

Passaic County HFH Critical Repair Program

serving: Haledon, North Haledon, Prospect Park, Ringwood, & West Milford

Critical Home Repair Services

Passaic County Habitat for Humanity's Critical Repair Program helps low-moderate income homeowners in Haledon, North Haledon, Prospect Park, Ringwood, and West Milford alleviate health and safety issues in and around their homes.

Open Enrollment: May 1, 2023 to May 31, 2023

What is the Eligiblity Criteria?

- Home must be owner-occupied, single-family located in Haledon, North Haledon, Prospect Park, Ringwood, and West Milford.
- The applicant must own and occupy the home as their principal residence.
- The applicant must be current on their property tax, mortgage, and homeowners insurance payments.
- Household income must be less than 80% of the area median income.

What repairs services are provided?

Critical Repair Addresses Health & Safety Concerns:

- Roof repair
- HVAC
- Structural damage
- Handicap accessibility
- Porch repair
- Siding
- Electrical
- And more
- Plumbing

Critical Repair DOES NOT Address:

- Basic painting
- Replacing flooring (unless for structural reasons)
- Window replacement
- · Cosmetic repairs
- Bathroom renovations or remodels (unless for handicap accessibility)

Number of	FY22 AMI LIMIT
persons in	Household income from all
household:	sources may not exceed*:
1	\$63,000
2	\$72,000
3	\$81,000
4	\$90,000
5	\$97,200
6	\$104,400
7	\$111,600
8	\$118,800

Number of

^{*}These numbers will change on or about May 15, 2023 and applications will be processed according to FY23 AMI limits.



EVOC A MILL !--- !4



Date Ap	plication	Received
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CRITICAL REPAIR PROGRAM APPLICATION 2023

Serving: Haledon, North Haledon, Prospect Park, Ringwood, and West Milford

APPLICANT INFORMATION:

Owner (Last Name, First)					Social Security Number
Co-Owner (Last Name, Fir	·st)				Social Security Number
				NJ	
Street Address			City	State	Zip Code
Telephone Number			Email Addı	ress	
HEAD OF HOUSEHO	LD STATI	STICAL DA	TA: (Only this so	ection is optional.	For statistical purposes only.)
Age 60 or over? ☐ Yes	☐ No				
Handicapped/Disabled? □	Yes	□ No	Woman He	ead of Househ	old □ Yes □ No
Racial Description (chec	k all that ap l J Black	ply) □ Asian/Pad	cific Islander		
☐ American Indian/Alaska	n Native	□ Other		2 or more Ra	ices
Ethnicity ☐ Hispanic ☐ Non-His	spanic				
HOUSEHOLD INFOR	MATION:	Please name a	all household m	nembers inclu	dina the owner(s).
Number of People in Hous					
Name		ip to Owner	Social Secur	ity Number	Date of Birth
1.	S	elf			
2.					
3.					
4.					
5.					
6.					
7. 8.					
8.	i				

LIABILITY INFORMATION: Are there presently any liens on your property or any outstanding municipal assessments or outstanding taxes due? ☐ No ☐ Yes, If Yes please explain: PROPERTY INFORMATION: Name of Owner(s) as it appears on the Property Title Year the home was built, if known Is there a mortgage on the property? ☐ Yes ☐ No Do you have Homeowners insurance on your property? ☐ Yes □ No Do you have Flood Hazard Insurance on your property? ☐ Yes □ No **CRITICAL REPAIRS:** Rehabilitation shall be limited to items necessary to ensure the safe and continued occupancy of the property, including items needed to secure the property against weather, such as a roof replacement, or provide for necessary utilities such as heat, water, and sanitary sewer. Accessibility improvements such as safety bars, modified bathroom fixtures and cabinets, and ramps may be performed. Sidewalk improvements may be performed on private property and on public property if required by the municipality. Work items that may trigger the need for lead-based paint hazard control such as windows and doors will not be undertaken. Work items that may not be undertaken include general property improvements, luxury items, garage repairs or driveway resurfacing. Please list the repairs that you wish to address through this Program:

