

**BOROUGH OF PARAMUS  
REHABILITATION PROGRAM  
105 N. FARVIEW AVENUE  
PARAMUS, NEW JERSEY 07652  
AFFORDABLE HOUSING REHABILITATION  
COORDINATOR**

[AFFORDABLEHOUSING@PARAMUSBOROUGH.ORG](mailto:AFFORDABLEHOUSING@PARAMUSBOROUGH.ORG)  
201-265-2100 EXT 2220

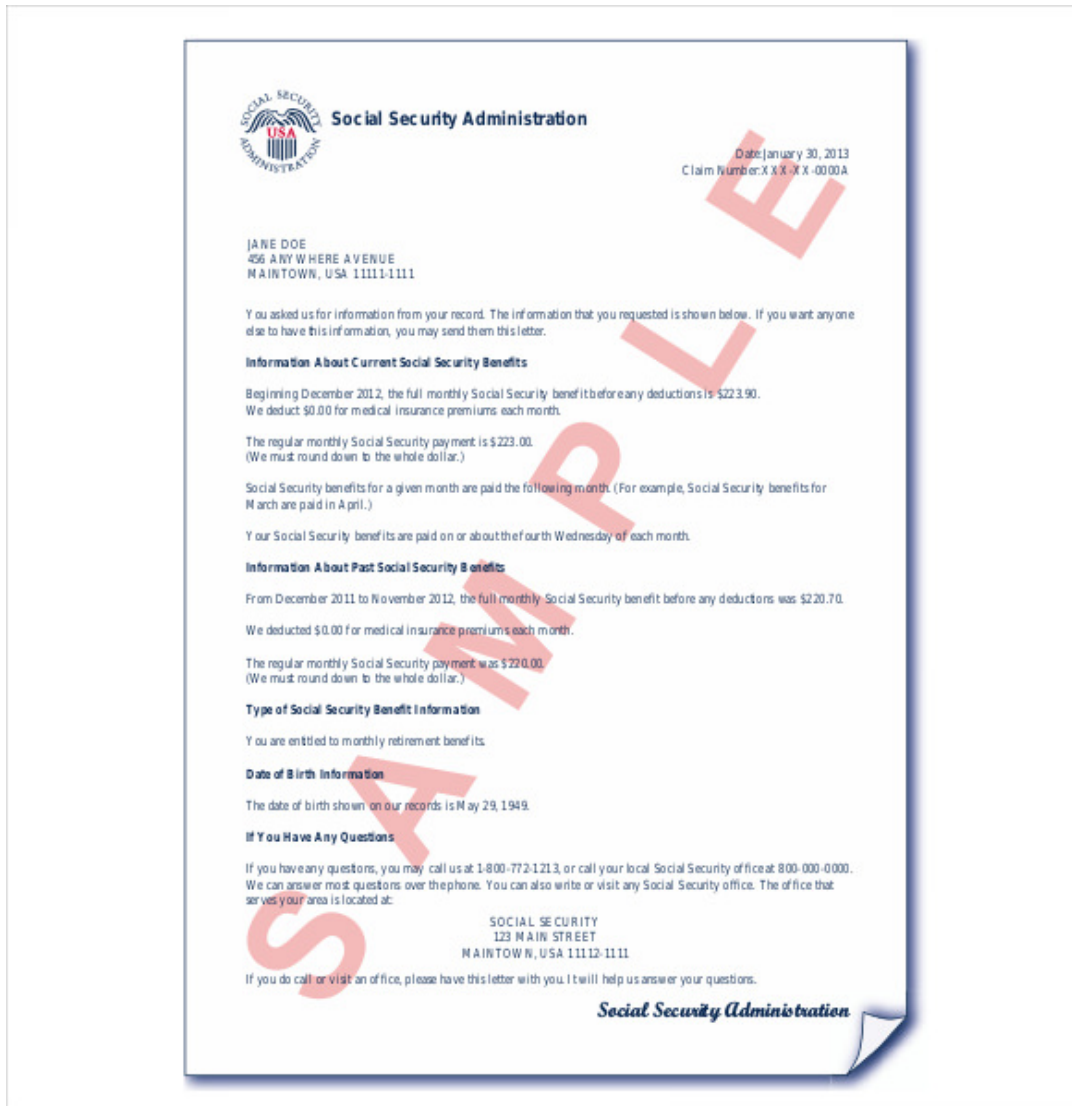
**AFFORDABLE HOUSING REHABILITATION PROGRAM**

The following is a list of paperwork you will need to provide with your completed application:

1. Copy of **recorded deed** with book and page number.
2. Copy of **real estate tax bill**.
3. Copy of most recent **3 years completed income tax returns** with income documentation statement's attached. Tax returns **MUST** be signed.
4. **Certificate of insurance** from the homeowner's insurance carrier.
5. Copy of documentation (**pay stubs for last 4 pay periods**) for any current forms of income (wages, social security, pension, bank and investment statements).
6. Copies of most recent **3 months statements** for savings, checking, CD, IRA, 401K or other securities.
7. Copies of Death Certificate, Birth Certificate (children under 18), Divorce Decree, Child Support Agreement (if applicable).
8. Verification of enrollment for full-time college students.
9. Alien registration card, if applicable.

