _____	Name of Business: _____
Estimate YTD Operating Income/Loss: \$ _____	Estimate YTD Operating Income/Loss: \$ _____

COMBINED MONTHLY INCOME & ASSETS

*Income includes all money flowing into the household from **all persons 18 years old and older** plus benefits received on behalf of minor children.*

INCOME					
Gross Monthly Income	Applicant \$	Co-Applicant \$	Household Member: \$	Household Member: \$	Total \$
Base Employment Income					
Overtime					
Bonuses					
Commissions					
Child Support					
Alimony					
Social Security					
Disability Benefits					
Veteran's Benefits					
Dividends/Interest					
Section 8					
Food Stamps					
TANF					
Rental Income					
Retirement/Pension					
Unemployment Benefits					
Other:					
Other:					
TOTAL					

Assets include the following accounts or items: checking, savings, mutual funds, retirement accounts, stocks, bonds, CD's, real estate, collectibles (cars, coins, firearms), etc. from **all persons 18 years old and older** .

ASSETS			
Household Member	Asset Type & Bank Name	Account # Last 4	Current Balance/Value
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Total Number of Accounts:	\$		

AUTHORIZATION TO RELEASE AND OBTAIN INFORMATION

Your signature on this Authorization to Release Information Form, and the signatures of each member of your household 18 years of age or older, **authorizes the City of Trenton to RELEASE AND OBTAIN certain information relative to your eligibility and participation in the programs administered by the City of Trenton Department of Recreation, Natural Resources, and Culture. This information is only requested or released with your full knowledge and consent as evidenced by your signature(s) below.**

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility for assistance with federal funds. This information will be utilized to establish the level of assistance; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate local, state, and federal agencies when relevant; to civil, criminal, or regulatory investigators; and to prosecutors. Failure to provide information may result in a delay or rejection of your eligibility approval. The City of Trenton is authorized to ask for this information by the National Affordable Housing Act of 1990.

INFORMATION COVERED: The City of Trenton is authorized to release or obtain information about the following items:

- | | | |
|--|-------------------------|----------------------------|
| ✓ Income (all sources) | ✓ Tax Status | ✓ Credit Report |
| ✓ Assets (all sources) | ✓ Household Members | ✓ Ownership of Real Estate |
| ✓ Disability/Handicap Status (all sources) | ✓ Homeowner's Insurance | |
| ✓ Your Principal Residence | ✓ Condition of House | |

AUTHORIZATION: I authorize the City of Trenton to release or obtain certain information about me and my household that is pertinent to my eligibility for participation in the programs available through the City of Trenton Department of Housing and Economic Development, or to obtain other services that might assist my household.

ACKNOWLEDGEMENT: I acknowledge that:

1. A photocopy of this form is as valid as the original.
2. I have the right to review the file and the information received using this form.
3. I have the right to copy information from the file and to request correction of information I believe to be inaccurate.
4. All adult household members will sign this form and cooperate in this process.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction. I verify that the preceding information is true and correct.

Head of Household:	X	Printed Name:		Date:	
Other Adult Member:	X	Printed Name:		Date:	
Other Adult Member:	X	Printed Name:		Date:	

DECLARATIONS

If you answer "Yes" to any questions 1 through 8, please use the blank space below for explanation.	Applicant		Co-Applicant	
	YES	NO	YES	NO
1. Have you received Urgent Rehabilitation Program Assistance in the past 2 years?				
2. Are there any outstanding judgments against you?				
3. Have you filed for Chapter 7, 11 or 13 in the past 7 years?				
4. Are you in the process of filing?				
5. Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years?				
6. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of the lieu of foreclosure, or judgment?				
7. Are you presently delinquent or in default on any federal debt (including income taxes and federal student loans) or any other loan, mortgage, financial obligation, bond, or loan guarantee?				
8. Are you obligated to pay alimony, child support, or separate maintenance? If yes, amount \$_____				
9. Are you a co-maker or endorser on a note?				
10. Are you a U.S. citizen?				
11. Are you a permanent legal resident?				
12. Do you occupy the property as your primary residence?				
13. Do you have a current homeowner's insurance policy? i. If so, with what company?_____				
14. Do you own <u>other</u> real estate property? If so, address:_____				
County:_____ Value \$_____				

EXPLANATION

HUD'S REPORTING REQUIREMENTS

HUD requires that the City provide demographic, racial and ethnic data on households applying for or receiving federal funds.

