

# ATLANTIC CITY INLET CDC HOME REHABILITATION PROGRAM

Funded by:



Administered by:



Official Use Only:

Date Received: \_\_\_\_\_

Grant Approval Amount: \_\_\_\_\_

- ❖ **The Atlantic County Improvement Authority (ACIA)** implements the Atlantic City Housing Rehabilitation Program for owner occupied homes. The Home Rehabilitation Program can address all basic rehabilitation items of a home, including major systems such as plumbing, heating, electric and roof, plus weatherization including windows, doors, insulation and exterior repair and painting.
- ❖ The **ACIA Program** can provide financing for up to \$25,000 per household. All assistance is offered to the homeowner in the form of **a 0% Interested, Deferred Loan**, secured by a mortgage as a 2<sup>nd</sup> lien on the property, that must be repaid back to the program in full at time of resale of property or transfer of title.
- ❖ **The Inlet Community Development Corporation (Inlet CDC)** supports businesses, residents and visitors in the **Inlet, Bungalow Park & Marina District Neighborhoods (Census Tracts 14, 15, 19, & 25)**. One of the primary goals of the Inlet CDC is to improve housing conditions. To this end, the Inlet CDC has secured funding through the New Jersey Neighborhood Revitalization Tax Credit Program and other sources to achieve this goal.
- ❖ **The Inlet CDC** can provide up to \$20,000 of funding as a **GRANT**, that will be forgiven after 2 years of residing in the home. A minimum of the \$5,000 of the Inlet CDC GRANT must be used for external beautification – painting, façade improvements, hardscaping, landscaping, etc.

*THE PARTNERSHIP BETWEEN ACIA AND THE INLET CDC ARE TO WORK TOGETHER IN AN EFFORT TO IMPROVE HOUSING CONDITIONS IN Atlantic City's INLET NEIGHBORHOOD*

See attached map of areas included in Census tracts 14, 15, 19, & 25

**Please check one:**

\_\_\_\_\_ I/We would like to combine the ACIA Loan with the Inlet CDC Grant

\_\_\_\_\_ I/We would like to use the Inlet CDC Grant ONLY

Please Initial consent items below:

\_\_\_\_\_ I am providing ACIA's Office of Community's Development with information about my income, property taxes, property ownership and homeowners insurance.

\_\_\_\_\_ I hereby request that my property be inspected to determine the amount and estimated cost of rehabilitation work needed, to comply with the rehabilitation code standards, and also, that ACIA and/or Inlet CDC/sponsoring agency continue to process my application. I understand that the final approval or disapproval of my application will be made by the Atlantic County Improvement Authority's Office of Community Development in accordance with the rules and regulations of the Program's Policy Guidelines.

\_\_\_\_\_ I also request approval of the loan or grant from the Housing Rehabilitation Program to provide funds for improvement identified by the inspection report.

# ATLANTIC CITY INLET CDC HOME REHABILITATION PROGRAM



 Inlet Neighborhood

## Inlet CDC Area Boundary Atlantic City



**Rutala Associates**



Data sources: Atlantic County, NJGIS

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**HOME REHABILITATION APPLICATION**

Owner's Name: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
(Please list all names that appear on the Deed.)

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Have you previously used the ACIA Home Rehabilitation Program? Yes ( ) No ( )

*~ Note: The program guidelines allows \$25,000.00 per home & therefore cannot revisit the property using ACIA assistance.*

- What year was your home built? \_\_\_\_\_ How many bedrooms? \_\_\_\_\_
- Name of your Homeowner Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_

**THE FOLLOWING INFORMATION IS FOR STATISTICAL PURPOSE ONLY:**

Date of Birth \_\_\_\_\_ Over 62 ( ) Under 62 ( )  
Handicapped/Disabled Occupant Yes ( ) No ( )  
Related to a Municipal Official Yes ( ) No ( ) If Yes, please provide Name and Department \_\_\_\_\_  
Ethnicity: (Please select *only one*) Hispanic or Latino ( ) Not Hispanic or Latino ( )  
Racial Descriptor Please select *one or more* below.  
American Indian ( ), Alaska Native ( ), Asian ( ), Black/African American ( )  
Native Hawaiian/Other Pacific Islander ( ), White ( ), Other ( )

**A. HOUSEHOLD COMPOSITION:** Please name all persons residing in the home.

	<b>Name</b>	<b>Relationship to owner</b>	<b>Date of Birth</b>
<b>1</b>	<i>Owner</i>		
<b>2</b>	<i>Co-Owner</i>		
<b>3</b>			
<b>4</b>			
<b>5</b>			
<b>6</b>			
<b>7</b>			
<b>8</b>			

**B. EMPLOYMENT INFORMATION:** Please name each household member who receives income and is 18 years-old or over. Income is defined as the total salaries, wages, tips, public assistance, child support, alimony, social security, pension, disability, earned interest, dividends, etc., before deductions and taxes, received by each member of the household.

