



**SENIOR CITIZEN RESIDENTIAL MAINTENANCE GRANT (SHTP)
2021 INTAKE APPLICATION**

**Spotswood Office on Aging / Senior Resource Center
1 Arlington Ave., Suite 401
Spotswood, NJ 08884
Phone: 732-251-3432 Fax: 732-251-1930
Donna Faulkenberry, Director
e-mail: dfaulkenberry@spotswoodboro.com**

Date: _____

Name: _____

Address: _____

Do you own this home? _____ Yes _____ No

Phone No: _____

Does the homeowner have a current PAAD card? _____ Yes _____ No
(If no, please provide proof of income – i.e. latest tax return, recent bank statement)

Please note: Only homeowners with income that is within PAAD eligibility requirements are eligible for the Home Safety Grant (less than **\$28,769** for single, less than **\$35,270** for married)

REQUESTED HOME SAFETY ITEM / SERVICE:

Applicant Certification

I hereby certify that all information furnished in support of this application for the purposes of obtaining a grant under the Home Safety Program is true and complete to the best of my knowledge and belief. I understand that I must obtain three (3) quotes; I will not be reimbursed for any deposit or payment made to a contractor; and the Borough of Spotswood will only pay the contractor and only upon completions of the project as listed in the quote.

Applicant Signature

Date