1. **Is the Head of Household a single female:** () Yes () No
2. **What is the Head of Household's Ethnicity (check one):** () Hispanic () Not Hispanic or Latino
3. **What is the Head of Household's Race:**
 - () White
 - () Black
 - () American Indian/Alaska Native
 - () Asian
 - () Native Hawaiian/ Other Pacific Islander
 - () Other Multi racial
4. **What is the Head of Household's Elderly (62 or above):** () Yes () No
5. **Is the Head of Household's Disabled:** () Yes () No

CERTIFICATION:

The section below is to be signed by the head of household and spouse/Co- Applicant. A witness will be needed for any signature made by mark. I certify this application has been completed to the best of my knowledge with complete & accurate information. I understand any false statements or omissions of facts relevant to my eligibility for assistance will be considered fraud, and that I may be prosecuted under applicable U.S. Codes for this fraud.

Important: *Section 101 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States Government as to any matter within its jurisdiction.*

X _____ /_____/_____
Head of House/Applicant Date Witness (if signed by mark)

X _____ /_____/_____
Spouse/ Co-Applicant Date Witness (if signed by mark)

When Completed: Applications cannot be dropped off or mailed. You must meet with program staff to review the application package for completeness. Please call (609) 815-2519 to schedule a 15 minute appointment to review the completed application or to make other arrangements for submission.

SUPPORTING DOCUMENTATION CHECKLIST

THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED WITH YOUR COMPLETED APPLICATION.

- _____ 3 Quotes/Professional evaluation of Urgent Repair (*Contractor, PSEG, etc*)
- _____ Photo identification for the applicant, co-applicant and all household members 18 years or older (Driver's license, passport, permanent resident cards, etc.)
- _____ Social Security cards of all household members
- _____ Last 2 year's tax returns for every household member (Provide the last 3 years' returns if self-employed)
- _____ Last 5 paycheck stubs for each working member of the household
- _____ Verification of any other sources of earned and unearned income for all family members (Social security, SSI, TANF, unemployment, Medicaid, child support, alimony, retirement, food stamps, Section 8, etc.)
- _____ Last 3 complete bank statements (All pages on ALL accounts including: checking, savings, etc.)
- _____ Most current investment account or retirement plan statement (annuity, 401K, IRA, CD, etc.)
- _____ Most recent mortgage statement
- _____ Proof of current homeowner's insurance (Declarations page)

If applicable:

- _____ Divorce decree, if divorced since owning the home
- _____ If co-signor for or owner of another real estate property, copy of the current mortgage statement, deed-of-trust, and proof of paid taxes
- _____ If self-employed, copies of company profit and loss statements, bank statements, assets
- _____ Assumed name certificate of business

NOTE: The City will verify the following information found in city or county records:

- Ownership
- Deed-of-trust
- Payment of taxes and water sewer
- and, any other information supplied above to determine eligibility and approval.
- Property valuation
- Assumed name of businesses
- Prior Housing Rehab grants

If you have more current documentation than is filed with the city or county records, please attach it to this application.



Are you ready to submit your application?

Have you gathered all the required documents?

If yes, call us to schedule a quick appointment to submit your application. You will meet with program staff to review your application for completeness.

TURP HOTLINE (609) 815-2519

Thank You

Please leave us a message on the TURP Hotline (609) 815-2519 and we will return your call within 24-48 hours.

The hotline is monitored Monday – Friday, 8:30 am – 4pm.