



Steven M. Fulop, MAYOR  
CITY OF JERSEY CITY

**DEPARTMENT OF  
HOUSING, ECONOMIC DEVELOPMENT & COMMERCE  
DIVISION OF COMMUNITY DEVELOPMENT**

30 Montgomery Street, Suite 404, Jersey City, N.J. 07302  
Phone: (201) 547-4747  
Fax: (201) 547-5104

**Dear Homeowner:**

You may be eligible for assistance to correct code violations, repair or replace major systems, weatherize your home or address lead-based paint issues.

Eligibility includes, but is not limited to the following:

- **You have not received HORP funds for the past ten years. (Exception for the following emergency repairs not previously covered by HORP:**
  - **Roof Replacement / Skylight / Collapsed Chimney**
  - **Heating System**
  - **Handicapped Access Ramp / Lift**
  - **Water / Sewer Service**
- **You do not reside in a City subsidized new construction housing unit. (Exception for properties over 10 years old).**
- **You own and occupy a 1-4 Family house in Jersey City (excludes condominiums).**
- **You meet the Federal (HUD) guidelines for income eligibility.**
- **Your property taxes and homeowner's insurance have no past due balance.**
- **You have no past due water and sewerage balances and your account is not in a payment plan.**

The maximum amount of assistance is \$24,900 per residential unit. This is based on the City's cost estimate of eligible work items, including, but not limited to the following:

- **Electrical Service**
- **Heat / Hot Water System (no conversion)**
- **Plumbing: Water / Sanitation Service**
- **Roof / Chimney**
- **Smoke Detectors**
- **Windows / Doors / Locks**
- **Porch / Steps / Railings / Sidewalk**
- **Siding**
- **Handicapped Access**
- **Code Violations as cited by the Division of Housing Code Enforcement**

In September 2000 HUD instituted regulations governing the containment of lead dust commonly found in houses built pre-1978. If lead is present in areas where work is to be completed, work associated with the containment of lead will receive priority.

A self-liquidating lien\* in the amount of the full grant will be placed on the property for a period of five (5) years(non seniors) and two(2) years(senior citizens age 62 and over) to provide for repayment if the property is sold or transferred to an ineligible owner. New owner(s) must be income qualified upon a change of ownership.

\* This Lien is solely for the purpose of preventing an ineligible transfer of ownership.

Upon the Division’s inspection of the property, if it is determined that an additional living unit(s) exists which does not agree with the City’s tax records, the Division of Community Development (DCD) will request a review of the property by the City’s Zoning Division. The submitted application will be placed on hold until the DCD receives results from the Zoning Division. If the Zoning Division finds illegal quarters, the applicant will be immediately deemed ineligible and cannot reapply to the Program for one (1) year from the date of this determination.

The following income and asset limits apply to this program:

<b>Family Size*</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8+</b>
<b>Adjusted Gross Income Limit**</b>	<b>43,200</b>	<b>49,400</b>	<b>55,550</b>	<b>61,700</b>	<b>66,650</b>	<b>71,600</b>	<b>76,550</b>	<b>81,450</b>

**\*Family includes the owner(s) listed on recorded documents; the number of dependents claimed on his/her most recently filed Federal income tax return, and any other individuals residing in the household. Income certification will be required for all tenants.**

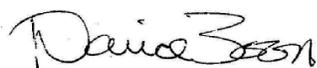
**\*\*Adjusted Gross Income includes the amount shown on the owner(s) most recently filed Federal income tax return as adjusted **total income** (after any adjustments or deductions) plus any taxable income (Social Security, pension, IRA, interest, unemployment). The income of all persons listed on the deed will be included in the determination of eligibility. Assets (Certificate of Deposits, Savings Accounts, etc.) cannot exceed \$50,000; except for seniors 62 or older, \$ 100,000.00.**

Applications will be accepted by mail or in person at the Division of Community Development, 30 Montgomery Street, Suite 404 from 9:00 A.M. to 4:00 P.M. All applicants will be contacted by letter or by telephone to schedule an appointment.

Applications will be available on an ongoing basis. Only complete applications with all required **copies** of documents will be accepted. **Incomplete applications will be returned to you** and will be reviewed in the order received. All applicants will be notified by mail regarding eligibility determinations. See page three (3) for additional information pertaining to required documents

If you have any questions, please feel free to contact the Division of Community Development at **201-547-4747**.

