

TOWNSHIP OF VERONA REHABILITATION PROGRAM

AFFORDABLE HOUSING REHABILITATION COORDINATOR
TKLD CONSULTING LLC

TKLDCONSULTING@GMAIL.COM

AFFORDABLE HOUSING REHABILITATION PROGRAM

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

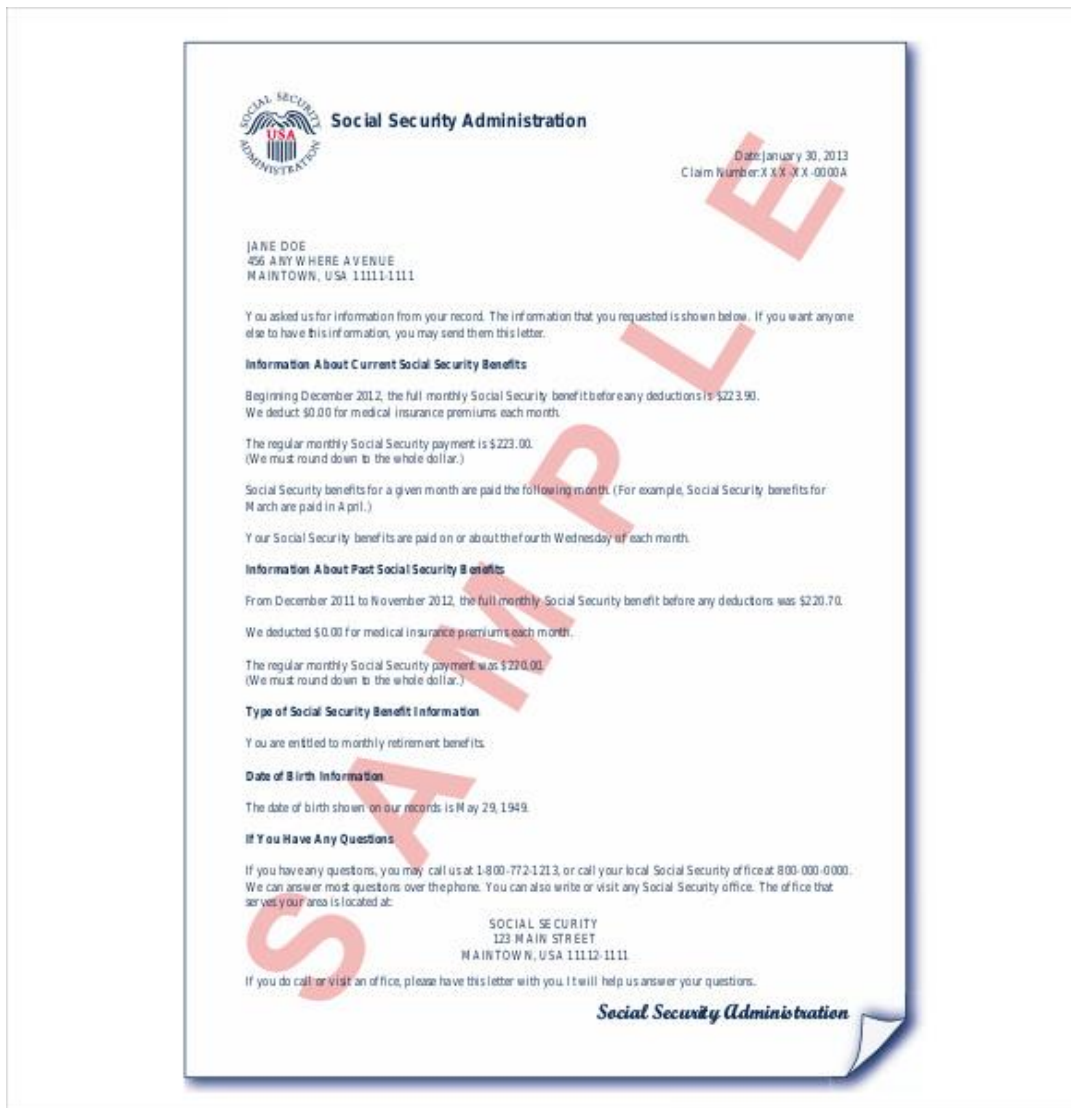
1. Copy of **recorded deed** with book and page number.
2. Copy of **real estate tax bill**.
3. Copy of most recent **3 years completed income tax returns** with income documentation statements attached. Tax returns **MUST** be signed.
4. **Certificate of insurance** from the homeowner's insurance carrier.
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.
10. Copies of Driver's license or Government ID.

Please mail application and all supporting documents to:

TKLD Consulting LLC
130 W Pleasant Ave Suite 313
Maywood, NJ 07607

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

- 1) Your benefit amount letter for the year 2024. 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
 - Calling the agency directly at (800) 772-1213
 - Visiting your local Social Security Administration office.

**TOWNSHIP OF VERONA REHABILITATION PROGRAM
VERONA, 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.

Application Name _____ Home Phone _____

Address _____ Business Phone _____

Cellular Phone _____

Email Address _____

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 a family.

Name	Social Security #	Sex	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

of Adults: _____ # of Children under the age of 18: _____

Marital Status: Married _____ Single _____ Divorced _____ Widowed _____

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 \$ _____ 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	Divided by	_____ Mortgages/Loans Outstanding	=	_____ 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)						
Total Annual GROSS 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 a 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 & Address</u>	<u>Name & Title</u>	<u>Account #</u>	<u>Balance</u>	<u>Interest</u>
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Stocks, Mutual Funds, Bonds, IRA's and other assets, etc.

Definitions:

- 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.
- 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%)
- 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 Township of Verona 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 TOWNSHIP of VERONA 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.