

## NEIGHBORHOOD REVITALIZATION PROGRAM APPLICATION & INTAKE FORM

Thank you for your interest in Gloucester County Habitat for Humanity's Neighborhood Revitalization Program! Please read through the following introduction and guidelines before proceeding with the application.

### About the Program:

- Gloucester County Habitat for Humanity (GCHFH) brings people together to build homes, communities, and hope.
- The goal of the Neighborhood Revitalization Program is to improve the quality of life for Gloucester County residents and the neighborhoods in which they live. Through partnership with homeowners, volunteers, and community organizations, we revitalize the appearance of neighborhoods, strengthen connections within the community, and keep homeowners in their homes – making neighborhoods stronger, more resilient, and more sustainable.

### How it Works:

- **Phase 1: Intake Form:**
  - Read program eligibility requirements on this packet. If you feel you may qualify, complete the intake form and submit in one of the following ways:
    - **Mail** to Attn: Ashley Griffiths, 425 S Broadway, Pitman, NJ 08071
    - **Email** to [info@gc-habitat.org](mailto:info@gc-habitat.org).
- **Phase 2: Application/Verification Documents:**
  - After review of the Intake Form, if homeowner meets basic eligibility requirements they will continue to the application phase where documents will be requested to officially determine eligibility. Homeowner will also submit additional documents such as the Willingness to Partner and Home Visit Acknowledgement form. At this time, sex offender checks will also be run on everyone 18 and over in the household.
- **Phase 3: Home Visit:**
  - Once the application is approved, GCHFH will schedule a home assessment to determine whether the work is within our capabilities.
- **Phase 4: Work:**
  - GCHFH and homeowner will sign a homeowner's agreement, which will include work to be done and cost of project. Work is then performed by the homeowner, Habitat staff, volunteers, and subcontractors, if applicable.

## Program Eligibility

### General

- PLEASE NOTE: If at any time during the application process your situation changes and you no longer meet program requirements, GCHFH has the right to immediately disqualify you from the program.
- Must live in and home must be located in Gloucester County
- Must own home for a minimum of 5 years and live in it as your primary residence.
- Must have no intention to move or sell the home for at least 3 years.
- Home cannot be an investment property
- **Sex Offender Check Policy:** All household members 18 and over must pass a sex offender check prior to the next application phase. If sex offender check is not passed, application is subject to denial.

### Must exhibit a need for our services

- Current living situation warrants the partnership of GCHFH (examples: Home is not safe, warm, or dry; accessibility issues) and whether we have the capacity to assist the situation.
- **Must have a gross household income that does not exceed the maximum income limits below**
  - Household income includes everyone 18 and over in the household.
  - Income is determined by calculating the average of individuals past two years of income tax returns and most current income. Both of these amounts must not exceed the limits below.

Household Size	Maximum Annual Income (FY 2024)
1	\$64,250
2	\$73,400
3	\$82,600
4	\$91,750
5	\$99,100
6	\$106,450
7	\$113,800
8	\$121,150

### Must exhibit a willingness to accept financial responsibility

- Must be current on mortgage, property tax, homeowner's insurance payments, and all municipal lien-able accounts. Homeowner must not have any active municipal liens.
  - If municipal liens are present, the application is subject to denial.
    - Please note: This restriction is determined case-by-case and subject to change based upon subprogram, grant terms, and budgetary constraints.
- Standard program requirements dictate the homeowner may be responsible for a percentage of the total project budget (if a veteran, there is no charge for project cost to homeowner).
  - Actual homeowner monetary contribution is determined on a case-by-case basis and depends on subprogram, grant terms, and budgetary constraints.
  - **Please note:** Other funding sources may dictate different terms to be agreed upon by applicant. GCHFH partners with a number of municipalities and organizations to help fund repairs. Any repairs funded through a grant or partnership will follow the funding source's guidelines.
  - GCHFH will discuss your individual case with you after reviewing your application.

### Must exhibit a willingness to partner

- Homeowners are expected to help with the success of the project, which includes the following:
  - Must meet all deadlines during the application process
  - Must be available for a home assessment
  - Must be willing to complete sweat equity hours. Sweat equity refers to the work homeowner(s) perform alongside Habitat staff and volunteers. Each plan is created on a case by case basis.

# Intake Form

## Neighborhood Revitalization Program

### ALL SECTIONS OF THIS FORM MUST BE FILLED OUT

**Property Information**

Property Address \_\_\_\_\_ Apt/Lot No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Year House Built \_\_\_\_\_ Number of Years at Address \_\_\_\_\_

Has your property been cited for any municipal code violations in the past 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please attach an explanation on a separate piece of paper.

