



**North Trenton / Battle Monument
Home Improvement Program (HIP)**

GRANT APPLICATION

The Home Improvement Program (HIP) is intended to improve the physical appearance of the North Trenton/Battle Monument Choice Neighborhood by addressing residential disrepair and blight. Interested residents should complete this application, which THA will use to determine eligibility for the Choice Facade Program. THA will then coordinate with the HIP partnership programs - City of Trenton (COT), Isles and Trenton Neighborhood Initiative (TNI) - to determine eligibility for additional home repair funding programs.

Partnership programs include:

- A. Choice Façade Program - Grants of up to \$20,000 per housing unit are available and are payable directly to the selected contractor. Property must be located in the North Trenton/Battle Monument Choice Neighborhood. Income restrictions apply.
- B. Lead and Healthy Home Assessments - All Mercer County residents are eligible. Renters do not need landlord approval to receive health and safety assessments.
- C. Lead Safe Repairs - All Trenton homeowners or renters, who meet the income guidelines below are eligible. Landlord approval is needed for any work performed, but the income of the renter is used to determine eligibility.
- D. Trenton Housing Improvement Program (THIP) - THIP is funded by the City of Trenton's Community Development Block Grant (CDBG) as a subsidy to assist lower income homeowners to address critical housing rehabilitation needs. Forgivable loans of up to \$25,000 per housing unit are available. Income restrictions apply.
- E. Trenton Urgent Rehabilitation Program (TURP) - The Housing Rehabilitation Program provides up to \$5,000 to qualifying City of Trenton homeowners with an urgent or accessibility-related repair. Financial assistance will be provided to homeowners in the form of a grant, with no lien being filed on the property. Funds must be used on repairs that pose an immediate risk to homeowner's health and safety or provide accessibility improvements to elderly or disabled homeowners.
- F. Trenton Neighborhood Initiative - Grants of up to \$14,000 per housing unit are available and are payable directly to the selected contractor. Property must be located in the North Trenton/Battle Monument Choice Neighborhood.
- G. Weatherization - Isles Weatherization program provides FREE home energy improvements and conservation education to qualifying low-income households. Weatherization helps homeowners and renters lower their utility costs and make their homes safer and more comfortable. Qualifying for services is not a guarantee that your home will be eligible for repairs. All repairs must meet



program guidelines to be eligible. Examples of common services and measures include: Energy Audit; Installation of insulation, air sealing, weather stripping, and other standard weatherization measures; Heating system repair or improvements; Ventilation upgrades; Refrigerator Evaluation; Safety improvements.

Each partnership program has its own eligibility and income limit requirements; after completing this form, additional information may be requested from applicants to determine eligibility.

Maximum Income Limits			
Household Size	Choice Facade Program (120% AMI)	TURP, THIP & Lead Safe Repairs (80% AMI)	Weatherization
1	\$97,240	\$66,300	\$29,160
2	\$111,100	\$75,750	\$39,440
3	\$124,960	\$85,200	\$49,720
4	\$138,820	\$94,650	\$60,000
5	\$149,930	\$102,250	\$70,280
6	\$161,040	\$109,800	\$80,560
7	\$172,150	\$117,400	\$80,840
8	\$183,260	\$124,950	101,120



APPLICANT INFORMATION

Name of Applicant / Building Owner: _____

Email: _____

Telephone Number: _____

Address of Applicant / Building Owner: _____

State: _____

ZIP: _____

PROPERTY TO BE IMPROVED

Property's Street Address _____

Number of Residential Units _____ Number of Non-Residential Units _____

Is the property listed on the City's code enforcement list or have code enforcement violations? Yes No

Has a violation notice been issued from the Health Department for this property? Yes No

Please check all of the issues you would like the Home Improvement Program to address:

- | | |
|---|--|
| <input type="checkbox"/> Windows | <input type="checkbox"/> Lead testing |
| <input type="checkbox"/> Exterior paint | <input type="checkbox"/> Heating |
| <input type="checkbox"/> Damaged tile/brick/stone | <input type="checkbox"/> Water Heater |
| <input type="checkbox"/> Awnings or canopies | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Security features | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Sewer |
| <input type="checkbox"/> Roof | <input type="checkbox"/> Porches, steps and railings |
| <input type="checkbox"/> Exterior lighting | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Sidewalk | <input type="checkbox"/> Gutters |
| <input type="checkbox"/> ADA accessibility | <input type="checkbox"/> Insulation and air sealing |

AFFIDAVIT

I have read and accept the conditions of the HIP Guidelines and give consent for the Trenton Housing Authority to share application information with the Application Review Committee.

