# South Brunswick Township Community Development Block Grant Housing Rehabilitation Program

The Township of South Brunswick offers a Housing Rehabilitation Grant Program aimed at eliminating health & safety problems like lead-based paint testing. If the home is not exempt from LBP regulations, then the contractor must be certified in lead-based paint safe work practices unless they have a paint test providing no LBP is present. The program also addresses emergency repairs such as replacing a roof, furnace or electrical rewiring. The minimum allowable grant amount is $500; the maximum allowable grant amount is $5,000. The program does not require repayment. COSMETIC REPAIRS ARE NOT ELIGIBLE. Mobile homeowners can receive funds for repairs to the mobile home structure itself, but not improvements to the land. Approved applicants can reapply after 3 years.

**2026 CDBG INCOME LIMITS**

| 1 person | 2 persons | 3 persons | 4 persons | 5 persons | 6 persons | 7 persons | 8 persons |
|---|---|---|---|---|---|---|---|
| $86,700 | $99,100 | $111,500 | $123,850 | $133,800 | $143,700 | $153,600 | $163,500 |

The CDBG Housing Rehabilitation Grant Program is open to South Brunswick Residents who:

- Meet current income limits
- Own and reside in a single-family dwelling
- Property taxes, homeowner association fees and water & sewer bills are current
- Can provide the appropriate financial and legal documents (income tax returns, pat stubs, insurance policy and copy of deed or title to property)

The owner must obtain three (3) quotes for estimates on the cost of repairs. The lowest estimate from a licensed contractor will get the award. The chosen contractor will be responsible for obtaining all permits, inspections, and approvals from the Code Enforcement Department.

Payment will be submitted when copies of the permit(s), inspection approval and all other supporting documents are submitted according to a payment schedule. For each application where the total cost of the planned rehabilitation exceeds the amount of funds requested from the Township, the owner/applicant must provide proof that they have the balance of the funding required to accomplish the planned rehabilitation. Failure to do so will result in the rejection of the grant application due to non-compliance with grant program criteria.

The owner/applicant shall sign a written contract with the contractor approved by the Township and obtain required work permits(s) within sixty (60) days of the date of approval. The Township must be provided with a signed copy of the contract before any funds are released. The Township will pay the funds directly to the contractor based on the progress of the rehabilitation work by the contractor.

*For more information on the CDBG Housing Rehabilitation Grant Program*
*Or to obtain an application please contact:*
*South Brunswick Township, Affordable Housing Office*
*540 Ridge Road, Monmouth Junction, NJ 08852*
*Phone: 732-329-4000 x7220, Attn: Di Shonay Pittman, E-Mail: dpittman@sbtnj.net*

# CDBG HOUSING REHABILITATION GRANT PROGRAM

## *APPLICATION*

Complete and Make an Appointment with:
South Brunswick Township
Office of Affordable Housing
P.O. Box 190, Municipal Building
Monmouth Junction, N.J. 08852
ATTN: Di Shonay Pittman

Telephone: (732) 329-4000, Ext. 7220

**All information Is confidential and used only to determine eligibility**

Telephone No._____ Application Date:_____

**Owner's Last Name, First_____Age____**
**SS#_____**

**Co-owner's Last Name, First_____Age____**
**SS#_____**

**Street Address_____**

Type of Structure: Mobile Home ____ Two Family____ Single Family_____
Date Purchased _____ Assessed Value _____
I Own my house, owe nothing _____ I Hold a mortgage_____
Mortgage Company _____ Expiration Date _____

Please answer ALL of the following questions:

1) Is this property the Owner's principal place of residence? Yes/No_____
2) What year was your house built / mobile home? _____
3) Have you previously received assistance thru this program? Yes/No_____
4) Are local quarterly taxes current? Yes/No _____
5) Last year, did the Owner and/or any other household member file
   Federal Income Tax -Yes/No_____ State Income Tax- Yes/No_____
6) Number of persons residing in your household _____
7) Does a handicapped person reside in the household? Yes/No _____

Please complete the following information for statistical purposes only:
Racial/Ethnic description, please check one:
____Black ____White ____Asian ____Native American ____Hispanic ____Other

Please provide copies of identifying information on all household members. Social Security Cards, Drivers Licenses, Birth Certificates for any minors, Permanent Residency Cards if not a US Citizen.

