



TOWNSHIP OF SOUTH HACKENSACK

TOWNSHIP COMMITTEE

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AFFORDABLE HOUSING REHABILITATION PROGRAM

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

1. Copy of recorded deed with **book and page number**.
2. Copy of real estate tax bill and property tax card.
3. Copy of most recent two years completed income tax returns with income documentation statements attached. **Tax return must be signed.**
4. Copy of documentation (pay stubs for last 2-months) for any current forms of income (wages, social security, pension, bank and investment statements).
5. Copy of current statements for savings, checking, CD, IRA, 401K or other securities for 2-month period and interest earned.
6. Copies of Death Certificate, Birth Certificate (children under 18), Divorce Decree, Child Support Agreement (if applicable).
7. Verification of enrollment for full -time college students, college I.D. and college transcript.
8. Copy of home owners insurance.
9. Copy of Driver's License.
10. Completed Application for Housing Rehabilitation Program.

PLEASE SEND YOUR INFORMATION AND APPLICATION TO OUR ADDRESS ABOVE.

**HOUSING REHABILITATION PROGRAM
SOUTH HACKENSACK, 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 your. Do not leave any section blank.

Application Name _____ Home Phone _____
 Address _____ Business Phone _____
 Co-owner/Spouse _____ Home Phone _____
 Address _____ Business Phone _____

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

Owner	_____	_____	_____
	Employer	Occupation	# of Years
Co-owner/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 Afamily@.

Name	Social Security #	Sex	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Assesses Evaluation	Divided by	Equalization Ratio%	=	True Value
True Value	Minus	Mortgages/Loans Outstanding	=	Home Equity
Home Equity	Divided by	True Value	=	% of Equity

TOTAL FAMILY INCOME

	APPLICANT	CO-Applicant	OTHER 1	OTHER 2	OTHER 3	TOTAL
Wages Including (O/T)						
Interest/ Dividends						
Taxable/Non-Taxable						
Alimony/Child Support						
Business Income (Schedule C)						
Unemployment						
Pension, Social Security, Disability Income						
Other Income (1099)						
ANNUAL INCOME						

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 two (2) years are required for all members of your household. If you received income but did not file your tax returns, submit W-2's or 1099's for the income reported above.

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 assets information for all members of your household.

<u>Bank Name & Address</u>	<u>Name & Title</u>	<u>Account#</u>	<u>Balance</u>	<u>Interest%</u>
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				

STOCKS MUTUAL FUNDS, BONDS, IRA'S AND OTHER ASSETS, ETC.

<u>Security</u>	<u>Name & Title</u>	<u># of Shares</u>	<u>Current Value</u>	<u>Dividend</u>
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				

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 member 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, disability income, support payments and asset income defined herein.

B. **ASSET INCOME** - applies when the households total net family assets exceed \$5,000.00. 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

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 Garfield Rehabilitation Program.

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

Signature

Social Security Number

Signature

Social Security Number

Date

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

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

EXTERIOR Painting 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 TOWNSHIP OF SOUTH HACKENSACK

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.

Request for Copy of Tax Return

▶ Request may be rejected if the form is incomplete or illegible.

Tip. You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the original tax return and usually contains the information that a third party (such as a mortgage company) requires. See **Form 4506-T, Request for Transcript of Tax Return**, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Caution. If the tax return is being mailed to a third party, ensure that you have filled in lines 6 and 7 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your IRS return to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your return information, you can specify this limitation in your written agreement with the third party.

6 **Tax return requested.** Form 1040, 1120, 941, etc. and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ▶

Note. If the copies must be certified for court or administrative proceedings, check here

7 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than eight years or periods, you must attach another Form 4506.

_____	_____	_____	_____
_____	_____	_____	_____

8 **Fee.** There is a \$57 fee for each return requested. Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN or EIN and "Form 4506 request" on your check or money order.

a Cost for each return	\$ 57.00
b Number of returns requested on line 7	
c Total cost. Multiply line 8a by line 8b	\$

9 If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer. **Note.** For tax returns being sent to a third party, this form must be received within 120 days of the signature date.