Signature Date



ADDITIONAL INFORMATION / DOCUMENTS

To apply for assistance, applicant(s) must meet all Program Guidelines, and give the THA the authorization to release or obtain information about the following items:

- ✓ Income (all sources)
- ✓ Assets (all sources)
- ✓ Disability/Handicap Status (all sources)
- ✓ Your Principal Residence
- ✓ Tax Status
- ✓ Household Members
- ✓ Homeowner’s Insurance
- ✓ Condition of House
- ✓ SS Cards for all household members
- ✓ Credit Report
- ✓ Ownership of Real Estate
- ✓ Recent Gas and Electric Bill
- ✓ Recent Oil Receipt (if applicable)

Types of Income

When calculating the maximum household gross income, the following types of income are included: employment, tips, bonuses, child support, Social Security, disability payments (SSI), Worker’s Compensations, retirement benefits, cash, welfare benefits, Veteran’s benefits, rental property income, stock dividends, income from bank accounts, alimony, unemployment, retirement accounts, and any other source

PLEASE SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION:

- Household Information Sheet (attached)
- Printed or emailed color photos of façade and exposed sides to be improved
- Property owner’s insurance policy for the property
- Proof of being current with mortgage obligations and municipal taxes (most recent mortgage statement and most recent property tax receipt)
- Proof of ownership (current tax assessor’s card, available on www.Trentonnj.org)
- Social Security Cards for applicant and all household members
- Birth Certificates for infants under the age of 12 months
- Custody papers for minors not living with parents
- A copy of 2 years of the most recent IRS returns Form 1040
- 4 most recent pay stubs
- Verification of non-employment income
- Receipt of lead-based paint pamphlet must be acknowledged by the property owner & renter(s)



North Trenton / Battle Monument Home Improvement Program (HIP)
HOUSEHOLD INFORMATION SHEET

This information is required in order to determine eligibility for assistance under a federally assisted program. The responses on this form will be used for eligibility decisions and statistical purposes only and will otherwise be held strictly confidential. **PLEASE ANSWER ALL QUESTIONS.**

Name of Head of Household:	
Street Address (No P.O. Boxes):	
Head of Household's Age:	<input type="checkbox"/> Under 62 years <input type="checkbox"/> Over 62 years
Number of persons in household, including head of household:	
Age youngest person in household:	Years old
Gender of Head of Household:	<input type="checkbox"/> Male <input type="checkbox"/> Female
IS HEAD OF HOUSEHOLD HANDICAPPED?	<input type="checkbox"/> Yes <input type="checkbox"/> No
**If yes, please note type of disability:	
ETHNICITY AND RACE OF HEAD OF HOUSEHOLD:	Race:
Ethnicity:	<input type="checkbox"/> Black <input type="checkbox"/> White
<input type="checkbox"/> Latino/a	<input type="checkbox"/> Asian <input type="checkbox"/> Other _____
<input type="checkbox"/> Non-Latino/a	<input type="checkbox"/> Native Hawaiian/Pacific Islander
	<input type="checkbox"/> American Indian/Alaskan Native

Participant submits a complete application to the THA by appointment. To schedule an appointment, participant shall call or email:

Jonathan Moore
Redevelopment Project Manager
Trenton Housing Authority
875 New Willow Street
Trenton, NJ 08638
P: (609) 301-4667
jmoore@tha-nj.org



Annual Household Income

Please list gross annual income and source of income for all persons living in the household who are over the age of 18 and not in school.

Source of Income (Employer, Authority, Public Assistance or Individual Who Pays Member of Household)	Annual Income

CERTIFICATIONS: I hereby certify that the information on this form is complete and correct to the best of knowledge. I also hereby authorize the Trenton Housing Authority & HIP Partnership Program to verify any and all income information provided on this form.

Signature, Head of Household: _____

Date: _____



For Tenant and Owner-Occupied Applicants

Please list all Household Members

Name(s) -Member of Household	Birthdate & Age

CERTIFICATIONS: I hereby certify that the information on this form is complete and correct to the best of knowledge. I also hereby authorize the Trenton Housing Authority & HIP Partnership Program to verify any and all information provided on this form.

Signature, Head of Household: _____

Date: _____



The purpose of this Consent Form is to determine eligibility for additional home repair funding programs that make up the HIP Partnership Program administered by the Trenton Housing Authority.

Consent Form for Disclosure
of Personal Information & Home Improvement Program (HIP) Application

I _____, applicant of the Home Improvement Program (HIP) authorize the Trenton Housing Authority and HIP Partnership Programs (City of Trenton, Isles & Trenton Neighborhood Initiative) to collect, use and internally share my personal information, HIP application, home assessment(s) and home photographs for the purpose of HIP eligibility and selection.

***Head of household name or appropriate signer must be consistent with the HIP Application. Please submit this form with the completed HIP Application. ***

Acknowledged and Agreed:

Print Name (Head of Household or Appropriate Signer)

Signature

Date