

**HOPATCONG BOROUGH**  
**AFFORDABLE HOUSING REHABILITATION**  
**PROGRAM**

**ATTENTION HOMEOWNERS**

**YOU MAY BE ELIGIBLE FOR UP TO A \$15,000  
HOME IMPROVEMENT LOAN**

(program funds will be administrated by staff – loan is not in the form  
of a home equity loan, but will be used to directly pay for services to  
correct housing deficiencies found to exist by program staff)

**LOANS MAY BE USED FOR NECESSARY REPAIR OR REPLACEMENT OF:**

- \*ROOFS
- \*WINDOWS
- \*PLUMBING
- \*INSULATION
- \*HEATING SYSTEMS
- \*ELECTRICAL SYSTEMS
- \*PAINTING
- \*STORM DOORS AND WINDOWS
- \*AND OTHER BASIC HOME SYSTEMS

**FAMILIES MUST OWN THEIR HOME.  
FAMILY INCOME MUST BE WITHIN THESE LIMITS  
(Limits are Based on HUD's 2014 Income Limits):**

Persons per household	1	2	3	4	5	6	7	8+
Maximum Income	\$46,000	\$52,600	\$59,150	\$65,700	\$71,000	\$76,250	\$81,500	\$86,750

Just **fill out** Preliminary Application  
and mail it postmarked to:

Robert Elia, Borough Administrator  
Hopatcong Borough  
Municipal Building  
111 River Styx Road  
Hopatcong, NJ 07843

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**Preliminary Application**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street/Town Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Type of Home: Single \_\_\_\_ Duplex \_\_\_\_ 3+ \_\_\_\_\_ Work Phone # (optional) \_\_\_\_\_

Cell Phone # (optional) \_\_\_\_\_

Name(s) on Deed (1) \_\_\_\_\_ (2) \_\_\_\_\_

Total # of persons in your household \_\_\_\_\_ Total # of persons over 18 in household: \_\_\_\_\_

Please list all income sources for 2014, the family members who received income, and are residents of the home. Full-time students must be listed.

All income should be noted, including but not limited to Social Security, disability income, child support, alimony, public assistance, rental income, interest and dividend income, pension income in addition to traditional salary or wages. Overtime income should also be included in the income calculation. Net self-employment income should be taken from Schedule C of your 2015 Federal Income Tax Return where the net income of the business is calculated – if you are self-employed, accurate information taken from your tax return is required to be included in this application in order for it to be considered.

<b>Family Member</b>	<b>Income Source</b>	<b>2015 Income Amount</b>	<b>Anticipated in 2016</b>
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**TOTAL FAMILY INCOME FOR 2016:** \_\_\_\_\_

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List the types of repairs you believe may be needed to rehabilitate your home:

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Are there any certifiable rehabilitation emergencies, defined as “an immediate and serious threat to the health and safety of the building’s residents, which has been inspected and verified by the appropriate local construction and or health official to be an emergency” currently existing in your home?  Yes  No

If yes, please describe the emergency: \_\_\_\_\_

When was your home built? \_\_\_\_\_

**APPLICANT’S CERTIFICATION**

I/We hereby certify that the above information is furnished in support of my/our application for Affordable Housing Rehabilitation Program assistance funding, and is true and correct to the best of my/our knowledge and belief. I/We are aware that any false statements made knowingly or willfully may subject the undersigned to penalties under Title 18, Section 1001 of the United States Code.

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Homeowner/Applicant

Date

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Homeowner/Applicant

Date

**IMPORTANT:** Families interested in receiving home improvement loans under this program should complete this questionnaire and submit it in order to be placed on the list of interested program participants. Additional documentation will be required prior to final approval.