Interested Applicants

New applications are reviewed periodically. Please contact the office of Community Development at the address or phone number indicated on this brochure to receive a Pre-Application Form.

Township of Toms River

Department of Community Development
33 Washington Street
PO BOX 728
Toms River, NJ 08754-0728

Phone: 732-341-1000 ext. 8351
Fax: 732-341-0828
E-mail: kbauer@tomsrivertownship.com

Township of Toms River

HOUSING REHABILITATION PROGRAM

Telephone 732-341-1000 ext. 8351

Program Description

Toms River Township has established a housing rehabilitation program to provide home improvement funds to families who own and occupy their one family home. All applicants must:

1. Meet family income criteria as established by the Township Program and the State and Federal regulations.
2. Have a demonstrable need to make home improvements to correct eligible serious housing deficiencies.
3. Comply with the Township application procedures and provide required personal and financial information.
4. Must own home at least one year prior to the date of the pre-application.

LOAN DESCRIPTION

THIS ASSISTANCE IS IN THE FORM OF A DEFERRED PAYMENT LOAN BASED ON WORK REQUIRED FOR SINGLE-FAMILY OWNER OCCUPIED HOMES. THE LOAN IS PROVIDED IN ACCORDANCE WITH THE PROVISIONS OF TOWNSHIP POLICY AND FEDERAL AND STATE REGULATIONS. HOWEVER, THE LOAN PROGRAM PROVIDES THAT IF YOU CONTINUE TO RESIDE IN YOUR HOUSE FOR TEN (10) YEARS AFTER ASSISTANCE IS PROVIDED THERE WILL BE NO PAYMENTS REQUIRED DURING THE TERM OF THE LOAN AND AT THE END OF THE TEN (10) YEAR TERM, THE LOAN WILL BE FORGIVEN AND NO PAYMENT WILL BE REQUIRED.

To be eligible for the housing rehabilitation program, the applicant's household income from all sources must be within the following income limits. (updated September 11, 2015)

# of People	Maximum annual income (all members of home)
1	$46,100.00
2	$52,650.00
3	$59,250.00
4	$65,800.00
5	$71,100.00
6	$76,350.00
7	$81,600.00
8	$86,900.00

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TOMS RIVER TOWNSHIP
HOUSING REHABILITATION PROGRAM
PRE-APPLICATION

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE _____ CELL/WORK PHONE _____

HOUSEHOLD COMPOSITION

Please list the names, ages, sex and relationship of **each** person living in your household, **including yourself.**

NAME	AGE	SEX	RELATIONSHIP TO HEAD OF HOUSEHOLD	CHECK IF A VETERAN

ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES & ALL MEMBERS OF HOUSEHOLD

Salary	$
Social Security	$
Retirement (Pension)	$
Interest/Dividends	$
Other(identify)	$
TOTAL	$

PLEASE CHECK YOUR ANSWER TO THE FOLLOWING:	YES	NO
ADULT MEMBER OF THE FAMILY IS LEGALLY DISABLED		
HEAD OF HOUSEHOLD IS ELDERLY (62 OR OLDER)		
HEAD OF HOUSEHOLD IS FEMALE		

RACIAL DATA

Please be advised that response to this section is not required. Voluntary response is only requested for Federal Statistical Purposes.

SINGLE RACE **ETHNICITY (check one)**

	Hispanic	Non-Hispanic
White		
Black/African American		
American Indian/Indian/Alaskan Native		
Native Hawaiian or other Pacific Islander		
Asian/Pacific Islander		
Hispanic		

MULTI RACE **ETHNICITY (check one)**

	Hispanic	Non-Hispanic
Ameri. Indian/Alaskan Native & White		
Black/African American & White		
Asian & White		
American Indian/Alaskan Native & Black/African American		
Other Multi-Racial		

CERTIFICATION

I hereby certify that to the best of my knowledge, the information provided herein is true and correct and that I am interested in participating in the Township's Housing Rehabilitation Program.

SIGNATURE _____ **DATE** _____

PLEASE SUBMIT THIS APPLICATION TO:

Township of Toms River
Community Development
33 Washington Street
PO BOX 728
Toms River, NJ 08754-0728

TOMS RIVER TOWNSHIP
HOUSING REHABILITATION PROGRAM
WORK REQUESTED

NAME _____

ADDRESS _____

Please list all work that you feel needs to be done to bring your home up to building codes and livable standards. Feel free to use additional sheets if necessary.

EXTERIOR OF HOUSE

_____

_____

_____

_____

_____

_____

_____

INTERIOR OF HOUSE

_____

_____

_____

_____

_____

_____