

**FRANKLIN TOWNSHIP (Somerset County)
EXISTING LOW MODERATE HOMEOWNER
AFFORDABILITY ASSISTANCE
PROGRAM APPLICATION**

If you are interested in the Franklin Township Low/Moderate Homeowner Affordability Assistance Program, please complete this form with the required documents and return it to: Central Jersey Housing Resource Center (CJHRC), 600 First Ave., Suite 3, Raritan, NJ 08869.

This application does not guarantee your acceptance in this loan program. There will be additional deed restrictions/liens on the property should these funds be awarded.

The Township of Franklin Housing Liaison and Chief Financial Officer determines the awards and will make the determination based upon many requirements, some of which are:

1. The homeowner applying must have and always have owned the property as his/her primary residence.
2. The homeowner applying must be in compliance with all rules and regulations of the affordable unit with the exception of arrears for shelter costs.
3. The home that is in arrears for shelter costs must currently be a Franklin Township Low or Moderate Income Unit in Franklin Township, Somerset County.
4. Only households that are in arrears for shelter costs can apply and must document same. Shelter Costs are: mortgage, sewer/water, real estate taxes and homeowner association (HOA) fees.
5. The Administrative Agent for Franklin Township, Somerset County will determine whether or not the applicant's household for this program is spending more than 30% of gross income on Shelter Costs. This program **is not available to households spending less than 30% of their gross income for Shelter Costs.**
6. The applicant household must submit in person, to the Administrative Agent for Franklin Township, Somerset County (CJHRC) a fully completed application with the required documentation. At that time, a monthly budget will be created as well to document income and expenses of the household.
7. The applicant household must bring in documentation of any and all shelter costs and arrearages at the time of applying, i.e sewer/water bill, tax bill if paid separately and monthly association fees.
8. The applicant must show CJHRC that only the arrearages applied for are delinquent in regard to Shelter Costs. For example: if applicant is seeking \$4,000 for HOA/Homeowner Maintenance Fee assistance but they are in arrears for their mortgage for \$15,000, the applicant would be denied for the \$4,000 Assistance Loan.
9. The arrears of shelter costs must be paid off and get the homeowner current, while being less than the maximum \$15,000 that this loan program offers. The maximum amount is not to exceed fifteen thousand dollars (\$15,000).
10. By assisting the homeowner with the shelter cost arrearages, the owner must document that all of the shelter costs will be current and the homeowner, with his current income, can afford the home. In addition, CJHRC with the assistance of documentation and the monthly budget, will determine that the homeowner is only spending a minimum between 30% to 40% of their gross income on future shelter costs to be considered for this loan.
11. Once the application and all required documents are submitted in person, the budgeting and counseling session has been completed and the application has been reviewed, CJHRC will determine whether the household is eligible for the Franklin Affordability Assistance Program or not. CJHRC will submit the application to the Municipal Liaison for Franklin Township (Somerset County) at 475 DeMott Lane, Somerset, NJ 08873. The loan applicant will receive an approval or denial from the Township of Franklin usually within 10 business days.

Approval shall only be granted to applicants who demonstrate to the reasonable satisfaction of the Administrative Agent (CJHRC) and the Township of Franklin that there is a very high likelihood that with the receipt of the Franklin Township Affordability Assistance loan, the applicant household will be able to stay current with their Shelter Costs in the future.

If denied, a written determination of why funding assistance has been denied will be provided by the Administrative Agent (CJHRC). This determination shall be final and non-appealable.

Specific Income Eligibility Requirements:

The income of the borrower(s) only will be used to qualify for the grant.

1. Recipients of the Franklin Township Low/Moderate Homeowner Affordability Assistance Program must be low and moderate-income families as determined using annual income limits for Region 3.
2. Households will not be approved for a loan unless they can show/document the ability to afford the affordable home and related housing costs after the loan is approved. Proof of gross annual household income is required.
3. The affordable unit cannot have loans or mortgage(s) totaling more than the maximum resale price at any time. Therefore, if the Franklin Township Low/Moderate Homeowner Affordability Assistance Program loan combined with any other mortgage(s) or loans securing the affordable unit as collateral will be more than the maximum resale price allowed, the loan request will be denied.
4. Any homeowner awarded a Franklin Township Low/Moderate Homeowner Affordability Assistance Loan in this Program must be occupied by the named purchaser(s) and must be used as your primary residence at all times.
5. By applying for this loan, you are certifying that the arrears will be made current for the expressed purpose to continue to own the home and that the affordable unit will be your primary living quarters and for no other reason beyond what is allowable.

