



You couldn't pick a better place.

David Benedetti, PP, AICP
Director
Community Development

HOUSING REHABILITATION PROGRAM

The Rehabilitation Program was established by Cherry Hill Township to allow eligible homeowners to make needed repairs and handicapped accessible improvements to their home.

Who is eligible?

Township residents who own their own homes, have a gross annual income below certain income guidelines, who need repairs to one or more of their major systems (heating, plumbing, electrical, roofing, etc.), and/or need ADA accessibility improvements (ramps, handrails, lifts, etc.). Township employees or members or their households are not eligible to apply.

What are the income guidelines?

The maximum incomes allowed are established by the *U.S. Department of Housing & Urban Development* (HUD). These qualifying income figures are adjusted periodically by HUD. They are currently set at:

Household Members	Maximum Household Income
1	\$44,950.00
2	\$51,400.00
3	\$57,800.00
4	\$64,200.00
5	\$74,500.00
6	\$79,650.00

Who determines whether a home qualifies?

An inspection will be conducted by a Township Inspector to determine if at least one major system repair is needed. The Inspector will then conduct a thorough inspection and develop detailed specifications and cost estimates for all eligible repairs to the home. In addition, if your home was constructed prior to 1979, an inspection will be conducted by a Lead/Asbestos Hazard Inspector with the Township to assess if any lead and asbestos hazards exist and prepare specifications to remove any hazards, according to proper requirements.

Who makes the repairs?

The Township maintains a list of qualified contractors who bid on the repair work. The program funds the lowest bid. A homeowner may select a contractor other than the lowest bidder; however, the difference between the low bid and the bid of the desired contractor is the responsibility of the homeowner.

How is the program funded?

The program is funded by a federal *Community Development Block Grant* (CDBG) funding, which the Township receives from HUD.

What repairs are eligible for funding?

The program provides funding for the following repairs:

- Repairs to major systems and/or repairs which must be made in order to remedy building code violations.
- Improvements that will make the home accessible to any handicapped occupants.
- Repairs related to the health and safety of the occupants such as alleviating trip hazards, adding electrical outlets, replacing door or window locks, and providing sufficient kitchen facilities.

What is the homeowner's obligation if their application is approved?

The homeowner must sign a zero interest, deferred payment mortgage. This mortgage must be repaid only upon the sale of the home or transfer of title to the home. This mortgage may, at the homeowner's option, be repaid prior to sale or transfer of title without penalty.

How does a homeowner apply?

Complete the attached *Housing Rehabilitation Program* application and following documentation:

- A copy of the most recently completed Federal Income Tax return with W-2 form and schedules attached.
- Statements from the employers of all household members over eighteen (18) years of age, projecting total income for the following twelve (12) months.
- Copies of four (4) most recent pay stubs, dated sequentially.
- Verification of all other sources of income, including but not limited to Social Security, Public Assistance, Disability, Unemployment, child support, alimony, and pensions.
- Verification of all assets, including but not limited to, copies of checking/savings account statements.
- Proof of property ownership (a copy of the deed).
- Proof that property taxes are paid current.
- Proof that mortgage payments are current. If a property is paid in full, proof that the mortgage is fully paid **MUST** be provided.
- A signed and dated "*Financial Privacy Act Notice*", attached herein.
- Any other documentation deemed necessary by the Township.

Once a complete application has been assembled, submit to the following:

Housing Rehabilitation Program
Department of Community Development
820 Mercer Street
Cherry Hill, NJ 08002
(856) 488.7870
ccarroll@chtownship.com



You couldn't pick a better place.

**HOUSING REHABILITATION PROGRAM
Application**

Head of Household _____ Date _____

Address _____ Zip _____

Telephone _____ Email _____ Occupation _____

Primary Mortgage Holder

Name _____

Address _____

Secondary Mortgage Holder

Name _____

Address _____

Occupants of Residence & Income

	NAME	RACE	GENDER	BIRTH DATE	INCOME*	SOURCE
1						
2						
3						
4						
5						

***ALL** sources of income must be listed.

Total Occupants _____ Total Household Income \$ _____

I hereby authorize Officials of the Township of Cherry Hill to verify income and mortgage information supplied by me. This information is to be used solely for the purpose of qualifying me for Cherry Hill's *Housing Rehabilitation Program*. The information supplied with this application is accurate and complete.

PROGRAM PARTICIPANT NAME

DATE



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**HOUSING REHABILITATION PROGRAM
Application**

FINANCIAL PRIVACY ACT NOTICE

This Notice is required under the 1978 *Right to Financial Privacy Act*.

Please be advised that the Department of Housing & Urban Development (HUD) has a right of access to financial records held by the Township of Cherry Hill in connection with your application for the Single-Family Housing Rehabilitation Program. Financial records involving your application will be available to the Department of Housing & Urban Development (HUD) during the term of your loan and three years thereafter, without further notice to you or authorization from you. However, this information will not be disclosed or released to another Government Agency or Department, without your consent, except as required or permitted by law.

PROGRAM PARTICIPANT NAME

DATE

PROGRAM PARTICIPANT NAME

DATE

Dear Sir/Madam:

Under Federal Law, the Township of Cherry Hill must obtain third party verification of all income received by the above-referenced applicant to the *Housing Rehabilitation Program* of Cherry Hill Township. The information provided by you is for the confidential use of this office and the U.S. Department of Housing & Urban Development (HUD).

Kindly furnish the information requested below and return this form to my attention. If you have any questions, please contact me at (856) 488.7870.

Sincerely,
Housing Rehabilitation Coordinator
Department of Community Development
820 Mercer Street
Cherry Hill, NJ 08002
(856) 488.7870
ccarroll@chtownship.com

Employer _____

Address _____

Date Employment Began: _____ Date of Termination: _____

Total Amount Received by the above-referenced individual is \$ _____ hourly/weekly.

He/she works _____ hours per week.

Gross Annual Earnings anticipated for this employee for the next 12 months: _____
(including all tips, bonuses, overtime)

AUTHORIZED SIGNATURE of EMPLOYER

DATE

I hereby authorize release of the information requested above.

PROGRAM PARTICIPANT NAME

DATE

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.