1. Name: \_\_\_\_\_ Income: \$ \_\_\_\_\_  
 Employer Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Years at Job: \_\_\_\_\_ Job Title: \_\_\_\_\_
  
2. Name: \_\_\_\_\_ Income: \$ \_\_\_\_\_  
 Employer Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Years at Job: \_\_\_\_\_ Job Title: \_\_\_\_\_
  
3. Name: \_\_\_\_\_ Income: \$ \_\_\_\_\_  
 Employer Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Years at Job: \_\_\_\_\_ Job Title: \_\_\_\_\_

**C. Financial Information:** Please list all checking and savings accounts including CD's, Money Market Funds, Mutual Funds, and other assets held by financial institutions:

<u>Name and Address of Financial Institution</u>	<u>Account#</u> (last 4 digits only, xxx-xxx-1234)	<u>Current Value</u>	<u>Annual Income</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- **Name of your Mortgage Lender** \_\_\_\_\_
- **Are your Mortgage Payments up to date?** Yes ( ) No ( )
- **Is your property currently or possibly going in foreclosure?** Yes ( ) No ( )
- **Are your municipal property taxes paid up to date?** Yes ( ) No ( )
- **Are you delinquent on your municipal property taxes, that has required a Certificate of Sale for unpaid municipal liens?** Yes ( ) No ( )

• **Is your property a single family dwelling that you reside in?** Yes ( ) No ( )  
*~If No, please explain:*  
 \_\_\_\_\_

• **Do you currently have renters residing at your property?** Yes ( ) No ( )  
*If yes, what is the monthly income in rent you receive?* \$\_\_\_\_\_

• **Do you own any other property?** Yes ( ) No ( ) if Yes  
 where? \_\_\_\_\_  
 Lot \_\_\_\_\_ Block \_\_\_\_\_ Municipality \_\_\_\_\_

**Do you own a vacation home?** Yes ( ) No ( )

**Do you own a business or other income-producing real estate?** Yes ( ) No ( )

**Do you receive income (rent/receipts) from this asset?** Yes ( ) No ( )

**How much is this Net Income monthly?** \$\_\_\_\_\_ **Annually** \$\_\_\_\_\_

**TOTAL ANNUAL INCOME FROM ASSETS, RENTS, AND BUSINESS RECEIPTS:** \$\_\_\_\_\_

*This application is for assistance with the following (you may check more than one):*

\_\_\_\_\_ Home Rehab; Roof, Heat, Water Heater, Electrical

\_\_\_\_\_ Weatherization includes windows, doors, insulation, and exterior repair

\_\_\_\_\_ Well

\_\_\_\_\_ Water Lateral Tie-in

\_\_\_\_\_ Sewer Lateral Tie-in

\_\_\_\_\_ Other, please explain

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**\*PLEASE ATTACH COPIES OF THE FOLLOWING\***

**NO APPLICATION WILL BE PROCESSED UNTIL ALL OF THE FOLLOWING ARE SUBMITTED**

-  **Your CURRENT Income Tax Return with W-2 forms (Seniors use N.J. Tax Return).**
-  **Three (3) current pay statements from every household member with an income.**
-  **Copy of social security statement, disability, pension checks, or any other income you may receive**
-  **Copy of recorded deed (all pages)**
-  **Copy homeowner's insurance and flood insurance (showing amount of coverage and dates) and proof that it is paid to date.**
-  **Proof that local property taxes are current.**
-  **Copies of two (2) current utility bills, i.e., water, gas, electric, and phone.**
-  **Copy of driver's license (front & back).**
-  **Copies of two (2) full months of bank statements for checking & savings accounts.**

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT**

U.S.C., Title 18, Sec. 100 provides "Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes any false fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5) years, or both".

***I certify that the information provided herein is true and completed to the best of my knowledge and belief. I also understand that this information is to be used only for determining my eligibility for services provided by the various State and Federal programs and any statistical analysis purposes that may be required for program evaluation.***

**X** \_\_\_\_\_  
Signature(s) of Owner

**X** \_\_\_\_\_  
Date

**X** \_\_\_\_\_  
Signature(s) of Co-Owners

**X** \_\_\_\_\_  
Date

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I authorize the Atlantic County Improvement Authority's Office Community Development to verify my income and employment, and further verify that I am the legal owner of record of the property indicated above to be part of the Housing Rehabilitation Program funded under the New Jersey Small Cities Safe Housing Programs the HUD HOME or CDBG Programs.

**X** \_\_\_\_\_  
Signature(s) of Owner

**X** \_\_\_\_\_  
Date

**X** \_\_\_\_\_  
Signature(s) of Co-Owners

**X** \_\_\_\_\_  
Date