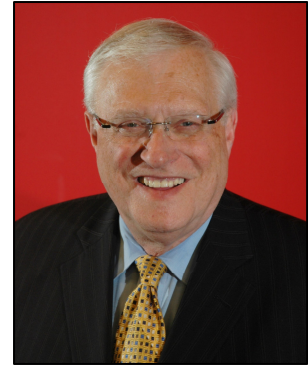




You couldn't pick a better place.



Bernie Platt
Mayor

Dear Applicant:

Thank you for applying to the Handy Helper Program. Enclosed is an application form. Please fill out and return it along with a copy of the following:

1. Currently dated verification of all income including, but not limited to:
 - Social Security
 - SSI
 - Pension
 - Disability
2. A copy of your most current income tax return
3. Proof taxes are current and that the applicant owns the home.

Should you have any questions, please do not hesitate to call the Code Official's office at 856.488.7855.

Sincerely,

Bernie Platt
Mayor



HANDY HELPER PROGRAM

SUMMARY

Our Handy Helper Program can help income Qualified Senior Citizens and Medically Certified Disabled Residents with minor home repairs. **All repairs are FREE of Charge!**

- Qualified contactors can install smoke detectors and locks, repair doors and sidewalks, fix faucets and other minor problems in your home. Our "Handy Helper" Program has earned the praise of seniors in the neighborhoods all over town.
- Income qualified senior citizens and medically certified disabled homeowners and condo owners are eligible.

Number of Persons in Household

Maximum Income Limit

1	\$0-\$40,400
2	\$41,401-\$46,150
3	\$46,151-\$51,950
4	\$51,951-\$57,700
5	\$51,701-\$62,300



HANDY HELPER APPLICATION

Name: _____

Female Head of Household

Address: _____

Home Phone: _____

Block/Lot: _____

Date of Birth: _____

Over 62

Social Security #: _____

Hispanic

White Black Asian Other _____

Are your taxes paid to date? YES NO

MEMBERS OF THE HOUSEHOLD (Including Yourself)

Family Member Name	Social Security #	Monthly Salary

Total Persons: _____ Total Income: _____

Number of Persons in Household

Total Income

- 1
- 2
- 3
- 4
- 5



- \$0-\$40,400
- \$41,401-\$46,150
- \$46,151-\$51,950
- \$51,951-\$57,700
- \$51,701-\$62,300

I certify that the above information is complete, true and correct to the best of my knowledge and belief.

Applicant's Signature

I have seen the income documentation and found that, according to the information provided by the applicant, HE/She DOES/DOES NOT meet income eligibility criteria for participation in this program.

Signature of Program Director

- Accepted
- Declined

Date



HANDY HELPER PROGRAM CERTIFICATION OF INCOME

I, _____, an applicant to the Cherry Hill
applicants name

Township Handy Helper Program, certify that my total annual gross family income is \$_____ and that I have not filed a United States Internal Revenue service 1040 Tax Return or a New Jersey division of taxation tax return within the past two (2) years.

Do you receive a pension? YES NO

Amount \$: _____

I further understand that the information provided on this affidavit will determine my eligibility to participate in the program.

Applicant's Signature

Date

Sworn to before me this _____
day of _____, 20____.

Notary Public