Phone number of taxpayer on line 1a or 2a

Sign Here

Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date

NEW JERSEY COUNCIL ON AFFORDABLE HOUSING 2013 AFFORDABLE HOUSING REGIONAL INCOME LIMITS

Region	Income Category	Regional Assu Limit***											
		1 Person	1.5 Person	2 Person	*3 Person	4 Person	*4.5 Person	5 Person	6 Person	7 Person	8 Person		
Region 1 Bergen, Hudson, Passaic and Sussex	Median	\$59,096	\$63,317	\$67,538	\$75,980	\$84,422	\$87,799	\$91,176	\$97,930	\$104,684	\$111,437		
	Moderate	\$47,278	\$50,853	\$54,030	\$60,784	\$67,538	\$70,239	\$72,941	\$78,344	\$83,747	\$89,150		
	Low	\$29,548	\$31,658	\$33,769	\$37,990	\$42,211	\$43,900	\$45,588	\$48,965	\$52,342	\$55,719		
Region 2 Essex, Morris, Union and Warren	Median	\$63,430	\$67,961	\$72,492	\$81,553	\$90,614	\$94,239	\$97,864	\$105,113	\$112,362	\$119,611		
	Moderate	\$50,744	\$54,369	\$57,993	\$65,242	\$72,492	\$75,291	\$78,291	\$84,090	\$89,890	\$95,689		
	Low	\$31,715	\$33,980	\$36,246	\$40,777	\$45,307	\$47,120	\$48,932	\$52,556	\$56,181	\$59,806		
Region 3 Hunterdon, Middlesex and Somerset	Median	\$73,500	\$78,750	\$84,000	\$94,500	\$105,000	\$109,200	\$113,400	\$121,800	\$130,200	\$138,600		
	Moderate	\$58,800	\$63,000	\$67,200	\$75,600	\$84,000	\$87,360	\$90,720	\$97,440	\$104,160	\$110,880		
	Low	\$36,750	\$39,375	\$42,000	\$47,250	\$52,500	\$54,600	\$56,700	\$60,900	\$65,100	\$69,300		
Region 4 Mercer, Monmouth and Ocean	Median	\$64,830	\$69,461	\$74,091	\$83,353	\$92,614	\$96,319	\$100,023	\$107,432	\$114,842	\$122,251		
	Moderate	\$51,864	\$55,569	\$59,273	\$66,682	\$74,091	\$77,055	\$80,019	\$85,946	\$91,873	\$97,801		
	Low	\$32,415	\$34,730	\$37,046	\$41,876	\$46,307	\$48,159	\$50,012	\$53,716	\$57,421	\$61,125		
Region 5 Burlington, Camden and Gloucester	Median	\$57,050	\$61,125	\$65,200	\$73,350	\$81,500	\$84,760	\$88,020	\$94,540	\$101,060	\$107,580		
	Moderate	\$45,640	\$48,900	\$52,160	\$58,680	\$65,200	\$67,808	\$70,416	\$75,632	\$80,848	\$86,064		
	Low	\$28,525	\$30,563	\$32,600	\$36,675	\$40,750	\$42,380	\$44,010	\$47,270	\$50,530	\$53,790		
Region 6 Atlantic, Cape May, Cumberland and Salem	Median	\$51,086	\$54,735	\$58,384	\$65,682	\$72,979	\$75,959	\$78,818	\$84,656	\$90,495	\$96,333		
	Moderate	\$40,869	\$43,788	\$46,707	\$52,545	\$58,384	\$60,719	\$63,054	\$67,725	\$72,396	\$77,066		
	Low	\$25,543	\$27,367	\$29,192	\$32,841	\$36,490	\$37,949	\$39,409	\$42,328	\$45,247	\$48,166		
		\$15,326	\$16,420	\$17,515	\$19,704	\$21,894	\$22,770	\$23,645	\$25,397	\$27,148	\$28,900		

* These columns are for calculating the pricing for one, two and three bedroom sale and rental units as per N.J.A.C. 5:80-26.4(a).
 ** This column is used for calculating the pricing for resale and rent increases for units as per N.J.A.C. 5:97-9.3. However, low income tax credit developments may increase based on the low income tax credit regulations.
 *** The Regional Asset Limit is used in determining an applicant's eligibility for affordable housing pursuant to N.J.A.C. 5:80-36.16(b)3.

Since the COAH Regional Income Limits for 2012 were higher than 2013 figures, the 2012 income limits, shown above, will remain in force for 2013 and until Regional Income Limits surpass the 2012 Regional Income Limits.

Moderate income is between 80 and 50 percent of the median income. Low income is 50 percent or less of median income. Very low income is 30 percent or less of median income.