



DEPARTMENT OF
Housing, Economic Development & Commerce
Division of Community Development

30 Montgomery Street, 4th Floor, Jersey City, NJ 07302

Phone: (201) 547-6910

Fax: (201) 547-5104

Jerramiah T. Healy, Mayor
CITY OF JERSEY CITY

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.**
- **You do not reside in a city subsidized new construction housing unit. (eligible after 10 years ownership)**
- **You own and occupy a 1-4 Family house in Jersey City (excludes condominiums).**
- **You meet the SECTION 8 FAMILY SIZE & INCOME ELIGIBILITY CRITERIA**
- **Your property taxes, homeowner's insurance and water fees are current.**

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

- **Electric Service**
- **Heat/hot water system (no conversion)**
- **Plumbing: water/sanitary service**
- **Roof/chimney**
- **Smoke detectors**
- **Windows/doors/locks**
- **Porch/steps/railings/sidewalk**
- **Siding**
- **Handicapped access**
- **Code violations list as cited by the Division of 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 (10) ten years to provide for repayment if the property is sold. Applications will be available on an ongoing basis. Only complete applications with all required documents will be accepted. **Incomplete applications will be returned to you** and will be reviewed in the order received. All applicants will be notified regarding eligibility determinations.

The following income and asset limits apply to this program:

Family Size*	Gross Income Limit**
1	\$38,900.
2	44,500.
3	50,050.
4	55,600.
5	60,050.
6	64,500.
7	68,950.
8 or more	73,400.

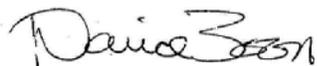
***Family includes the owner(s) listed on recorded documents; the number of dependents claimed on his/her most recently filed Federal income tax return, and any other individuals residing in the household. Income certification will be required for all tenants.**

****Gross Income includes the amount shown on the owner(s) most recently filed Federal income tax return as **total income** (before any adjustments or deductions) plus any non-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 (CD's and Savings Accounts) cannot exceed \$24,900.**

Applications will be accepted by mail or in person at the Division of Community Development, 30 Montgomery Street, Room 404 from 9:00am to 4:00pm. All applicants will be contacted by letter or by phone to schedule an appointment.

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

Revised April 27, 2007

**DEPARTMENT OF HOUSING, ECONOMIC DEVELOPMENT & COMMERCE
DIVISION OF COMMUNITY DEVELOPMENT
HOMEOWNERS REHABILITATION PROGRAM APPLICATION 2007
(OWNER-OCCUPIED ONLY)**

HOMEOWNER(S) INFORMATION (PLEASE PRINT)

APPLICANT: _____	SSN # _____ - _____ - _____	
LIST ANY OTHER OWNER ON THE DEED:		
NAME: _____	SSN # _____ - _____ - _____	
APPLICANT ADDRESS: _____		
TELEPHONE Home: _____		
Business: _____		
MARITAL STATUS: _____ Single	_____ Married	_____ Divorced
_____ Separated	_____ Widowed	
HOUSEHOLD SIZE (Number of persons residing in your unit): _____		

BUILDING INFORMATION:
Number of Units: 1 _____ 2 _____ 3 _____ 4 _____
Year Built: _____ (Information available at Tax Assessor's Office)
Have any of the current occupants been tested for lead and had an elevated blood level?
_____ Yes _____ No _____ Unknown
Have you received a previous grant for this building: _____ Yes _____ No
If yes, date of previous grant: _____

COPIES OF THESE DOCUMENTS MUST ACCOMPANY THE APPLICATION

- Recorded deed (all pages), quit claim deeds are not acceptable and copy of home mortgage.(not payment book)
- Income verification and social security number for all owners listed on your deed.
 - 2007 IRS Printout (Call 1-800-829-1040)
 - **Signed** copies of your 2007 Federal and State Income Tax Return & Attachments (Schedules, W-2s, 1099s).
- IRS letter #1722 (if you did not file a 2007 Federal Income Tax Return). Call (1-800-829-1040)
- Most recent checks and/or pension, social security statement of benefits.
- A letter from the City Tax Collector, stating real estate taxes are current and there are no liens. (Form attached).
- Declaration page from your Homeowner's Insurance Policy.
- Death Certificate (if applicable).
- Print-out from Tax Assessor's Office (Age of Building)
- Verification of child custody(If applicable)

We will require documentation regarding cash assets when you are contacted for an interview.

