



Date Received: \_\_\_\_\_

**CITY OF PATERSON**  
**PATERSON PRIDE II: MINOR HOME REPAIR PILOT PROGRAM**  
**APPLICATION FORM 2011/2012**

Please read the program information packet thoroughly before completing this form.

Official Use Only – Do Not Write in This Box		
Application #: _____	Status _____	(If Approved) HUD Activity #: _____
<b>Important:</b> Only residential structures in Census Tracts 1805, 1807, 1814, 1815, 1817.02 and 1823 qualify for this pilot program.		
<b><u>GENERAL INFORMATION</u></b>		
Applicant Name:	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span>Last</span> <span>First</span> <span>Middle Initial</span> </div>	
Spouse's Name:	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span>Last</span> <span>First</span> <span>Middle Initial</span> </div>	
Address:	Paterson, New Jersey 075_____	
Telephone:	Home: ____-____-____ Cell: ____-____-____ Work: ____-____-____	
Do you own this residential unit?	Yes____ No____	
Is this a single family unit?	Yes____ No____ If no, how many units? _____	
<b>Proof of Ownership:</b> A copy of the New Jersey Warranty Deed recorded with the County Registrar's Office for the property must be attached. The applicant must be the owner of record.		
What year was your house built? _____		
Have you received Paterson PRIDE services in the past? Yes____ No____		
<b>Household Size:</b> Total Persons____ Female Head of Household? Yes____ No____		
A household is defined as all persons occupying the same housing unit, regardless of their relationship to each other. The occupants could consist of one family, two or more families living together, or any other group of related or unrelated persons who share living arrangements. <b>Birth certificates must be supplied for all household members.</b>		
<b>Please note:</b> You must select at least one that best describes your household racial characteristics.		
<b>One Race Household:</b>	White____ Black/African American____ Asian____ American Indian/Alaskan Native____ Native Hawaiian/Other Pacific Islander____	
<b>Multi-racial Household:</b>	American Indian/Alaskan Native & White____ Asian & White____ Black/African American & White____ American Indian/Alaskan Native & Black/African American____ Other Multi-Racial____	
<b>Are you also Hispanic?</b>	Yes____ No____	
<b>Marital Status:</b> Single____ Married____ Divorced____ Separated____ Widowed____		
<b>Age/Sex:</b> ____/____		



**INCOME INFORMATION** (Attach more paper if necessary)

*List all incomes of all adult persons in the household 18 years of age and older. Incomes should be a 12-month total from the most recent 12 months or from the most recent tax return filing period and all the incomes must be verifiable. Per federal requirements, this information will be used by the City to estimate your annual household income level for a period of 12 months immediately following the receipt of your application to determine your income eligibility. This means that the estimate of your total annual household income for the next 12 months is what determines your income eligibility for this program.*

Household Members			Incomes from								
	Name	Age	Employment	Social Security	SSI	Pension	AFDC	Child Support	Unemployment Insurance	Disability Comp.	Other
Person #1			\$	\$	\$	\$	\$	\$	\$	\$	\$
Person #2			\$	\$	\$	\$	\$	\$	\$	\$	\$
Person #3			\$	\$	\$	\$	\$	\$	\$	\$	\$
Person #4			\$	\$	\$	\$	\$	\$	\$	\$	\$
Person #5			\$	\$	\$	\$	\$	\$	\$	\$	\$
Person #6			\$	\$	\$	\$	\$	\$	\$	\$	\$
Person #7			\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>Subtotals</b>			\$	\$	\$	\$	\$	\$	\$	\$	\$

**Total Annual Household Income** (add all the subtotals above together): \$ \_\_\_\_\_

**\*For additional persons, attach a separate sheet**

**Required Documentation:**

**Verification papers are required for all forms of household income including:**

- Proof of employment and/or income
- IRS tax form submitted for prior three years
- Award letters for social security, supplemental security income (SSI), aid to families with dependent children (AFDC)
- Pension
- Unemployment insurance, disability or workmen's compensation
- Child support
- Other income
- Proof of current mortgage payments (if applicable)
- Proof of current property tax payments
- Proof of current PSE&G, water and sewer payments
- Driver's license
- 6 months of rent receipts for each tenant (if applicable)
- 

**Indicate below any changes of income status as a result of circumstances such as marriage, divorce, death, etc. Documentation is required.**

**TYPE OF HOUSE REPAIRS REQUESTED** (All repairs must be exterior)

**Please select repairs needed to your property:**

- ☐ Window/Glass
- ☐ Door(s)
- ☐ Minor Roof Repair
- ☐ Flashing or Gutter
- ☐ Paint
- ☐ Porch or Steps
- ☐ Tuck Pointing of Mortar Foundation
- ☐ Broken Masonry Units on Foundation
- ☐ Walls or Trim
- ☐ Driveway
- ☐ Landscaping
- ☐ Exterior Lighting
- ☐ Fencing (Front Yard Only)

**Note: All structures built before January 1, 1978 will be subject to HUD's lead-based paint regulations (24 CFR Part 35). Please contact Codes Administration Department 969-1200 for information.**

I hereby submit this application to the City of Paterson for its Minor Home Repair Pilot Program. I further certify that all ownership, occupancy and income information provided is true and correct.

I understand that the employment and income information provided above is subject to verification by the City of Paterson. I agree to submit to the City, upon request, any additional documentation for employment and income verification.

I also understand that, if approved for program funding, I will be required to contribute towards the cost of the repairs a fixed amount to be determined by the City.

I hereby grant permission to the City of Paterson's Minor Home Repair Pilot Program supervisors, employees and contractors the City may use to enter the above mentioned premises to perform work under the Minor Home Repair Pilot Program. I also hereby agree to sign the legal agreement as required by the City and further certify that I have legal authority to authorize the City to perform said services.

**I, the undersigned, do hereby swear under penalty of perjury that all information contained on the application is true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
Applicant Signature                      Date: \_\_\_\_\_

\_\_\_\_\_  
Co-Applicant Signature                      Date: \_\_\_\_\_

Paterson, NJ is an equal opportunity community and does not discriminate against any individual based on race, color, creed, national origin, sex, ancestry, age, marital status or disability.

**Official Use Only – Do Not Write in This Box**

**OFFICIAL REVIEW**

Current Passaic County Median Income \$\_\_\_\_\_ (per FY \_\_\_\_\_ Income Limits)

Household Income Level: \_\_\_\_\_Extremely Low (30%) \_\_\_\_\_Very Low (50%) \_\_\_\_\_Low (80%)

Applicant meets income qualification? Yes \_\_\_\_\_ No \_\_\_\_\_

Other comments/notes \_\_\_\_\_

\_\_\_\_\_  
Reviewer's Name (Print)

\_\_\_\_\_  
Reviewer Signature

\_\_\_\_\_  
Date