_	OSURE CHECKLIST: provide one (1) copy of each of the following (please do NOT provide original documents):
	IRS 1040 form for the past year for each household member who receives income from employment and is 18 years of age or over. If Federal Income Tax is not filed, 1099 statement(s) showing Social Security/pension income for the past year must be provided.
	Pay stubs for the current year for each household member who receives income form employment and is 18 years of age or older.
	Copies of Social Security, Pension, Disability, Welfare and Unemployment Statements, as applicable.
	Proof of current homeowners' insurance (insurance declarations page not the policy or receipt).
	Deed to the property intended for rehabilitation.
	Latest mortgage statement.
	Current Real Estate Tax Statement and Proof of Payment.
	Copy of Photo Identification for each household member 18 years of age or older.
	Letter from Employer documenting employment for all employed household members 18 years of age or older.
	Signed Application Release and Certification (see below).
APPLI	CATION RELEASE AND CERTIFICATION:
Passaic Progran be mad	y grant permission of entrance by appointment for the purpose of inspection of my property by County Habitat for Humanity Representatives to determine eligibility to the Critical Repair n. I also understand that inspections of items that can potentially be improved via this program will e, as per my request. I will schedule inspections within 2 weeks upon request and will be present inspection.
Critical with ful	o certify that all statements made in my Application for the Passaic County Habitat for Humanity Repair Program are true to the best of my knowledge. I make this statement willingly and I knowledge of the penalties under federal and state laws should false information be given. I and that false or misleading information provided on my application may result in my

Date

Date

termination from the program.

Signature of Co-applicant, if applicable

Signature of Applicant

BEFORE PROCEEDING WITH THIS PAGE, PLEASE READ THE FOLLOWING:

Name of Household Member			Soc	ial Security Number
A. Please state the annual amount of inc	ome receive	d from ea	ch applicable sou	rce:
Source			Annual	
Gross Salary or Wage:				
Pension:				
Social Security:				
Unemployment Compensation:				
Disability Payment:				
Welfare:				
State the amount of any additional income:	CALADY			
TOTAL ANNUAL INCOME FROM WAGES, AND OTHER SOURCES:	SALARI			
Please list all checking and savings accounts	including OL	3, IVIOLICY		HITHAL FILINGS STOCKS
Bonds and other assets held by financial instit				
Name & Address of Financial Institution	Account		Current Value	Annual Income
Name & Address of Financial Institution 1.				
Name & Address of Financial Institution 1. 2.				
Name & Address of Financial Institution 1. 2. 3.				
Name & Address of Financial Institution 1. 2. 3. 4.				
Name & Address of Financial Institution 1. 2. 3. 4. 5.				
Name & Address of Financial Institution 1. 2. 3. 4. 5. 6.				
Name & Address of Financial Institution 1. 2. 3. 4. 5. 6. 7.				
Name & Address of Financial Institution 1. 2. 3. 4. 5. 6.		Number	Current Value	Annual Income
Name & Address of Financial Institution 1. 2. 3. 4. 5. 6. 7.		Number		Annual Income
Name & Address of Financial Institution 1. 2. 3. 4. 5. 6. 7.		Number	Current Value	Annual Income
Name & Address of Financial Institution 1. 2. 3. 4. 5. 6. 7. 8.	Account	Number	Current Value	Annual Income
Name & Address of Financial Institution 1. 2. 3. 4. 5. 6. 7.	Account	Number	Current Value	Annual Income

BEFORE PROCEEDING WITH THIS PAGE, PLEASE READ THE FOLLOWING:

'''			,	' '
Name of Household Member			So	ocial Security Number
A. Please state the annual amount of inco	ome receiv	ed from ea	ch applicable so	ource:
			Annu	 al
Gross Salary or Wage:				
Pension:				
Social Security:				
Unemployment Compensation:				
Disability Payment:				
Welfare:				
State the amount of any additional income:				
TOTAL ANNUAL INCOME FROM WAGES, SAND OTHER SOURCES:	SALARY			
Please list all checking and savings accounts in		Ds, Money	Market Funds,	Mutual Funds, Stocks
Bonds and other assets held by financial institu	itions:			
Name & Address of Financial Institution	Account	Number	Current Valu	e Annual Income
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
	I.	Total	Annual Incom	e:
Do you own a business or other income-produc	oina roal o	stato? 🗖 '	V00	No
Do you own a business of other income-produc	Jing real es	state:	Yes □	INO
Do you receive income (rent/receipts) from this	asset?		Yes □	No

BEFORE PROCEEDING WITH THIS PAGE, PLEASE READ THE FOLLOWING:

Name of Household Member				Socia	al Security Number
rame of Floadonoid Wolfibol				00010	a cocarry rearrison
A. Please state the annual amount of incom	ne receive	ed from eac	ch applicabl	e sourc	ce:
			Ar	nnual	
Gross Salary or Wage:					
Pension:					
Social Security:					
Unemployment Compensation:					
Disability Payment:					
Welfare:					
State the amount of any additional income:					
TOTAL ANNUAL INCOME FROM WAGES, SA AND OTHER SOURCES:	ALARY				
AND OTHER SOURCES:					
AND OTHER SOURCES: Please list all checking and savings accounts income	cluding Cl	Os, Money	Market Fun	ds, Mu	tual Funds, Stocks
AND OTHER SOURCES:	cluding Cl	Os, Money	Market Fun	ds, Mu	tual Funds, Stocks
AND OTHER SOURCES: Please list all checking and savings accounts income and other assets held by financial institutions.	cluding Cl	Os, Money	Market Fun		tual Funds, Stocks Annual Income
AND OTHER SOURCES: Please list all checking and savings accounts income and other assets held by financial institutions.	cluding Cl	·			
AND OTHER SOURCES: Please list all checking and savings accounts income and other assets held by financial institution. Name & Address of Financial Institution.	cluding Cl	·			
AND OTHER SOURCES: Please list all checking and savings accounts income and other assets held by financial institution Name & Address of Financial Institution 1.	cluding Cl	·			
AND OTHER SOURCES: Please list all checking and savings accounts income and other assets held by financial institution Name & Address of Financial Institution 1. 2. 3.	cluding Cl	·			
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BEFORE PROCEEDING WITH THIS PAGE, PLEASE READ THE FOLLOWING:

			,	' '
Name of Household Member			Soc	cial Security Number
A. Please state the annual amount of inco	me receiv	ed from ea	ch applicable sou	ırce:
			Annual	
Gross Salary or Wage:				
Pension:				
Social Security:				
Unemployment Compensation:				
Disability Payment:				
Welfare:				
State the amount of any additional income:				
TOTAL ANNUAL INCOME FROM WAGES, SAND OTHER SOURCES:	SALARY			
Please list all checking and savings accounts in		Ds, Money	Market Funds, M	lutual Funds, Stocks
Bonds and other assets held by financial institu	itions:			
Name & Address of Financial Institution	Account	Number	Current Value	Annual Income
1.				
2.				1
3.				
4.				
5.				
6.				
7.				
8.				
		Total	Annual Income	:
Do you own a business or other income-produc	cing real es	state? \Box	Yes □ N	10
Do you receive income (rent/receipts) from this	asset?		Yes □ N	٧o

Completed applications may be dropped off at the Passaic County Habitat for Humanity office, Monday through Thursday, 9:00am to 3:00pm, mailed, or emailed. *Please call ahead to drop off at the office.*

Passaic County Habitat for Humanity mailing address:

Passaic County Habitat for Humanity
Attn: Critical Repairs Program
P.O. Box 2585
Paterson, NJ 07509

Passaic County Habitat for Humanity office:

Passaic County Habitat for Humanity Attn: Critical Repairs Program 146 North 1st Street Paterson, NJ 07522 973-595-6868

Applications may also be submitted via email:

Repairs@habitatpc.org



PASSAIC COUNTY HABITAT FOR HUMANITY NORTHSIDE CRITICAL REPAIRS PROGRAM OPERATIONAL GUIDELINES and APPLICATION

2023

OBJECTIVE: The ob-

The objective of the Passaic County Habitat for Humanity Critical Repairs Program is to assist low and moderate income homeowners to address immediate and critical housing rehabilitation problems.

