

Inlet CDC Home Rehabilitation Program Grant Application

Instructions: Complete all sections of the application and attach documentation as requested.

The Inlet Neighborhood CDC will accept and process grant applications beginning on **December 1, 2023**.

Please submit grant application, including all exhibits and attachments to Atlantic County Improvement Authority (ACIA) by mail:

**Atlantic County Improvement Authority
Housing Rehabilitation Program**
600 Aviation Research Blvd
Egg Harbor Township, NJ 08234

If you have questions or would like in-person assistance with your application contact Mike Intrieri, Inlet Neighborhood CDC Project Lead at:

Atlantic Cape Community College
1535 Bacharach Blvd, Room W217
Atlantic City, NJ 08401
mintrieri@atlanticcape.edu
(609) 343-4800 ext 4623.

ATLANTIC CITY INLET COMMUNITY DEVELOPMENT CORPORATION (CDC) HOME REHABILITATION PROGRAM

Application:

Funded by:



Official Use Only:

Date Received: _____

Grant Approval Amount: _____

- ❖ **The Atlantic County Improvement Authority (ACIA)** implements the Atlantic City Housing Rehabilitation Program for owner occupied homes. The Home Rehabilitation Program can address all basic rehabilitation items of a home, including major systems such as plumbing, heating, electric and roof, plus weatherization including windows, doors, insulation and exterior repair and painting.
- ❖ The **ACIA Program** can provide financing for up to \$25,000 per household. All assistance is offered to the homeowner in the form of a **0% Interested, Deferred Loan**, secured by a mortgage as a 2nd lien on the property, that must be repaid back to the program in full at time of resale of property or transfer of title.
- ❖ **The Inlet Community Development Corporation (Inlet CDC)** supports businesses, residents and visitors in the Inlet Neighborhood (Census Tracts 19 & 25). One of the primary goals of the Inlet CDC is to improve housing conditions. To this end, the Inlet CDC has secured funding through the New Jersey Neighborhood Revitalization Tax Credit Program and other sources to achieve this goal.
- ❖ **The Inlet CDC** can provide up to \$20,000 of funding as a **GRANT**, that will be forgiven after 2 years of residing in the home. A minimum of the \$5,000 of the Inlet CDC GRANT must be used for external beautification – painting, façade improvements, hardscaping, landscaping, etc.

THE PARTNERSHIP BETWEEN ACIA AND THE INLET CDC ARE TO WORK TOGETHER IN AN EFFORT TO IMPROVE HOUSING CONDITIONS IN Atlantic City's INLET NEIGHBORHOOD

See attached map of areas included in Census tracts 19 & 25

Please check one:

_____ I/We would like to combine the ACIA Loan with the Inlet CDC Grant

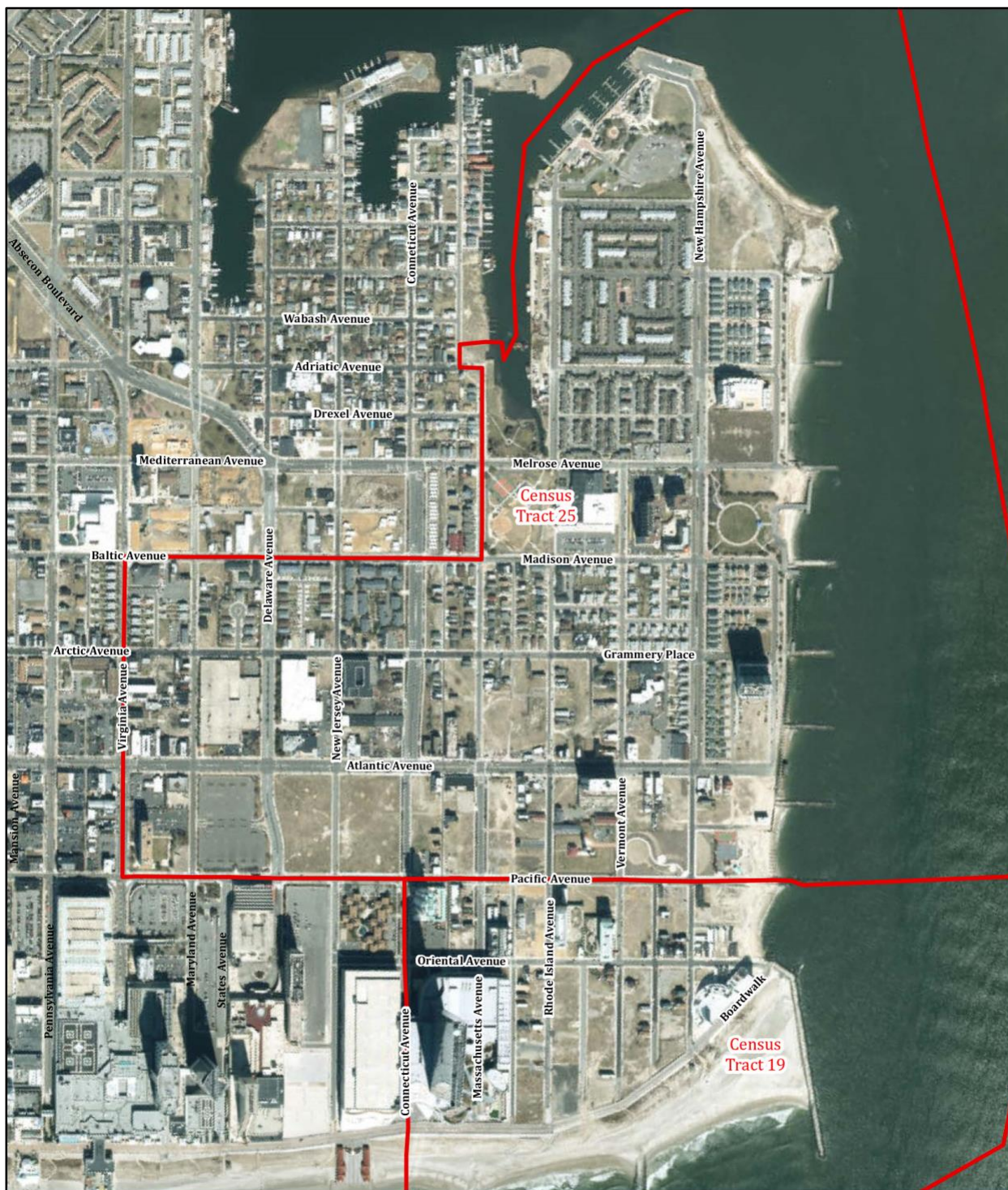
_____ I/We would like to use the Inlet CDC Grant ONLY

Please Initial consent items below:

_____ I am providing ACIA's Office of Community's Development with information about my income, property taxes, property ownership and homeowners insurance.

_____ I hereby request that my property be inspected to determine the amount and estimated cost of rehabilitation work needed, to comply with the rehabilitation code standards, and also, that ACIA and/or Inlet CDC/sponsoring agency continue to process my application. I understand that the final approval or disapproval of my application will be made by the Atlantic County Improvement Authority's Office of Community Development in accordance with the rules and regulations of the Program's Policy Guidelines.

_____ I also request approval of the loan or grant from the Housing Rehabilitation Program to provide funds for improvement identified by the inspection report.



Atlantic City
Inlet NRTC Area
Tracts 19 & 25

 Census Tracts



Rutala Associates

0 0.075 0.15 Miles

Data Sources: Atlantic County, NJ/OIT-OGIS

HOME REHABILITATION APPLICATION

Owner's Name: 1. _____ 2. _____
(Please list all names that appear on the Deed.)