# If you are receiving Social Security your application **MUST** include a copy of the following:

- 1) Your benefit amount letter for the year 2019. Please see the below example of what the letter looks like that **must be supplied with your application.**



- 2) **If you DO NOT have a copy of the Income Verification Letter** that looks like the above example, please call Social Security and request one by:
  - Going online to [www.ssa.gov/myaccount](http://www.ssa.gov/myaccount)
  - Calling the agency directly at (800) 772-1213
  - Visiting your local Social Security Administration office.

**BOROUGH OF PARAMUS REHABILITATION PROGRAM  
PARAMUS, NEW JERSEY**

Date: \_\_\_\_\_ No. \_\_\_\_\_

Please print or type. All information supplied will remain confidential and will be used only for the purpose of determining eligibility for participation in the program. All sections of the application must be completed. Indicate N/A if a section is not applicable to you. **DO NOT** leave any section blank.

|                        |                |
|------------------------|----------------|
| Applicant Name: _____  | _____          |
|                        | Home Phone     |
| Address: _____         | _____          |
|                        | Business Phone |
| Email Address: _____   | _____          |
|                        | Mobile Phone   |
| Co-owner/Spouse: _____ | _____          |
|                        | Home Phone     |
| Address: _____         | _____          |
|                        | Business Phone |
| Email Address: _____   | _____          |
|                        | Mobile Phone   |

**EMPLOYMENT** (All persons living in household including non-family members)

|                     |          |            |            |
|---------------------|----------|------------|------------|
| Owner               | _____    | _____      | _____      |
|                     | Employer | Occupation | # of Years |
| Co-owner/<br>Spouse | _____    | _____      | _____      |
|                     | Employer | Occupation | # of Years |
| Other Adult         | _____    | _____      | _____      |
|                     | Employer | Occupation | # of Years |
| Other Adult         | _____    | _____      | _____      |
|                     | Employer | Occupation | # of Years |

**HOUSEHOLD INFORMATION:** Household means all persons who will live in the home whether or not they are related by blood, marriage or otherwise. Household shall be synonymous with a family.

| Name               | Social Security #                        | Sex   | Date of Birth |
|--------------------|--|-------|---------------|
| _____              | _____                                    | _____ | _____         |
| _____              | _____                                    | _____ | _____         |
| _____              | _____                                    | _____ | _____         |
| _____              | _____                                    | _____ | _____         |
| _____              | _____                                    | _____ | _____         |
| # of Adults: _____ | # of Children under the age of 18: _____ |       |               |

Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_  
 Female Head of Household \_\_\_\_\_ Disabled \_\_\_\_\_ Senior Citizen \_\_\_\_\_  
 Race: White \_\_\_\_\_ Black \_\_\_\_\_ American Indian \_\_\_\_\_ Native Alaskan \_\_\_\_\_ Asian/Pacific \_\_\_\_\_ Other \_\_\_\_\_

**TWO FAMILY HOME:** YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, provide the following information regarding second household:

Monthly Rent \$ \_\_\_\_\_ Female Head of Household \_\_\_\_\_ Disabled \_\_\_\_\_ Senior Citizen \_\_\_\_\_  
 Race: White \_\_\_\_\_ Black \_\_\_\_\_ American Indian \_\_\_\_\_ Native Alaskan \_\_\_\_\_ Asian/Pacific \_\_\_\_\_ Other \_\_\_\_\_

# of Adults \_\_\_\_\_ # of Children under the age of 18 \_\_\_\_\_ Ages \_\_\_\_\_  
 # of Bedrooms \_\_\_\_\_ # of Full Baths \_\_\_\_\_ # of Half Baths \_\_\_\_\_

**HOME IMPROVEMENT PROGRAM  
DEBT DISCLOSURE CERTIFICATION**

Name \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_  
Address \_\_\_\_\_

|                 | Name of Lender | Account # | Balance | Monthly Payment |
|-----------------|----------------|-----------|---------|-----------------|
| Mortgage(s)     |                |           |         |                 |
| Loans           | _____          | _____     | _____   | _____           |
|                 | _____          | _____     | _____   | _____           |
|                 | _____          | _____     | _____   | _____           |
| Credit Accounts | _____          | _____     | _____   | _____           |
|                 | _____          | _____     | _____   | _____           |
|                 | _____          | _____     | _____   | _____           |
| Other Debits    | _____          | _____     | _____   | _____           |
|                 | _____          | _____     | _____   | _____           |
|                 | _____          | _____     | _____   | _____           |

