

**TOWNSHIP OF HANOVER**  
**Housing Rehabilitation Program Application**

Applicant's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Number of People in Household: \_\_\_\_\_ Number of Bedroom(s): \_\_\_\_\_

**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 Are your quarterly Property taxes presently current?..... Yes\_\_\_ No\_\_\_
- 5 Have you previously received assistance through this program?..... Yes\_\_\_ No\_\_\_
- 6a Have you ever filed for bankruptcy? ..... Yes\_\_\_ No\_\_\_
- 6b If YES, in what year? ..... \_\_\_\_\_
- 7 Last Year, did the owner and/or other household member file  

<b>FEDERAL INCOME TAX RETURN</b> .....	Yes___	No___
<b>STATE INCOME TAX RETURN</b> .....	Yes___	No___
- 8 Is there a handicapped person(s) residing in the household?..... Yes\_\_\_ No\_\_\_
- 9 If YES, is this person (s) wheelchair bound?..... Yes\_\_\_ No\_\_\_

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

\_\_\_ Asian    \_\_\_ Black    \_\_\_ Hispanic    \_\_\_ Native American    \_\_\_ White    \_\_\_ Other

**PLEASE STATE BELOW THE ITEMS IN NEED OF IMMEDIATE REPAIR OR REPLACEMENT**

**PLEASE COMPLETE THE FOLLOWING FOR ALL HOUSEHOLD MEMBERS**

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

**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.

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:**

REHABCO, Inc.  
470 Mantoloking Road  
Brick, NJ 08723