Address: _____

Telephone: _____ Email: _____

Have you previously used the ACIA Home Rehabilitation Program? Yes () No ()

~ **Note: The program guidelines allows \$25,000.00 per home & therefore cannot revisit the property using ACIA assistance.**

- What year was your home built? _____ How many bedrooms? _____
- Name of your Homeowner Insurance: _____ Policy # _____

THE FOLLOWING INFORMATION IS FOR STATISTICAL PURPOSE ONLY:

Date of Birth _____ Over 62 () Under 62 ()

Handicapped/Disabled Occupant Yes () No ()

Related to a Municipal Official Yes () No () If Yes, please provide Name and Department _____

Ethnicity: (Please select only one) Hispanic or Latino () Not Hispanic or Latino ()

Racial Description: Please select one or more, below.

American Indian Alaska Native Asian Black/African American
Native Hawaiian/Other Pacific Islander White Other

A. HOUSEHOLD COMPOSITION: Please name all persons residing in the home.

	Name	Relationship to owner	Date of Birth
1	Owner		
2	Co-Owner		
3			
4			
5			
6			
7			
8			

B. EMPLOYMENT INFORMATION: Please name each household member who receives income and is 18 years-old or over. Income is defined as the total salaries, wages, tips, public assistance, child support, alimony, social security, pension, disability, earned interest, dividends, etc., before deductions and taxes, received by each member of the household.

1. Name: _____ Income: \$ _____

Employer Name: _____

Employer Address: _____

Years at Job: _____ Job Title: _____
2. Name: _____ Income: \$ _____

Employer Name: _____

Employer Address: _____

Years at Job: _____ Job Title: _____
3. Name: _____ Income: \$ _____

Employer Name: _____

Employer Address: _____

Years at Job: _____ Job Title: _____

C. Financial Information: Please list all checking and savings accounts including CD's, Money Market Funds, Mutual Funds, and other assets held by financial institutions:

<u>Name and Address of Financial Institution</u>	<u>Account#</u> (last 4 digits only, xxx-xxx-1234)	<u>Current Value</u>	<u>Annual Income</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- **Name of your Mortgage Lender** _____
- **Are your Mortgage Payments up to date?** Yes () No ()
- **Is your property currently or possibly going in foreclosure?** Yes () No ()
- **Are your municipal property taxes paid up to date?** Yes () No ()
- **Are you delinquent on your municipal property taxes, that has required a Certificate of Sale for unpaid municipal liens?** Yes () No ()
- **Is your property a single family dwelling that you reside in?** Yes () No ()
~If No, please explain:

- **Do you currently have renters residing at your property?** Yes () No ()
If yes, what is the monthly income in rent you receive? \$_____

- **Do you own any other property?** Yes No if Yes where?

Lot _____ Block _____ Municipality _____

Do you own a vacation home? Yes No

Do you own a business or other income-producing real estate? Yes No

Do you receive income (rent/receipts) from this asset? Yes No

How much is this Net Income monthly? \$_____ **Annually** \$_____

TOTAL ANNUAL INCOME FROM ASSETS, RENTS, AND BUSINESS RECEIPTS: \$_____

This application is for assistance with the following (you may check more than one):

_____ Home Rehab; Roof, Heat, Water Heater, Electrical

_____ Weatherization includes windows, doors, insulation, and exterior repair

_____ Well

_____ Water Lateral Tie-in

_____ Sewer Lateral Tie-in

_____ Other, please explain

D. (1) INCOME INFORMATION: *Please use a separate page for every household member who is 18 years old or over and receives income of any kind.*

Calculate ALL GROSS INCOME on an annual basis. Monthly income should be multiplied by 12, weekly by 52, and biweekly by 26, for total Gross Annual figure. Income verification must be attached to this application and available for review in you project file. Please transfer starred (*) totals to Income Calculation Sheet.

