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**Pre-Application Screening - Eligibility for Waitlist**

##  What is Eligible for Repair or Replacement?

Our primary focus is on safety and health of the occupants of the current home. Therefore, there will be a focus on major systems repairs. Next, items that are causing damage or creating hazards to homeowners will be addressed. Lastly, items that will improve energy efficiency for the homeowner will be addressed. **Under any circumstances - no cosmetic items will be addressed.**

The list below is intended to provide a working base, but is by no means inclusive of every item that may possibly arise. **All repair materials will be contractor grade and are selected by our contractors. There are no substitutions allowed in material.**

**Eligible Items**

**Exterior**

Roof, Gutters, and Fascia Water Infiltration

Siding, Stucco, and Brick – **Only if substantially damaged!**

Steps

Handrails

Windows (Vinyl replacements)

Doors

Lights

Doorbell

**Interior**

Smoke and CO Detectors

Handrails, Balusters, and Banisters

Outlet Repair and Replacement

Kitchen Cabinet and Bathroom Vanity Repair

Electrical Hazards

Plumbing Leaks

Windows

Holes in Drywall

Flooring (Broken or Trip Hazards) – **No cosmetic flooring improvements!**

Bathroom Exhaust Fans

HVAC – Non-Working or for Energy Efficiency Upgrade

Basement Water Infiltration (Sump Pump and/or Drydock)

**THIS IS A HEALTH AND SAFETY HOME PROGRAM. No cosmetic items will be addressed. Scope of work will be determined by project manager and accepted by contractor and homeowner. All materials will be contractor grade and is selected by our contractors. No substitutions are allowed.**

**Please INITIAL HERE that you have read and understand these eligible repairs to your home**: \_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 

**Required Documents**

**Document Checklist**

* NJ Driver’s License or NJ Non-Driver’s Identification (Adults Only)
* Social Security Cards for all members of the household
* Last 4 paystubs – One month (for all employed members of the household)
* Deed, Property Tax and/or Mortgage Statement
* Other income information (if applicable)
	+ SSI
	+ Unemployment Statement
	+ Child Support Statement
	+ Pension Statement
	+ Welfare -Camden County Board of Social Services Award Letter (Cash Only)
* **If Disabled**: Proof of Disability Letter sign by your Health Provider and SSD documentation.



**For further questions, or to receive and or**

**Submit an Application please contact:**

**Marisol DiFrancesco @ 856-966-8117 (Ext 225)**

**2O Church St. Camden NJ 08105**

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**Application Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Owner Name:** | **Date of Birth:** | **Telephone Number:** |
| **Address:**  | **Marital Status (circle one):** Married Single |
| **Race (circle all that apply): Disabled:**  Alaskan Native/ Pacific OtherAsian Black White American Indian Islander Multiple Race Yes No |
| **Hispanic (circle one):**Yes No | **Referral Source:** Agency Walk-In Word of Mouth |
| **Highest Level of Education (circle one):** HS/GED Associate’s Bachelor’s Master’s Vocational None Other | **Veteran (circle one):**Yes No |
| **Employer:** | **Job Title:**  | **Hours work:** **Pay Hourly:** |
| **Second Employer (if applicable):** | **Second Job Title:**  | **Hours work:** **Pay Hourly:** |

|  |  |  |
| --- | --- | --- |
| **Co-Owner Name:** | **Date of Birth:** | **Telephone Number:** |
| **Address:**  | **Marital Status (circle one):** Married Single |
| **Race (circle all that apply): Disabled:** Alaskan Native/ Pacific OtherAsian Black White American Indian Islander Multiple Race Yes No |
| **Hispanic (circle one):**Yes No | **Referral Source:** Agency Walk-In Word of Mouth |
| **Highest Level of Education (circle one):** HS/GED Associate’s Bachelor’s Master’s Vocational None Other | **Veteran (circle one):**Yes No |
| **Employer:** | **Job Title:**  | **Hours work:** **Pay Hourly:** |
| **Second Employer (if applicable):** | **Second Job Title:**  | **Hours work:** **Pay Hourly:** |

How long have you owned and occupied the property as your primary address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL** number of people in the household, including yourself: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Information for **ALL** other Members of Household:

|  |  |  |
| --- | --- | --- |
| Name | Birth Date | Relationship to Owner |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

**Employment Information for Household Members**

|  |  |
| --- | --- |
| **Household Member Name:** | **Job Title:**  |
| **Employer:** | **Employer Phone Number:**  |
| **Employer Address:**  | **Hours work:** **Pay Hourly:**  |

|  |  |
| --- | --- |
| **Household Member Name:** | **Job Title:**  |
| **Employer:** | **Employer Phone Number:**  |
| **Employer Address:**  | **Hours work:** **Pay Hourly:** |

|  |  |
| --- | --- |
| **Household Member Name:** | **Job Title:**  |
| **Employer:** | **Employer Phone Number:**  |
| **Employer Address:**  | **Hours work:** **Pay Hourly:** |

**If Applicable:**

**SSI Annual Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SSD Annual Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pension Annual Amount**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **STOP. This portion will be completed by SJCS.**  |

**Household Income Calculation**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  |  |  |  |  |  |  |
|  Employment | $ |  |  |  |  |  |  |
| Social Security/SSI | $ |  |  |  |  |  |  |
| Pension | $ |  |  |  |  |  |  |
| Child Support | $ |  |  |  |  |  |  |
| Public Assistance | $ |  |  |  |  |  |  |
| Unemployment | $ |  |  |  |  |  |  |
| Other | $ |  |  |  |  |  |  |
| TOTAL(Monthly Income) | **$** |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Total monthly household income:** | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Total annual household income:** | **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |