

2023 PAINT & REHAB PROGRAM

GENERAL GUIDELINES

- 1. The Program is open to all residential homeowners who qualify under the income eligibility established by the Council on Affordable Housing. Proof of income is required such as one or more of the following:
 - a. 2021 or 2022 Federal Tax Return (Form 1040) with W-2
 - b. Annual Report from Social Security for 2022
 - c. Award letter for Pension information
 - d. If your status has changed from 2022, provide at least two consecutive pay stubs
- 2. The house must be owner-occupied. Rental properties do not qualify.
- 3. The property taxes must be paid to the current quarter. The sewer rent must be paid to the current half.

| 2023 Paint & Rehab Program Income Limits* | | | | | |
|---|--|------------------|--|--|--|
| FAMILY OF: | | MODERATE INCOME: | | | |
| 1 | | \$68,665 | | | |
| 2 | | \$78,474 | | | |
| 3 | | \$88,283 | | | |
| 4 | | \$98,092 | | | |
| 5 | | \$105,940 | | | |
| 6 | | \$113,787 | | | |
| 7 | | \$121,635 | | | |
| 8+ | | \$129,482 | | | |

^{*} From 2022 Affordable Housing Regional Income Limits

All Applications are due by March 24, 2023.

No applications will be accepted after the deadline





Where Community, Business & Tourism Prosper

| SECTION 1 - Homeowner Information | | | | | |
|---|---|--------------------|--|--|--|
| Name of Homeowner: | | Age: | | | |
| Address: | | Zip: | | | |
| Home: _ Telephone Numbers: | Number of Years at Addres | s: _ | | | |
| Please include area code Cell: | Name of Neighborhood: | | | | |
| List the names, ages, and relationship to homeowner of all people living in the home (attach a list if more space is needed): | | | | | |
| Name/relationship: | Age: | Age: | | | |
| Name/relationship: | Age: | Age: | | | |
| Name/relationship: | Age: | Age: | | | |
| Name/relationship: Ag | | Age: | | | |
| SECTION 2 - Special Needs | | | | | |
| Is the homeowner or anyone in the home disabled? □Yes □ No If yes, indicate the type of disability below (check all that apply, please describe if "other"): □Uses a Walker, Cane or Crutches □Wheelchair Bound □Blind □ Hearing Impaired □Loss of Limb □ Mentally Disabled □Other: □ Is translation needed? □Yes □ No If yes, what language: □ | | | | | |
| SECTION 3 - Sharing Your Personal Inform | nation? | | | | |
| If your application is a more appropriate fit with other, similar programs may we share it with them? Yes No Unless you give us permission to share information with other organizations, your application will be kept confidential and will be used solely for the purpose of evaluating the acceptability of your home for repairs or painting by Coastal Habitat for Humanity or World Changers. | | | | | |
| SECTION 4 - Household Income | | | | | |
| The <i>total, combined</i> income <i>before taxes</i> for <u>ALL</u> persons livin You must attach verification of all HOUSEHOLD income (provide proof of registration) and/or benefits for children (For instance, a 2022 income tax return, monthly social security employment check stub and please note on attached statements bi-weekly or weekly income.). | for each adult in the house, up y statement, other retirement | income statements, | | | |
| If, after review, you do not qualify because your income is too high, are you willing to purchase the paint and/or materials necessary to do yourwork? Yes [] No [] | | | | | |