PLEASE complete the following for ALL household members. The GROSS ANNUAL INCOME column MUST include ALL the items listed below for INCOME SUPPORT DOCUMENTATION

| Name | Relationship To Owner | Sex | Age | Full-time Student | GROSS Annual Income |
|---|---|---|---|---|---|
| _____ | SELF____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

**ANNUAL GROSS INCOME OF ALL HOUSEHOLD MEMBERS COMBINED $_____**

**INCOME SUPORT DOCUMENTATION- Submit Copies**

1) Most recent Federal AND State Income Tax Returns for ALL household members.
2) Two (2) most recent pay statements/stubs showing GROSS year-to-date amounts. If not available, obtain a letter from place of employment stating GROSS year-to-date and total GROSS annual income.
3) Current Year annual Social Security and Supplemental statements or letter from Social Security Office stating Current Annual income.
4) Disability statements (must state amount received).
5) Welfare statements or letter from Welfare Office (must state amount received).
6) Unemployment Statement or letter from Unemployment Office (must state amount Received).
7) Alimony & Child Support payments received and/or Separation/Divorce Agreement stating the amount received.
8) Interest/ Dividend/ Pension/ Annuity Statements
9) Statements of income received from childcare, cleaning homes, etc.
10) Statements of any rental income received.
11) Statements of any other public assistance, non-taxable AND taxable income received by ALL household members.
12) Recorded deed or title to the property.
13) Current property insurance coverage declaration page with date of expiration (including
14) Flood Hazard Insurance if in flood zone).
15) Most recent bank statements for checking, savings, pension, 401K, IRA's, CD's, Mutual Funds.

**REHABILITATION NEEDS**

1.
2.
3.
4.
5.
6.

Please provide photo documentation of rehabilitation need if possible.

**Owner Certification:**

I/we hereby certify that all information on this application and all information furnished in support of this application for the purposes of obtaining a grant is true and complete to the best of my knowledge.

I further certify that I/we am/are the Owner/Co-Owner of the property described on this application: and that I will not discriminate on the basis of race, color, religion, sex or national origin in either the hiring of a contractor to perform rehabilitation work, or in the future sale or lease of the above property.

The Applicant further agrees to accept and abide by the rules and regulations of the CDBG Housing Rehabilitation Grant Program.

**Signature of Owner** _____ **Date**_____

**Signature of Co-Owner**_____ **Date**_____

**MAKE AN APPOINTMENT WITH THIS LIST WITH PHOTOCOPIES OF ALL ITEMS THAT APPLY**

**Property Verification Documents:**

**_____ Recorded Deed** **____ Death Certificate/Divorce Agreement**
**_____ Property Insurance Policy** **___ Flood Insurance-if applicable**

**Income Verification Documents:**

**_____ Most recent Federal Income Tax Return**
**_____ Most recent State Income Tax Return**
**_____ Two (2) most recent pay statements or letter from Employer stating Gross annual**

**income for all members of household who are employed**
**_____ Most recent Interest Statements from Bank Accounts**
**_____ Most recent Dividend Statements from Bank Accounts**
**_____ Most recent Social Security or Supplemental Security Income (Social Security Benefit Letter stating current benefits)**
**_____ Most recent Pension & Annuity Statements**
**_____ Alimony & Child Support –Two (2) recent Pay statements & copy of Separation/Divorce Agreement**
**_____ Welfare statement or Public Assistance Statement**
**_____ Income received from childcare, cleaning homes, rental, etc.**
**_____ All income not listed above**
**_____ Disability Statement** **____ Unemployment Statement**

This form and all of the applicable documents listed above must be brought to the Municipal Building with the application before any action can be taken. Keep the guidelines for your information. Please call the number below to make an appointment to review your documents.

Please make an appointment with:

The Township of South Brunswick
Office of Affordable Housing
540 Ridge Road
Monmouth Junction, NJ 08852
ATTENTION: Di Shonay Pittman
732-329-4000 ext. 7220