If you are selected as a recipient of the Franklin Township Low/Moderate Homeowner Affordability Assistance Program understand that this is a 5 year deferred payment loan interest free. Should the owner sell or default on the loan prior to the 5 year expiration date of the assistance grant, the loan balance due will be pro-rated; 20% of the funds are forgiven for each full year after the assistance loans are dispersed. The loan is forgiven upon the expiration of the 5 years from the date of execution of the documents associated with this loan and the recorded mortgage will be discharged by Franklin Township.

If you would like more information, please contact the Central Jersey Housing Resource Center (CJHRC) at (908) 704-9659.

To be eligible for the Franklin Township Low/Moderate Homeowner Affordability Assistance Program, qualified applicants must have incomes not to exceed the below limits as of 4/30/18:

Family Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
Moderate	\$60,424	\$69,056	\$77,688	\$86,320	\$93,226	\$100,131
Low	\$37,765	\$43,160	\$48,555	\$53,950	\$58,266	\$62,582

NOTICE OF DISCLOSURE STATEMENT

This application must be fully completed for it to be accepted and processed. This application is not transferable and the original must be submitted. Once you have completed this application and attached all required documents, please contact Central Jersey Housing Resource Center (CJHRC) at (908) 704-9659 to schedule an appointment to bring in your application.

IT IS YOUR RESPONSIBILITY TO MAKE CERTAIN YOUR APPLICATION IS COMPLETE AND THE INFORMATION PROVIDED IS TRUE AND ACCURATE.

The information in this application and any other information will be kept confidential. NO PART OF THIS APPLICATION OR YOUR APPLICATION FILE WILL BE GIVEN TO ANY PERSON, ENTITY OR BUSINESS NOT RELATED TO THIS APPLICATION PROCESS, COUNTY OF SOMERSET, CJHRC OR THEIR AGENTS WITHOUT YOUR WRITTEN REQUEST OR CONSENT. The filing of this application constitutes your approval for CJHRC or its Agents to certify the information contained herein through credit verification or other necessary means.

“Family” includes all persons living in a single dwelling unit whether or not they are related by blood, marriage or otherwise.

FOR STATISTICAL PURPOSES: Please indicate your racial/ethnic group below.

Hispanic Yes _____ No _____

Asian _____ American Indian/Alaskan Native _____

Asian & White _____ American Indian/Alaskan Native & White _____

Black/African American _____ American Indian/Alaskan Native & Black _____

Black/African American & White _____ Native Hawaiian/Other Pacific Islander _____

White _____ Chose Not to Respond _____

Other Multi Racial _____

HOUSEHOLD COMPOSITION:

Name of Household Member(s) on Deed: _____

Name of Person filling out this form _____ Sex: M/F

Date of Birth _____ Social Security Number _____ - _____ - _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____

Address: _____

City: _____ State: NJ Zip Code: _____

Please list all household members, **excluding the person filling out the form**, who live in the low or moderate income unit:

Name (please print)	Relationship (Son, daughter, father-in-law, etc.)	Male (M) or Female (F)	Date of Birth

HOUSING INFORMATION

Please list your current shelter costs and attach current written documentation to back up the information below:

1. Price Paid Originally for Affordable Home \$ _____ Date Purchased: _____

2. 1st Mortgage is with _____

3. Monthly mortgage payment is \$ _____

4. 2nd Mortgage (or home equity loan) is with _____

5. 2nd Mortgage (or home equity loan) monthly payment is \$ _____

6. Monthly Real Estate Taxes are included Yes / No in the mortgage payment -- if not included in mortgage payment list monthly amount and include tax bill/statement \$ _____

7. \$ _____ Sewer/water expenses (specify if monthly or quarterly); attach bill

8. \$ _____ Maintenance Fee (HOA) a month if none write N/A; attach bill

9. Do you own any other real estate? Yes _____ No _____

If you answered yes, please explain: _____

10. Do you have any other loans or liens on your affordable home? No _____ Yes _____ if you answered yes please, explain and attach documentation: _____

How long have you lived at current address? _____

What was the hardship that caused you to fall behind? (Please be clear and concise with dates and other pertinent information (documentation to back up your statements may be required) _____

As of today, the maximum resale price of your affordable home is \$ _____ (CJHRC will supply this to you upon request at 908-704-9659).