Name: _____

A. Please state the amount of income received from each applicable source:

Gross Salary or Wages:	\$_____	\$_____	\$_____	\$_____
	Weekly	Biweekly	Monthly	Annually

Pension:	\$_____	\$_____
	Monthly	Annually

Social Security:	\$_____	\$_____
	Monthly	Annually

Unemployment compensation:	\$_____	\$_____	\$_____
	Biweekly	Monthly	Annually

Disability Payment:	\$_____	\$_____
	Monthly	Annually

Welfare:	\$_____	\$_____
	Monthly	Annually

Child Support:	\$_____	\$_____
	Monthly	Annually

Alimony:	\$_____	\$_____
	Monthly	Annually

Tips/Commissions:	\$_____	\$_____
	Monthly	Annually

Retirement Funds:	\$_____	\$_____
	Monthly	Annually

Annuities:	\$_____	\$_____
	Monthly	Annually

Death Benefits	\$_____	\$_____
	Monthly	Annually

Other: _____	\$_____	\$_____	\$_____	\$_____
	Weekly	Biweekly	Monthly	Annually

TOTAL ANNUAL INCOME FROM WAGES, SALARY, AND OTHER SOURCES: \$_____

D. (2) INCOME INFORMATION: *Please use a separate page for every household member who is 18 years old or over and receives income of any kind.*

Calculate ALL GROSS INCOME on an annual basis. Monthly income should be multiplied by 12, weekly by 52, and biweekly by 26, for total Gross Annual figure. Income verification must be attached to this application and available for review in you project file. Please transfer starred (*) totals to Income Calculation Sheet.

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Social Security:	\$_____	\$_____
	Monthly	Annually

Unemployment compensation:	\$_____	\$_____	\$_____
	Biweekly	Monthly	Annually

Disability Payment:	\$_____	\$_____
	Monthly	Annually

Welfare:	\$_____	\$_____
	Monthly	Annually

Child Support:	\$_____	\$_____
	Monthly	Annually

Alimony:	\$_____	\$_____
	Monthly	Annually

Tips/Commissions:	\$_____	\$_____
	Monthly	Annually

Retirement Funds:	\$_____	\$_____
	Monthly	Annually

Annuities:	\$_____	\$_____
	Monthly	Annually










Death Benefits	\$_____	\$_____
	Monthly	Annually

Other: _____	\$_____	\$_____	\$_____	\$_____
	Weekly	Biweekly	Monthly	Annually

TOTAL ANNUAL INCOME FROM WAGES, SALARY, AND OTHER SOURCES: \$_____

PLEASE ATTACH COPIES OF THE FOLLOWING

NO APPLICATION WILL BE PROCESSED UNTIL ALL OF THE FOLLOWING ARE SUBMITTED

-  **Your CURRENT Income Tax Return with W-2 forms (Seniors use N.J. Tax Return).**
-  **Three (3) current pay statements from every household member with an income.**
-  **Copy of social security statement, disability, pension checks, or any other income you may receive**
-  **Copy of recorded deed (all pages)**
-  **Copy homeowner's insurance and flood insurance (showing amount of coverage and dates) and proof that it is paid to date.**
-  **Proof that local property taxes are current.**
-  **Copies of two (2) current utility bills, i.e., water, gas, electric, and phone.**
-  **Copy of driver's license (front & back).**
-  **Copies of two (2) full months of bank statements for checking & savings accounts.**

PENALTY FOR FALSE OR FRAUDULENT STATEMENT

U.S.C., Title 18, Sec. 100 provides "Whoever in any matter within the jurisdiction of any department of agency of the United States knowingly and willfully falsifies or makes any false fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5) years, or both".

I certify that the information provided herein is true and completed to the best of my knowledge and belief. I also understand that this information is to be used only for determining my eligibility for services provided by the various State and Federal programs and any statistical analysis purposes that may be required for program evaluation.

X
Signature(s) of Owner

X
Date

X
Signature(s) of Co-Owners

X
Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the Atlantic County Improvement Authority's Office Community Development to verify my income and employment, and further verify that I am the legal owner of record of the property indicated above to be part of the Housing Rehabilitation Program funded under the New Jersey Small Cities Safe Housing Programs the HUD HOME or CDBG Programs.

X
Signature(s) of Owner

X
Date

X
Signature(s) of Co-Owners

X
Date