**Household Information**

**Homeowner Information:**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Maiden or Other Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Home Phone/Other: \_\_\_\_\_

Email: \_\_\_\_\_

**Co-Homeowner Information:**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Maiden or Other Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Home Phone/Other: \_\_\_\_\_

Email: \_\_\_\_\_

**List the names, ages, and relationship to homeowner of all people living in the home:**

Name	Date of Birth	Relationship to Homeowner

Is anyone in your household a veteran?\* Yes No

Name: \_\_\_\_\_

\*If deceased, please write relationship to homeowner: \_\_\_\_\_

Is anyone in your household serving in the military? Yes No

Name: \_\_\_\_\_

### Race and Ethnicity

The following information concerning race and ethnicity is requested for statistical and reporting purposes only and has no bearing on the approval of this application

Homeowner Name	Co-Homeowner Name
<p><b>Ethnicity (select one)</b></p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Non-Hispanic</p> <p><b>Race/National Origin (check all that apply):</b></p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Black/African-American</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Other (Please specify) _____</p>	<p><b>Ethnicity (select one):</b></p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Non-Hispanic</p> <p><b>Race/National Origin (check all that apply):</b></p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Black/African-American</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Asian</p> <p>Other (Please specify) _____</p>

### General Program Eligibility

- Do you own your home and live in it as your primary residence? Yes No
- Is your home an investment property? Yes No
- Do you need approval from a Homeowners' Association, Historical Preservation Society or any other entity to perform work? Yes No
- Are you current on your mortgage? Yes No Paid off
- Are you current on your property tax payments? Yes No
- Are you current on your homeowner's insurance payments? Yes No

**Continued – Income**

Please estimate your gross (before taxes) household income by completing the following information for **all household members aged 18 and over**.

Examples of income: Full time employment, Part time employment, Social Security, SSI, Unemployment Benefits, Veterans Benefits, Disability Benefits, Child Support, Retirement/Pension, Workers Compensation

<b>First and Last Name</b>	<b>Income Type</b>	<b>Frequency</b> (weekly, monthly, yearly)	<b>Projected Gross Past Year</b>	<b>Projected Gross Current Year</b>

## Repairs Requested

Checkmark and describe all repairs you would like to be considered for in the table below. Attach a separate piece of paper if there is not enough space to list all repairs.

**NOTE:** Work ability depends on current program standards, grants, and other factors. The final decision on what work can be done will be made at the discretion of staff. **All requested repairs may not be completed.**

**Please Note:** Applications are accepted from those living in Gloucester County only. In order to perform repairs inside the home, the repairs requested must be considered critical and thus causing hazardous conditions. For appliance replacements, they must be in critical condition and essential to the functioning of the household.

GCHFH does not address major structural, mold, lead, or asbestos issues.

GCHFH will not conduct repairs on mobile homes/trailers.

Repairs within the Neighborhood Revitalization Program fall within 3 categories: Home Preservation, Critical Home Repair, and Aging in Place/Accessibility Improvements (described below).

Home Preservation	Critical Home Repair	Aging in Place/Accessibility Improvements
Aims to revitalize communities through <b>improvements to exteriors</b> of homes	Aims to keep homes <b>safe, warm, and dry</b> <b>NOTE: Cosmetic repairs are NOT INCLUDED IN THIS PROGRAM.</b>	Aims to help homeowners <b>age with dignity</b> in their own home and community
<input type="checkbox"/> Carpentry Repairs (doors, porches, steps) <input type="checkbox"/> Painting <input type="checkbox"/> Minor siding repairs <input type="checkbox"/> Pressure washing <input type="checkbox"/> General Cleaning (trash removal, cleaning of exterior) <input type="checkbox"/> Landscaping (cutting down brush, cutting back shrubbery, planting flowers and bushes)	<input type="checkbox"/> Roof <input type="checkbox"/> Plumbing <input type="checkbox"/> Heating <input type="checkbox"/> Cooling <input type="checkbox"/> Electrical <input type="checkbox"/> Windows <input type="checkbox"/> Extensive Siding <input type="checkbox"/> Water Infiltration	<input type="checkbox"/> Exterior hand rails <input type="checkbox"/> Widening doorways to fit wheelchairs <input type="checkbox"/> Changing door handles <input type="checkbox"/> Changing which way the door swings) <input type="checkbox"/> Fall-Prevention (installing grab bars) <input type="checkbox"/> Ramp installation

**Please describe the repairs above as well as any other repairs not listed:**

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**Marketing & Communication**

How did you hear about our program(s)?

What is your preferred form of contact to receive updates regarding your application status (you can select more than one)?

- Phone
- Email
- Mail

How do you prefer to receive requests for information/documents (you can select more than one)?

- Email
- Mail
- Fax

**Return this completed packet in one of the following ways**

- 1. Mail:**  
Habitat for Humanity, Attn: Ashley Griffiths  
425 S Broadway  
Pitman, NJ 08071
- 2. Email** to [info@gc-habitat.org](mailto:info@gc-habitat.org)

Please note: so we can best assess your needs, please attach pictures of the requested repairs to this form

