

# CITY OF ASBURY PARK

## Regional Contribution Agreement Home Rehabilitation Program

### "RCA Program"

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#### **WHAT IS RCA, HOW DOES IT WORK?**

Asbury Park is the receiving municipality of funds from Wall Township, Spring Lake, Millstone, Middletown, Howell and Freehold to be used to rehabilitate substandard single family, owner occupied; multi-family, owner occupied or multiple family investment homes.

Monies expended for repairs would become a lien on the home. Single family, owner occupied dwellings and multi family (maximum four units), owner occupied and investor owned dwellings carry a ten (10) year lien period. At the conclusion of the ten (10) year period, your lien is cancelled and you owe nothing.

However, if the property is sold prior to the end of the 10 year period, the Community Development Department must be contacted in order to determine whether the lien must be paid off or if it can continue with the prospective new owner.

#### **WHO IS ELIGIBLE?**

Owner occupants of single family, owner-occupants of multi family or tenants of investment property dwellings with low to moderate incomes (income qualifications must be met by owner occupied units) situated within the boundaries of the City of Asbury Park are eligible to apply provided the following situations and others as specified in the program are met.

1. Real Estate taxes are paid up-to-date.
2. Income levels from all occupants, 18 years or older, of the household must fall within the following guidelines. (All occupants - whether or not they are related, whether or not they are contributing to household expenses).

Number of Persons (all ages) - Maximum allowable income

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$51,864	\$59,273	\$66,682	\$74,091	\$80,019	\$85,946	\$91,873	\$97,801

## **WHAT REPAIRS ARE NEEDED TO BE ELIGIBLE?**

At least one major building system must need repair or replacement and meet a minimum of \$12,000. Such as:

Roofing	Electric System
Heating System	Sanitary Plumbing
Plumbing	Load Bearing System
Weatherization	

With at least one major problem present, we can go on to do other minor work as well, all the work that would be necessary to bring your home to meet current housing code requirements and at the same time falling within the monetary limits of the program.

## **HOW DO I APPLY?**

Fill out the Preliminary Application form attached, (follow the instructions carefully), sign and date the application and include all support documents necessary. Most importantly you must bring your 2014, 2015 and 2016 Federal and State Income Tax Return Forms, current Homeowners Insurance Policy with proof of payment, a copy of your Deed and if applicable a current copy of the Mortgage Statement.

Mail or deliver the application with copies of the requested documents to:

City of Asbury Park  
1 Municipal Plaza (Main Street)  
Asbury Park, NJ 07712  
Attention: Carrie Jeannot

## **HAVE QUESTIONS?**

Call the Community Development Department at (732) 502-4580 Monday through Friday 9 a.m. to 5 p.m. or send your written inquires to the above address.

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## **FOR A BETTER ASBURY PARK YOUR MAYOR AND COUNCIL**

John Moor, Mayor  
Amy Quinn, Deputy Mayor  
Yvonne Clayton  
Jesse Kendle  
Eileen Chapman

Michael Capabianco, City Manager

PRELIMINARY APPLICATION FOR RCA

For Office Use
Income: _____
% Median Income: _____

1. HOMEOWNER INFORMATION

Name (Last - First - Middle Initial)	Social Security #
Address	Home Telephone #
City	Work Telephone #
Mailing Address (if P.O. Box)	

2. HOUSEHOLD COMPOSITION AND INCOME  
(USE OTHER SIDE IF NECESSARY)

Name (First and Last)	Social Security #	Relation to Head of Household	Date of Birth Mo Day Yr	Sex M/F	Current Gross Annual Income*

3. ASSETS (Checking, Savings, Stocks, Bonds, Certificates of Deposit, Real Estate, Etc.)

Type of Asset	Est. Annual Income

5. HOUSING DESCRIPTION\*\*

A. Monthly Housing Costs  
Mortgage Balance: \_\_\_\_\_

Taxes: \_\_\_\_\_ Taxes Paid: Yes No (Circle)

B. Number of bedrooms: \_\_\_\_\_ Baths: \_\_\_\_\_

C. Number of Household Members: \_\_\_\_\_

D. Number of Years Owned: \_\_\_\_\_

E. Amount of Homeowners Insurance: \_\_\_\_\_

4. EMPLOYMENT OF ALL WORKING MEMBERS IN HOUSEHOLD  
(USE OTHER SIDE IF NECESSARY)

Household member	Employer	Address City/State	Monthly Income	Full/Part Time

I certify that the above information provided is true and complete to the best of my knowledge and belief.

6. PLEASE SIGN HERE:

\*VERIFICATION OF INCOME NECESSARY (W-2, 1040, (2015, 2016 & 2017) STATE & FEDERAL TAX RETURNS.)

\*\*VERIFICATION OF OWNERSHIP (DEED), PAID REAL ESTATE TAXES AND HOMEOWNERS INSURANCE.

Current copy of Mortgage Statement

RCA Preliminary Application - Microsoft Excel