SOURCE AND USE OF FUNDS:

Passaic County Habitat for Humanity will utilize federal Community Development Block Grant funding allocated by the Passaic County Board of Commissioners to subsidize the rehabilitation of homes occupied by

low and moderate income

households.

Since the goal is to preserve existing affordable housing for current residents, the Homeowner understands that, should they sell the home within five years after the repair; the Homeowner will return the full cost of the project to Passaic County Habitat upon closing.

ELIGIBLE PARTICIPANTS:

Households that currently reside in Haledon, North Haledon, Prospect Park, Ringwood, and West Milford.

The applicant must own and occupy the property as their principal residence.

The applicant must be current on their property tax, mortgage and homeowners insurance payments. Property ownership and homeowners' insurance documentation will be required.

INCOME RESTRICTIONS:

Households with annual income from all sources that is less than 80 percent of the median income for the Bergen-Passaic MSA are eligible to participate in this program. Current income limits (effective June 15, 2022) are as follows:

Number of persons in household	FY22 AMI Limits Household income from all sources may not exceed*:
1	\$63,000
2	\$72,000
3	\$81,000
4	\$90,000
5	\$97,200
6	\$104,400
7	\$111,600
8	\$108,800

^{*}These numbers will change on or about May 15, 2023 and applications will be processed according to FY23 AMI Limits.

Total household liquid assets may not exceed \$30,000, excluding the value of your property and any retirement accounts if applicant is under the age of 59 ½ years at the time of application.

Applicants for financial assistance under this program will provide substantiation of household income in the form of pay stubs, tax returns, or other forms of income verification as determined by Passaic County Habitat for Humanity. Once Passaic County Habitat for Humanity has verified the applicant's household income, the verification will remain in effect for a period of six (6) months.

ELIGIBLE PROPERTIES:

Owner-occupied single-family units located in Haledon, North Haledon, Prospect Park, Ringwood and West Milford are eligible for assistance under this program.

Since the extent of work is limited to critical repairs, the home must be in a reasonable condition so that the limited repairs allow for continued safe occupancy.

No portion of the property may be used for business purposes.

ELIGIBLE ACTIVITIES:

Rehabilitation shall be limited to items necessary to ensure the safe and continued occupancy of the property, including items needed to secure the property against weather, such as a roof replacement, or provide for necessary utilities such as heat, water, and sanitary sewer. Accessibility improvements such as safety bars, modified bathroom fixtures and cabinets, and ramps may be performed. Sidewalk improvements may be performed on private property and on public property if required by the municipality.

Work items that may trigger the need for lead-based paint hazard control such as windows and doors will not be undertaken.

Work items that may not be undertaken include general property improvements, luxury items, garage repairs or driveway resurfacing.

MAXIMUM AMOUNT OF FINANCIAL ASSISTANCE:

The maximum amount of financial assistance for rehabilitation is \$12,000 per dwelling unit. In limited circumstances, and at the sole discretion of Passaic County Habitat for Humanity, the subsidy amount may be increased to cover unforeseen costs contingent on the availability of funds.

APPLICATION and INSPECTION:

Applications will be accepted from May 1, 2023 to May 31, 2023. Upon completion and submission of an application for financial assistance, and verification of eligibility, the property will be inspected by a representative of Passaic County Habitat for Humanity to confirm the Scope of Work requested by the property owner. Passaic County Habitat for Humanity will provide the owner with the Scope of Work. The Passaic County Habitat for Humanity Critical Repairs Program Agreement will describe the approved Scope of Work.

Application to this program does not constitute approval of the application and entry into the program. A review of income/assets, property and requested repairs will be evaluated before a decision is made.

For additional information, please contact: Steve Kehayes, Steve@habitatpc.org, 973-595-6868 ext. 119