I certify that this information is accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For Office Use Only

|                              |            |                                      |   |                      |
|------------------------------|------------|--------------------------------------|---|----------------------|
| _____<br>Assesses Evaluation | Divided by | _____<br>Equalization Ratio %        | = | _____<br>True Value  |
| _____<br>True Value          | Divided by | _____<br>Mortgages/Loans Outstanding | = | _____<br>Home Equity |

|                                      | Applicant | Co-Applicant | Other 1 | Other 2 | Other 3 | Total |
|--------------------------------------|-----------|--------------|---------|---------|---------|-------|
| Wages Including (OT)                 |           |              |         |         |         |       |
| Interest/Dividends                   |           |              |         |         |         |       |
| Taxable/Non-Taxable                  |           |              |         |         |         |       |
| Alimony/Child Support                |           |              |         |         |         |       |
| Business Income (Schedule C)         |           |              |         |         |         |       |
| Unemployment                         |           |              |         |         |         |       |
| Pension, Social Security, disability |           |              |         |         |         |       |
| Other Income (1099)                  |           |              |         |         |         |       |
|                                      |           |              |         |         |         |       |
| <b>Total Annual GROSS Income</b>     |           |              |         |         |         |       |

If applicable, attach two (2) most recent paycheck stubs for each person listed. Person(s) receiving pensions, Social Security or Disability payments must provide copies of recent benefit letter.

**TAX RETURNS:** State and Federal tax returns for the last (3) years are required for all members of your household. If you receive income but did not file your tax returns, submit W-2's or 1099's for the income reports above. **Tax returns MUST be signed.**

**ASSETS AND OTHER FINANCIAL INFORMATION:** Please list all assets including savings accounts, stocks, bonds, money market funds, profit sharing or stock option plans, IRA's, real estate or other investments such as gold coins or other disposable investments. Provide the following asset information for all members of your household.

| <u>Bank Name &amp; Address</u> | <u>Name &amp; Title</u> | <u>Account #</u> | <u>Balance</u> | <u>Interest</u> |
|--------------------------------|-------------------------|------------------|----------------|-----------------|
|                                |                         |                  |                |                 |
|                                |                         |                  |                |                 |
|                                |                         |                  |                |                 |
|                                |                         |                  |                |                 |
|                                |                         |                  |                |                 |
|                                |                         |                  |                |                 |
|                                |                         |                  |                |                 |

**Stocks, Mutual Funds, Bonds, IRA's and other assets, etc.**

|  |
|--|
|  |
|  |
|  |
|  |

**Definitions:**

- a) **Income** – means the total annual income from all sources for all members of the household or family. This does not include the income of family members under the age of 18 or the income received for the care of a foster child. Income includes but is not limited to compensation for employment services, interest and dividends (taxable or non-taxable), pension benefits, rent, unemployment compensation, welfare payments, and disability income, support payments and asset income defined herein.
- b) **Asset Income** – applies when the household's total net family assets exceed \$5,000. The greater of the actual income derived from assets or a percentage of the value of such assets based in the current passbook savings rate as determined by Housing & Urban Development (HUD) will be used as asset income. (Currently 2%)
- c) **Family** – Two or more of usually related persons living in one household and under one head of household.

INFORMATION DISCLOSURE AUTHORIZATION

To Whom It May Concern,

I/We \_\_\_\_\_ hereby authorize you to release for verification purposes, information concerning:

Employment history, dates, title, income, hours worked, etc.

Banking and savings account of record

Loan ratings (opening dates, high credit, payment amounts, loan amounts, loan balances and payment records

Any information deemed necessary in connection with a consumer report for a real estate transaction.

Any information is for the confidential use of the Borough of Paramus Rehabilitation Program.

A photographic or carbon copy of this authorization, (being photographic or copy of the signature(s) of the undersigned), may be deemed to be the equivalent of the original and may be used as a duplicate original.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

HOME IMPROVEMENT INFORMATION: What are your intended repairs & improvements?

INTERIOR     Windows         Doors     Ceiling     Walls     Floors  
               Insulation         Heating     Plastering  
               Other (describe below)

EXTERIOR     Siding         Leaders     Gutters     Roofing  
               Porch             Steps         Sidewalks     Driveway  
               Well             Structural     Septic         Other (describe below)

Briefly describe (other) improvements:

Where did you find out about this program?

ALL LOANS AND GRANTS ARE SUBJECT TO STATE, LOCAL AND FEDERAL LAWS, RULES, REGULATIONS, AND REQUIREMENTS. ALL LOANS AND GRANTS ARE SUBJECT TO THE AVAILABILITY OF PROGRAM FUNDS.

YOUR APPLICATION WILL NOT BE COMPLETE UNTIL ALL INFORMATION AND STATEMENTS HAVE BEEN DOCUMENTED TO THE SATISFACTION OF THE BOROUGH OF PARAMUS REHABILITATION PROGRAM.

Warning: 18 USC 101 provides amount other things that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.