

## 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 (**detached single family**) 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 detached 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](mailto: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: April 24, 2019**

<b>HOUSEHOLD</b>	<b>EXTREMELY LOW</b>	<b>LOW INCOME</b>	<b>MODERATE INCOME</b>
1 Persons	At or Below... 24,850	At or Below... 41,450	At or Below... 57,050
2 Persons	28,400	47,350	65,200
3 Persons	31,950	53,250	73,350
4 Persons	35,500	59,150	81,450
5 Persons	38,350	63,900	88,000
6 Persons	41,200	68,650	94,500
7 Persons	44,050	73,350	101,000
8 Persons	46,900	78,100	107,550

**EDISON TOWNSHIP  
HOUSING REHABILITATION PROGRAM  
Preliminary Application**

**\*Single family detached homes only**

Owner's Last Name, First:	Home Telephone Number:
Street Address:                      Town:                      Zip:	Work Telephone Number:
Co-Owner's Last Name, First:	Home Telephone Number:
Street Address (if different):	Work Telephone Number:

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 \_\_\_\_\_

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  
\*SINGLE FAMILY DETACHED HOMES ONLY\***

**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 replaced against my property in the amount of the total project.**

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_