

BOROUGH OF SPOTSWOOD CDBG HOME SAFETY REPAIR GRANT APPLICATION



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COMPLETE AND RETURN TO:

Spotswood Office on Aging
1 Arlington Ave., Suite 401
Spotswood, NJ 08884

Application Date: _____

Name: _____ Telephone No: _____

Address: _____

DOB: _____ SS#: _____

Name of anyone 18 years of age or older living at this address that works full time and does not attend school.

Name: _____ Gross Annual Income: _____

Name: _____ Gross Annual Income: _____

Number in Household: _____ Age of Dependents _____, _____, _____, _____, _____

Type of Structure: _____ Date Purchased: _____

Owner: _____

Age of Structure: _____ Block & Lot No: _____

INCOME: Social Security: _____ Pensions /Annuities: _____

Dividends: _____ Interest: _____

IRA Distributions: _____ Alimony: _____

Welfare: _____ Last Income Tax Filed (year): _____

Other: _____

Gross Income for the Year: _____

Please attach Federal and State Tax Return and most recent bank statements (savings & checking).

HOME SAFETY REHABILITATION NEEDS

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

APPLICANT CERTIFICATION

The Applicant certifies that all information furnished in support of this application for the purposes of obtaining a grant under the Borough of Spotswood CBDG Home Safety Repair Grant Program, is true and complete to the best of the Applicant's knowledge and belief.

The Applicant further agrees to accept technical assistance in the development of rehab work specifications and selection of a mutually acceptable contractor.

APPLICANT

DATE

APPLICANT

DATE

NOTE: The following racial information is purely voluntary and does not need to be completed if you so desire. However, your cooperation would provide the Department of Housing and Urban Development (HUD) and Middlesex County with valuable statistical information. Thank you.

_____ Black

_____ American Indian / Eskimo Native

_____ Hispanic

_____ White

_____ Asian or Pacific Islander

_____ Other