FEDERAL REPORTING REQUIREMENTS

To fulfill Federal reporting requirements, please provide the following information for reporting purposes only.

PLEASE HAVE THIS PAGE NOTARIZED

Number of Persons in Household	Owner	Tenant 1	Tenant 2	Tenant 3
Age (Head of Household)				
Sex (Head of Household)				
Is anyone legally handicapped?				
Number of Children				
Ethnicity Select only one):				
Hispanic/Latino				
Not Hispanic/Latino				
Race (Select one or more):				
American Indian/ Alaska Native				
Asian				
Black/ African American				
Native Hawaiian/ Pacific Islander				
White				
Amount of Monthly Rent Collected from Tenants	Total Rent Collected	Monthly Rent	Monthly Rent	Monthly Rent

CERTIFICATION

I certify that all of the information in this application is true and accurate as stated, and I understand that any false statements on this application form and ensuring documents, whether it be intentional or inadvertent, can result in immediate disqualification from the program and possible criminal prosecution by Federal and State Law Enforcement Officials.

Notarized: _____

Homeowner's Signature

Homeowner's Signature

Sworn and subscribed before me

This day of 2008

CITY OF JERSEY CITY HOMEOWNER REBATE 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 (Original will not be returned):

**2007 Federal/State Tax Returns,
IRS Printout, W-2's
& Attachments**

Yes _____

Not Applicable _____

SS / Pension / Award Letter

Yes _____

Not Applicable _____

IRS Letter #1722 (Non-Filer)

Yes _____

Not Applicable _____

Recorded Deed

Yes _____

Not Applicable _____

Death Certificate

Yes _____

Not Applicable _____

Current Tax Letter

Yes _____

Not Applicable _____

Mortgage Statement

Yes _____

Not Applicable _____

Mortgage Cancellation

Yes _____

Not Applicable _____

**Home Insurance Declaration
Page**

Yes _____

Not Applicable _____

Custodial Papers and Support

Yes _____

Not Applicable _____

**Age of House
(Tax Assessor's Office)**

Yes _____

Not Applicable _____

Flood Insurance

Yes _____

Not Applicable _____

Multi Family Registration (3-4) Units Yes _____

Not Applicable _____

Divorce Decree

Yes _____

Not Applicable _____

(Proof of Residence, if you use a P.O. Box (i.e. utility bill, telephone bill, etc.)

Department of Housing, Economic Development & Commerce
Division of Community Development



Inter-Office Memorandum

DATE: _____, 2008
TO: MAUREEN COSGROVE, TAX COLLECTOR
FROM: DIVISION OF COMMUNITY DEVELOPMENT
SUBJECT: STATUS OF REAL ESTATE TAXES

REGARDING THE BELOW LISTED PROPERTY

PROPERTY LOCATION: _____

OWNER: _____

BLOCK: _____ LOT: _____

CURRENTLY UP TO DATE: YES _____ NO _____

OPEN LIENS: YES _____ NO _____

TYPE: _____

AMOUNT & DATE OF LIEN: _____

This is only a memorandum and not to be considered an official search.

Tax Collector's Office

CASE NO. : _____
HOMEOWNER'S NAME : _____
PROPERTY ADDRESS : _____

SUBJECT : **"TENANT ELIGIBILITY FORM"**

.....
TENANT'S NAME : _____
Telephone No. : H) _____ W) _____
Apartment Number : _____ No. of Occupants _____
Head Of Household Is : Male _____ Female _____
Occupants Are : White Black Hispanic Other
Are Any of the Occupants
Senior Citizens : Yes _____ No _____
Is Anyone Handicapped : Yes _____ No _____

The approximate combined Annual Gross Income for These Occupants

Is: _____

The **Current Monthly Rent** for this Unit is \$ _____

SIGNED:

TENANT

DATE

CERTIFIED BY:

HOMEOWNER

DATE

NOTARY PUBLIC

DATE

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 AM and 10:00 PM,
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 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, ITIN, 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 Form attached 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.

IRS REQUIRES ONLY A COPY OF YOUR RETURN.