EMPLOYMENT INFORMATION

Please provide information for each household member who receives income from present employment and is 18 years of age or over. (Also include any part-time employment)

1. Household Member Name _____
 Employer Name _____
 Employer Address _____
 County: _____ How long at job? _____
 Immediate Supervisor _____ Phone # and extension _____
 What is Your Job Title _____

2. Household Member Name _____
 Employer Name _____
 Employer Address _____
 County: _____ How long at job? _____
 Immediate Supervisor _____ Phone # and extension _____
 What is Your Job Title _____

INCOME SOURCES

Please state the amount of your current annual projected gross income from each applicable source. **Please complete a separate calculation for every household member who is 18 years of age or over and receives income of any kind. Use additional pages if more that two adults have income or if any adults have additional employment (work more than one job).**

	<u>Adult #1</u>		<u>Adult #2</u>
Gross Salary or Wages	\$ _____		\$ _____
Pension	\$ _____		\$ _____
Social Security	\$ _____		\$ _____
Unemployment Compensation	\$ _____		\$ _____
Child Support received (added to income)	\$ _____		\$ _____
Child Support paid (deducted from income)	\$ _____		\$ _____
Disability Payment	\$ _____		\$ _____
Welfare	\$ _____		\$ _____
Tips/Commissions	\$ _____		\$ _____
Alimony	\$ _____		\$ _____
Other _____	\$ _____		\$ _____
Sub-Totals	\$ _____	+	\$ _____ =
TOTAL OF ADULT INCOMES	\$ _____		

OTHER INCOME/ASSET INFORMATION

Please list all checking and savings accounts, CD's, Money Market Funds, Mutual Funds and any other assets held by financial institutions below, whether or not you gain any interest from them, for all household members.

Name and Address of Financial Institution	Account Number	Current Balance/Value	Projected Annual Interest Income

Total Projected Interest Income from this section: \$ _____

Please list all stocks, bonds and all other sources of investment income.

Name of Assets	Number of shares	Current Value	Projected Annual Income

Total Projected Income from this section: \$ _____

Do you have any other sources of income? If so, please describe: _____

TOTAL HOUSEHOLD GROSS ANNUAL INCOME FROM ALL SOURCES
\$ _____

ATTACH THE FOLLOWING REQUIRED DOCUMENTS: (Also see attached Checklist)

1. Copy of the budget with income and expense documentation.
2. Copies of Federal tax returns for the previous 2 years for all applicable household members.
3. Copies of pay stubs (4 current and consecutive) and proof of income from all other sources.
4. Attach recent documentation to confirm all income from items listed below (i.e., recent bank statement, statements from other assets, etc.).
5. Notarized letter stating why you are requesting the Homeowner Affordability Assistance Loan Request, what caused the hardship/problem(s) that caused your household to fall into arrears with your Shelter Costs and the loan amount you are seeking. Supply documentation to back up the loan amount you are seeking.

CERTIFICATION

I hereby certify that all information contained in this application and herein is true and accurate to the best of my knowledge. I understand that the Administrative Agent (CJHRC) and the Township of Franklin in the County of Somerset are relying on this information to determine whether I qualify for Franklin Township Low/Moderate Homeowner Affordability Assistance Program.

I further certify that the copies of the documents attached to this application are true and accurate copies of the originals of such documents.

I further certify that I understand this is a deferred payment loan, with the loan amount (no interest) to be repaid either upon the sale of my home/unit (if less than 5 years) or it is forgiven upon the expiration of 5 years from the date of execution of the documents associated with this loan (whichever comes first). I understand documents will be executed prior to or when funds are received and will be recorded at the County of Somerset and show up in a title search of my property.

I understand and certify that I understand recapture of Township of Franklin (Somerset County) funds (if provided) will occur if the property is sold during the 5 year recapture period as follows: 20% of funds are forgiven for each full year after the assistance loan funds are dispersed and date of associated documents with this assistance loan executed by all parties. In cases where the affordable home is sold in less than 5 years, the Township of Franklin shall receive a pro rata portion of the assistance amount from the Borrower, which amount shall be deposited in the Township's Housing Trust Fund.

I certify all applicants of this loan will continue to occupy the affordable unit as my/our primary residence except for reasonable periods of vacations and illnesses. I/we are aware I/we cannot rent or lease the unit at any time.

I authorize the Administrative Agent (CJHRC), the County of Somerset and their agents to check for accuracy on any and all statements and representations made in this application. This may include calls to employers to verify income, contact with banks, etc.

Signature of APPLICANT

Signature of CO-APPLICANT

Date signed

Date signed