



100 Princeton Avenue
Dover, NJ 07801
E-Mail: adougherty@dover.nj.us

TOWN OF DOVER

Housing Rehabilitation Program Application

Applicant's Name: _____ Social Security #: _____

Spouse/Partner Name: _____ Social Security #: _____

Street Address: City/State: _____

Home Phone: _____ Work Ph: _____ Mobile Ph: _____

E-Mail Address: _____

Number of People in Household: _____ Number of Bedroom(s): _____

ANSWER ALL OF THE FOLLOWING QUESTIONS
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1. Is this Property the Owner's principal place of residence? Yes___ No___
2. How many rental units are within your building? _____
3. Are your quarterly Property taxes presently current? Yes___ No___
4. Have you previously received assistance through this program? Yes___ No___
5. Have you ever filed for bankruptcy? Yes___ No___
 - a) If YES, in what year? _____
6. Last Year, did the owner and/or other household member file
 - a) Federal Income Tax Yes___ No___
 - b) State Income Tax Yes___ No___
7. Are there handicapped people residing in the household? Yes___ No___
8. If YES, is this person (s) wheelchair bound? Yes___ No___

PLEASE STATE BELOW THE ITEMS IN NEED OF IMMEDIATE REPAIR OR REPLACEMENT
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PLEASE COMPLETE THE FOLLOWING FOR ALL HOUSEHOLD MEMBERS

NAME	RELATIONSHIP TO APPLICANT	AGE	SEX	GROSS ANNUEL INCOME
				\$
				\$
				\$
				\$
				\$
				\$
				\$

ALL of the documentation listed in the attached pamphlet under "*What Documentation is Required From the Applicant?*" **MUST BE RETURNED** with this form. If an application is incomplete and/or has missing documents, it **WILL NOT BE ACCEPTED**.

OWNER CERTIFICATION & FINANCIAL DISCLOSURE AGREEMENT

I hereby certify that all information on this application and all information furnished in support of this application is true and complete to the best of my knowledge.

I further certify that I (we) am the owner of the property described on this application; and that I/we will not discriminate on the basis of race, color, religion, sex or national origin in either the hiring of a contractor to perform rehabilitation work, or in the future sale or lease of the above property.

By signing this document, I hereby permit the Town of Dover to request, compile, review and obtain copied documentation of any and all financial records which the program deems necessary to ascertain my eligibility for housing rehabilitation assistance. This may include Federal and State Income Tax Returns, Social Security and Disability Benefits, Unemployment Benefits, Welfare, Checking & Savings, Certificates and any interest bearing accounts, profit & loss statements, et.al.

I also understand that all financial information will remain confidential and will be used only for the above.

Signature of Applicant

Date

Signature of Co-applicant

Date

PLEASE MAIL THE SIGNED COMPLETED FORM & LIST WITH ALL THE DOCUMENTATION REQUIRED TO:

100 Princeton Avenue
Dover, NJ 07801