





For Office Use Only:
Referred by: _
Phone #: _
Application #:

SECTION 1 - Homeowner Information		
Name of Homeowner:		Age:
Address:		Zip:
Home: _ Telephone Numbers:	Number of Years at A	ddress:
Please include area code Cell:	Name of Neighborhoo	od:
List the names, ages, and relationship to homeowner of all position (attach a list if more space is needed):	eople living in the home	2
Name/relationship:	Age:	
Name/relationship: Age:		
Name/relationship:		
Name/relationship:	Age:	
SECTION 2 - Special Needs		
If yes, indicate the type of disability below (check all that appl ☐ Uses a Walker, Cane or Crutches ☐ Wheelchair Boun ☐ Loss of Limb ☐ Mentally Disabled ☐ Other: Is translation needed? ☐ Yes ☐ No If	d Blind U - yes, what language: _	her''): Hearing Impaired
SECTION 3 - Sharing Your Personal Infor		
If your application is a more appropriate fit with other, similarly Yes Unless you give us permission to share information with confidential and will be used solely for the purpose of evaluation painting by Coastal Habitat for Humanity or World Change.	☐ No other organizations, you ating the acceptability	our application will be kept
SECTION 4 - Household Income		
The <i>total, combined</i> income <i>before taxes</i> for <u>ALL</u> persons livi You must attach verification of all HOUSEHOLD income (provide proof of registration) and/or benefits for children (For instance, a 2016 income tax return, monthly social securit employment check stub and please note on attached statement bi-weekly or weekly income.).	for each adult in the hour y statement, other retire is if it represents annual,	ement income statements, , monthly, twice-monthly,
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 ressize of your house.	sembles the	Siding	Trim	Siding	Trim
1 story 1.5 story 2 story 2.5 story		□ wood □ brick □ shakes □ stucco □ painted s □ asbestos	/slate	wood brick shakes stucco painted asbestos	s/slate
Year Purchased: Year Built: _ Last Painted: _		□vinyl	111	□vinyl	1111
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 _	g:	Repairs no	eeded on ext	erior:	
SECTION 6 - Requested Repairs					
If these repairs are a result of damage caused by Sup	erStorm Sa	ndy, please	check here	[]	
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 prin	nt				
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.		
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 currently have homeowner's insurance? Y	es [] No []	
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 incostatus).	ome document (or prove <u>current full time student</u>	

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 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 Missions 101 and all associated with it from any and all liability whatsoever.				
SIGNATURE OF HOME	SIGNATURE OF HOMEOWNER DATE			
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 1, 2017** to Monique Burger at 25 Neptune Blvd. If you are mailing, enclose the signed application and accompanying documents to:

Township of Neptune Attn: Monique Burger PO Box 1125 Neptune NJ 07754-1125



LUITE Township - NJ Tourism Prosper 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. 2016 Federal Tax Return (Form 1040) with W-2
 - b. Annual Report from Social Security for 2016
 - c. Award letter for Pension information
 - d. If your status has changed from 2016, 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.

2017 Paint & Rehab Program Income Limits*			
FAMILY OF:	MODERATE INCOME:	LOW INCOME:	
1	\$51,864	\$32,415	
2	\$59,273	\$37,046	
3	\$66,682	\$41,676	
4	\$74,091	\$48,159	
5	\$80,019	\$50,012	
6	\$85,946	\$53,716	
7	\$91,873	\$57,421	
8	\$97.801	\$61.125	

^{*} From 2014 Affordable Housing Regional Income Limits