Township of Edison

Housing Rehabilitation Program

The Township of Edison offers a Housing Rehabilitation Program which helps alleviate housing deterioration, lead based paint and code violations in homes within the Township. The program is funded by Community Development Block Grant (CDBG) funds received by the Township through the United States Department of Housing and Urban Development (HUD). The program offers a no-interest ten-year loan up to $15,000 to assist low and moderate income persons for the purpose of rehabilitating their home to rid and correct any safety, health, and code violations, **NO COSMETIC REPAIRS CAN BE DONE**.

Funding is available for major repairs such as, but not limited to:

- Roofing
- Plumbing
- Septic Systems
- Limited ADA Accessibility Renovations
- Furnace/Boiler
- Replacement of Windows
- Electrical Repair/Upgrade
- Sewer Systems

The CDBG Housing Rehabilitation Program is open to Edison residents who:

- Meet HUD’s current income limits
- Own and reside in a single family dwelling
- Property taxes and sewer bills are current
- Can provide the appropriate financial and legal documents (income tax returns, pay stubs, insurance policy and copy of deed to property)

For more information on the Housing Rehabilitation Program or to obtain a preliminary application please contact:

Office of Housing & Community Development
100 Municipal Blvd., Edison
732-248-7359
Email: housingrehab@edisonnj.org

* Projects can be turned down on the potential of exceeding the $15,000 cap.
Township of Edison

Community Development Block Grant Program

Effective: December 18, 2013

<table>
<thead>
<tr>
<th>HOUSEHOLD</th>
<th>EXTREMELY LOW</th>
<th>LOW INCOME</th>
<th>MODERATE INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Persons</td>
<td>At or Below... 21,150</td>
<td>At or Below... 35,200</td>
<td>At or Below... 47,600</td>
</tr>
<tr>
<td>2 Persons</td>
<td>24,150</td>
<td>40,200</td>
<td>54,400</td>
</tr>
<tr>
<td>3 Persons</td>
<td>27,150</td>
<td>45,250</td>
<td>61,200</td>
</tr>
<tr>
<td>4 Persons</td>
<td>30,150</td>
<td>50,250</td>
<td>68,000</td>
</tr>
<tr>
<td>5 Persons</td>
<td>32,600</td>
<td>54,300</td>
<td>73,450</td>
</tr>
<tr>
<td>6 Persons</td>
<td>35,000</td>
<td>58,300</td>
<td>78,900</td>
</tr>
<tr>
<td>7 Persons</td>
<td>37,400</td>
<td>62,350</td>
<td>84,350</td>
</tr>
<tr>
<td>8 Persons</td>
<td>39,800</td>
<td>66,350</td>
<td>89,800</td>
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</tbody>
</table>
EDISON TOWNSHIP  
HOUSING REHABILITATION PROGRAM  
Preliminary Application

<table>
<thead>
<tr>
<th>Owner's Last Name, First:</th>
<th>Home Telephone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>Town:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-Owner's Last Name, First:</td>
<td></td>
</tr>
<tr>
<td>Street Address (if different):</td>
<td></td>
</tr>
</tbody>
</table>

Please answer ALL of the following:

Number of persons residing in household:

| Adults 18 or older | Children 17 or under | Children 7 & under |

Annual Gross Income of all household members COMBINED: $

Note: Income to include employee pay, Social Security, disability, welfare, unemployment benefits, alimony and child support, interest on savings accounts, IRAs, pension annuities, and any other source which is considered to be Income.

I currently:   Own my house, owe nothing.  Hold a mortgage (see below)

Mortgage Company ___________________________ Expiration Date ___________________________

My Residence is a:   Single-Family Home  Multi-Unit Home (Duplex, Two-Family, etc.)

I have: Never participated in this program.  Participated in the past (see below).

Year participated ________ Amount funded $__________________________

Description of work:

______________________________________________________________

______________________________________________________________

I/We certify that all the statements on this preliminary application are true and correct to the best of my/our knowledge. I/we understand that any willful misstatement(s) of material fact may be grounds for disqualification under the Edison Township's Housing Rehabilitation Program.

Owner: ___________________________ Date: ___________________________

Co-Owner: ___________________________ Date: ___________________________

Mail To: Office of Housing & Community Development, Township of Edison, 100 Municipal Blvd., Edison, NJ 08817-3353, Attn: Housing Rehabilitation Program. Upon receiving application, you will be placed on a waiting list.
Township of Edison
CDBG Housing Rehabilitation Program
100 Municipal Boulevard, Edison, NJ 08817

Owner-Identified Repairs

Name: ___________________________________ Phone Number: __________________________

Address: _______________________________________________________________________

________________________________________________________________________________

Please list/describe any conditions at my property that should be included in the property inspection:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

I understand that all repairs and/or replacements must be eligible according to the program guidelines and a Ten-Year Lien will be placed against my property in the amount of the total project.

Owner’s Signature: ___________________________ Date: ___________________________

Co-Owner’s Signature: _________________________ Date: _________________________