Sincerely,



**DARICE TOON**  
**Director, Division of Community Development**

**CITY OF JERSEY CITY  
DEPARTMENT OF HOUSING, ECONOMIC DEVELOPMENT & COMMERCE  
DIVISION OF COMMUNITY DEVELOPMENT  
HOMEOWNERS REHABILITATION PROGRAM APPLICATION 2014  
(OWNER-OCCUPIED ONLY)**

<b>REQUIRED DOCUMENTS</b>
---------------------------

**COPIES OF THESE DOCUMENTS MUST ACCOMPANY THE APPLICATION**

- Recorded deed (all pages), quit claim deeds are not acceptable and copy of recorded home mortgage and bank statement showing account is current. (Temporary loan modifications are ineligible, as are reverse mortgages.)
- Proof of residence (utility bill, etc.)
- Income verification and social security number [last four (4) digits only] for all owners listed on your deed.
  - 2012 IRS Tax File Transcript (Call 1-800-829-1040)
  - Signed copies of your 2012 Federal Tax Return and Attachments (Schedules, W-2s, 1099s).
- IRS letter #1722 (if you did not file a 2012 Federal Income Tax Return). Call (1-800-829-1040)
- Most recent checks and / or pension, Social Security statement of benefits.
- Declaration page from your current Homeowner's Insurance Policy.
- Death Certificate (if applicable).
- Verification of child custody (if applicable)

**VERIFICATION REGARDING CASH ASSETS WILL BE REQUIRED WHEN YOU ARE CONTACTED FOR AN INTERVIEW. ALSO, ALL PROPERTIES ARE SUBJECT TO A CURRENT APPRAISAL AND TITLE SEARCH.**

**CITY OF JERSEY CITY**  
**DEPARTMENT OF HOUSING, ECONOMIC DEVELOPMENT & COMMERCE**  
**DIVISION OF COMMUNITY DEVELOPMENT**

**HOMEOWNER REHABILITATION PROGRAM (HORP) APPLICATION**

*Information in this application is confidential. It is used to establish eligibility for local and federal programs.*

**SECTION 1 – APPLICANT INFORMATION**

Name: _____ Social Security No. (Last 4 digits) _____		
<i>Last</i>	<i>First</i>	<i>Middle Initial</i>
Co-Applicant: _____ Social Security No. (Last 4 digits) _____		
<i>Last</i>	<i>First</i>	<i>Middle Initial</i>
Property Address: _____		
City: _____	State: _____	Zip: _____
Work Phone: _____	Home Phone: _____	Cell Phone: _____
E-mail: _____		
Age: _____	Date of Birth: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		
Is the applicant female head of household? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Alternate Contact Name, Phone Number & Relationship: _____		
Are you receiving Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How did you hear about the HORP Program? <input type="checkbox"/> Friend <input type="checkbox"/> City Website <input type="checkbox"/> Flyer <input type="checkbox"/> Newspaper		
<input type="checkbox"/> Other: _____		

## SECTION 2 – HOMEOWNER & TENANT HOUSEHOLD MEMBERS AND INCOME

Complete the list of all persons (including children) living in the household, along with their corresponding current annual and/or monthly gross. Household is a group of related or unrelated persons occupying the same house with at least one member being the head of household. Renters, roomers, or boarders cannot be included as a household member.

By signing Section 6, you certify that you are the homeowner(s) of the property identified in Section 1 and that the current gross of all persons living in the household is accurate.

### HOMEOWNER HOUSEHOLD INFORMATION

Number of persons in the household: \_\_\_\_\_ Ethnicity:  Hispanic/Latino  Non Hispanic/Latino

Race:  White  Black/African American  Asian  American Indian/Alaska Native  
 American Indian/Alaska Native **AND** White  Black/African American **AND** White  
 Native Hawaiian or Other pacific Islander  Asian **AND** White  
 American Indian/Alaska Native **AND** Black/African American  
 Other: \_\_\_\_\_

Name	Relationship	Age	Monthly Income	Annual Income
1. APPLICANT	SELF			
2. CO-APPLICANT				
3.				
4.				
5.				
6.				

### TENANT HOUSEHOLD INFORMATION

Number of persons in the household: \_\_\_\_\_ Ethnicity:  Hispanic/Latino  Non Hispanic/Latino

Race:  White  Black/African American  
 American Indian/Alaska Native  Asian  
 American Indian/Alaska Native **AND** White  Black/African American **AND** White  
 Native Hawaiian or Other pacific Islander  Asian **AND** White  
 American Indian/Alaska Native **AND** Black/African American  
 Other: \_\_\_\_\_

Is the tenant female head of household?  Yes  No

Is the tenant a senior citizen (62 years of age or older)?  Yes  No

Total Monthly Rental Amount: \$\_\_\_\_\_

Approximate Total Household Income: \$\_\_\_\_\_

### SECTION 3 – PROPERTY INFORMATION

Number of Units:  One  Two  Three  Four Built: \_\_\_\_\_(Year)

Have any of the current occupants been tested for lead and had an elevated blood level?  Yes  No

Have you received a previous grant for this property?  Yes  No If yes, date of grant: \_\_\_\_\_

### SECTION 4 – HOMEOWNERSHIP AND MORTGAGE INFORMATION

Purchase Price: \$\_\_\_\_\_ Year House was Purchased: \_\_\_\_\_ Estimated Property Value: \$\_\_\_\_\_

Do you have a Mortgage on this property?  Yes  No Do you have property insurance?  Yes  No

Mortgage Company \_\_\_\_\_

Current Loan Balance \$\_\_\_\_\_ Mortgage Payment \$\_\_\_\_\_

Are taxes and insurance included in your monthly mortgage payment?  Yes  No

Do you have a Second Mortgage on this property?  Yes  No

Mortgage Company \_\_\_\_\_

Current Second Mortgage Loan Balance \$\_\_\_\_\_ Second Mortgage Payment \$\_\_\_\_\_

### SECTION 5 – SERVICES REQUESTED

What home repairs are you requesting?

## SECTION 6 – APPLICANT SIGNATURE(S) AND CERTIFICATION

The statements in this application are true, correct and complete, and represent a total disclosure of all my obligations and assets. I/We certify that the entire proceeds of this grant will be used exclusively for the purposes represented on this application.

I/We further understand that if I have knowingly omitted or falsified any of my financial information or other material information, that my application to the Homeowner Rehabilitation Program (HORP) shall be permanently cancelled, or if the loan has been granted, it will require immediate repayment of any funds spent.

I/We agree to allow the City of Jersey City's Homeowner Rehabilitation program to photograph the exterior and interior, before and after rehabilitation view of the property for documentation purposes. I/We understand that repairs made under this program are warranted for a period of one year by the contractor, except for any additional manufacturer warranty, not by the City.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date



~~~~~  
On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me a notary public, the undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public

### FOR INTERNAL USE ONLY

Received By: \_\_\_\_\_

Application Received: \_\_\_\_\_

Date Approved \_\_\_\_\_

Entered Into Database: \_\_\_\_\_

Date Denied \_\_\_\_\_

File Created: \_\_\_\_\_

Date Cancelled \_\_\_\_\_

All Documentation Received: \_\_\_\_\_

**CITY OF JERSEY CITY  
 HOMEOWNER REHABILITATION PROGRAM (HORP)  
 APPLICATION CHECKLIST**

Owner(s) Name(s): \_\_\_\_\_

Property Address: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Ward: \_\_\_\_\_ # of Units: \_\_\_\_\_

Please check (✓) all that apply. Return this checklist with application, along with copies of the following Documentation (Originals will not be returned):

Social Security / Pension / Award Letter Yes \_\_\_\_\_ Not Applicable \_\_\_\_\_

IRS Letter #1722 (Non-Filer) Yes \_\_\_\_\_ Not Applicable \_\_\_\_\_

Recorded Deed Yes \_\_\_\_\_ Not Applicable \_\_\_\_\_  
 (Obtain from County Registrar's office)

Recorded Home Mortgage Yes \_\_\_\_\_ Not Applicable \_\_\_\_\_  
 (Obtain from County Registrar's office)

Death Certificate Yes \_\_\_\_\_ Not Applicable \_\_\_\_\_

Mortgage Statement Yes \_\_\_\_\_ Not Applicable \_\_\_\_\_

Mortgage Cancellation Yes \_\_\_\_\_ Not Applicable \_\_\_\_\_

Home Insurance Declarations Page Yes \_\_\_\_\_ Not Applicable \_\_\_\_\_

Custodial Papers and Child Support Documentation Yes \_\_\_\_\_ Not Applicable \_\_\_\_\_

Flood Insurance Yes \_\_\_\_\_ Not Applicable \_\_\_\_\_

Multi Family Registration (3-4) Units Yes \_\_\_\_\_ Not Applicable \_\_\_\_\_

Divorce Decree Yes \_\_\_\_\_ Not Applicable \_\_\_\_\_

Current IRS Tax File Transcript Yes \_\_\_\_\_ Not Applicable \_\_\_\_\_

Proof of Residence (utility bill, Telephone bill ) Yes \_\_\_\_\_ Not Applicable \_\_\_\_\_

|                                                                                           |           |                      |
|-------------------------------------------------------------------------------------------|-----------|----------------------|
| <b>Division of Community Development Use <u>ONLY</u></b>                                  |           |                      |
| Tax Assessor's Verification on File<br>(Age of building on file)                          | Yes _____ | Not Applicable _____ |
| Tax Collector's Verification on File<br>(Taxes must be current with no outstanding liens) | Yes _____ | Not Applicable _____ |

## **INSTRUCTIONS FOR OBTAINING TRANSCRIPTS OF TAX RETURNS, COPIES OF TAX RETURNS, OR 1722 LETTERS**

1. Call 1-800-829-1040 and request a transcript by the automated system. Please follow the options listed below:

**WHEN CALLING BETWEEN THE HOURS OF 7:00 A.M. and 10:00 P.M.,  
PLEASE SELECT THE FOLLOWING OPTIONS:**

- Option 2 (Personal Tax Account)
- Enter your Taxpayer ID Number (SSN, ITIN, or EIN)
- Option 1 (Transcripts)
- Enter the Numbers in your street address.
- Enter the year of the tax return you are requesting.

**IF YOU ARE CALLING AT ANY OTHER TIME, PLEASE SELECT THE  
FOLLOWING OPTIONS:**

- Option 2
- Enter your Taxpayer ID Number (SSN, TIN, or EIN)
- Option 1
- Enter the Numbers in your street address.
- Option 2
- Enter the year of the Return you are requesting.

**Your transcript(s) will be mailed within 10 to 15 days**

**OR**

2. You may complete IRS Form 4506, REQUEST FOR COPY OR TRANSCRIPT OF TAX FORM, and mail it to the address indicated on the form. You should receive your transcript within 10-15 days.