

BRICK TOWNSHIP  
HOUSING REHABILITATION PROGRAM  
APPLICATION

SECTION I

OWNER'S LAST NAME,        FIRST	SOCIAL SECURITY #
CO-OWNER'S LAST NAME,    FIRST	SOCIAL SECURITY #
STREET ADDRESS	ZIP CODE
BRICK, NJ	
HOME TELEPHONE #	OWNER'S WORK #

SECTION II

Please answer **ALL** of the following questions:

1. Is this property the Owner's principal place of residence? .....  Yes  No
2. How old is your home?..... \_\_\_\_\_
3. How many rental units are within your building?..... \_\_\_\_\_
4. Have you previously received assistance through this program?.....  Yes  No
5. Are local quarterly property taxes presently current? .....  Yes  No
6. Last year, did the Owner and/or any other household member file the following?
 

Federal Income Tax Return....  Yes  No  
 State Income Tax Return.....  Yes  No
7. Number of Persons residing in your household? ..... \_\_\_\_\_
8. A. Is there a handicapped person(s) residing in the household?.....  Yes  No
 

B. If yes, is this person wheelchair bound.....  Yes  No

Section III

Please complete the following for **ALL** household members:

Name	Relationship to Owner	Sex	Age	Check if Full-Time Student	Gross Annual Income

Section IV

For statistical purposes only, please check your Racial/Ethnic information.

Black     White     Asian     Native American     Hispanic     Other

Section V

**OWNER CERTIFICATION & FINANCIAL DISCLOSURE AGREEMENT:**

I hereby certify that all information on this application and any 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 staff of the Brick Township Housing Rehabilitation Program to request, compile, review and obtain copied documentation of any and all financial records which the programs deems necessary to ascertain my eligibility for housing rehabilitation assistance. These may include Federal Income Tax Returns, Social Security and Disability Benefits, Unemployment Benefits, Welfare, Savings Certificates and any interest bearing accounts, profit and loss statements, et. al.

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

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Signature of Owner

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Date

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Signature of Co-Owner

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

Please list all work that you feel needs to be done to bring you home up to building codes and livable standards. Feel free to use additional sheets if necessary.

**EXTERIOR OF HOUSE**

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**INTERIOR OF HOUSE**

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