| SECTION 5 - House Information / Exterior | | | | | | |
|--|---|-----------------------------|------------------------|---|--------------------------|--|
| HOUSE INFORMATION | | House Exterior | | Garage Exterior | | |
| Place a large "X" over the house (below), which most rese size of your house. | embles the | Siding wood brick shakes | Trim wood vinyl metal | Siding wood brick shakes | Trim □wood □vinyl □metal | |
| 1 story 1.5 story 2 story 2.5 story Year Purchased: Year Built: | □stucco □painted stucco □asbestos/slate □aluminum | | stucco /slate | □ stucco □ painted stucco □ asbestos/slate □ aluminum | | |
| Last Painted: _ | | □vinyl | | ☐ vinyl☐ not applicable | | |
| Parts of house and garage that need painting: ☐ House siding ☐ House trim (around doors, windows, overhangs, Etc.) ☐ Garage siding ☐ Garage trim (around doors, windows, Overhangs, etc.) ☐ Other _ | | Repairs needed on exterior: | | | | |
| SECTION 6 - Requested Repairs | | | | | | |
| Briefly describe the type of work you would like done on your home. Attach a separate piece of paper if there is not enough space to list all repairs. Remember that the items listed below will be considered for repair, but the final decision on what work can be done with the volunteer organization's time and resources will be at the discretion of the Township of Neptune. These volunteers are not professionals and may not be able to make all repairs. | | | | | | |
| Please print information below | | | | | | |
| Area of Repair Accessibility Modifications. Examples: wheelchair ramp, bathroom grab bars, etc. Would you like an assessment? Yes No | | | Description | | | |
| Carpentry Repairs. Describe problems with doors, floors, porches, steps, walls, ceilings, etc. Indicate places in house needing repair. | | | | | | |
| Roofing Repairs. Identify where roof leaks. | | | | | | |

| Painting. List all interior rooms that require painting and any exterior painting requirements. | | | | |
|--|--------------|--|--|--|
| | | | | |
| Landscaping. Describe any landscaping or cleanup work. | | | | |
| Doors and Windows. Describe repairs required, including locks, glass, frames, weather-stripping, etc. | | | | |
| General Cleaning. Indicate if there is interior or exterior cleaning and/or trash removal required. Use this space to request attic, basement, shed or garage clean out. | | | | |
| Other. Identify other repairs requested but not listed above. | | | | |
| | | | | |
| SECTION 7 - Checklist | | | | |
| Did you complete all six sections of this application? [] | | | | |
| Did you sign the application? (Last page) [] | | | | |
| Did you enclose a copy of the deed on your home or other proof of ownership, such as a property tax receipt? <i>All documents submitted must show the name and address of the applicant</i> . [] | | | | |
| Do you have a current homeowners insurance polic | y?[]Yes No[] | | | |
| Please provide proof of insurance with this application. | | | | |
| Did you include a statement verifying income? This statement can be a copy of one or more of the following: tax return, Social Security receipts, retirement pay receipts, or other documentation of household income. [] | | | | |
| All adults, over the age of 18, must submit an income document (or prove current full time student status). | | | | |

Section 8 – Homeowner's Agreement I certify that the information on this application is accurate and that I own the property at the address given on this application. I have no present intention to move or offer my home for sale for at least three years. I confirm that any physically able persons residing in my home or visiting for the project day may be expected to work alongside the volunteers. I confirm that, except for the conditions listed above, my home is a safe place for volunteers. I understand that this application is not a guarantee of work to be done even if I meet all criteria. I understand that the people who may work on my house are unpaid volunteers; that few, if any of them, are skilled in the building trades; and that Neptune Township MAKES NO WARRANTIES, EXPRESS OR IMPLIED, REGARDING ANY MATERIALS USED OR WORK DONE BY ANYONE AT MY HOUSE. I hereby release Coastal Habitat for Humanity, World Changers and all associated with it from any and all liability whatsoever. DATE SIGNATURE OF HOMEOWNER Complete the following if you are not the homeowner, but are assisting the homeowner in completing this application. Your Name: Your daytime telephone #: Is homeowner aware of this application? Yes [] No [

Return application by March 24, 2023 to Ashleigh Curtis at 25 Neptune Blvd.

PLEASE NOTE: NO applications will not be accepted after the deadline.

If you are mailing, enclose the signed application and accompanying documents to:

Township of Neptune World Changers Attn: Ashleigh Curtis PO Box 1125 Neptune NJ 07754-1125