Tenant Information
Dear Tenant:

Your landlord has recently applied for one of the City of Long Branch Home Repair Programs. Approval of the application is based, in part, on the income of each of the households occupying the building.

Please complete the attached tenant portion of the application, and supply the paperwork listed on the checklist on the last page. You may give this application to your landlord, or you may submit it directly to the Office of Community and Economic Development, 228 Broadway, Long Branch, NJ, 00740.

Your household must meet the income guidelines established by the state in order for your landlord to qualify for this program. You must disclose ALL sources of income, whether taxable or not, earned by all members of your household 18 years of age and older.

You must include copies of the last three paystubs for each working member of your household, Social Security or Pension statements, as well as statements from all other sources of income including welfare, food stamps, Section 8, child support, alimony, etc.

You must also include copies of your most recent tax return, either filed by an accountant or verified by the IRS. To receive an IRS verification, please call them directly at 1-800-772-1213. Please be aware that this process can take several weeks.

If you have any questions, please call our office at 732-923-2045. We will be happy to assist you.
CITY OF LONG BRANCH
MULTI-FAMILY HOME REPAIR PROGRAM
APPLICATION

A. Tenant Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Spouse</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Address
Long Branch, NJ

Phone:

Number of Household Members:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

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B. Income Verification

1. Employer’s Name
   Work Address: ____________________________________________________________
   Work Phone: ____________________________________________________________
   Years At Job: ____________________________________________________________
   Immediate Supervisor: _____________________________________________________
   Yearly Salary: ____________________________________________________________

2. Employer’s Name
   Work Address: ____________________________________________________________
   Work Phone: ____________________________________________________________
   Years At Job: ____________________________________________________________
   Immediate Supervisor: _____________________________________________________
   Yearly Salary: ____________________________________________________________

3. Employer’s Name
   Work Address: ____________________________________________________________
   Work Phone: ____________________________________________________________
   Years At Job: ____________________________________________________________
   Immediate Supervisor: _____________________________________________________
   Yearly Salary: ____________________________________________________________

4. Employer’s Name
   Work Address: ____________________________________________________________
   Work Phone: ____________________________________________________________
   Years At Job: ____________________________________________________________
   Immediate Supervisor: _____________________________________________________
   Yearly Salary: ____________________________________________________________

**PLEASE TOTAL ALL SOURCES OF INCOME. YOU MUST PROVIDE PROOF OF ALL INCOME.**

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount (in USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>$</td>
</tr>
<tr>
<td>Interest Income</td>
<td>$</td>
</tr>
<tr>
<td>Social Security</td>
<td>$</td>
</tr>
<tr>
<td>Unemployment</td>
<td>$</td>
</tr>
<tr>
<td>S.S.I.</td>
<td>$</td>
</tr>
<tr>
<td>Rental Income</td>
<td>$</td>
</tr>
<tr>
<td>Pension(s)</td>
<td>$</td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
</tr>
<tr>
<td>Child Support</td>
<td>$</td>
</tr>
<tr>
<td><strong>TOTAL HOUSEHOLD INCOME</strong></td>
<td>$</td>
</tr>
</tbody>
</table>
Part 2: Financial Information

Monthly Rent: ________________________________

Amount Subsidized by Section 8 (if applicable) ________________________________

Monthly Gas Bill _______________________________________________________

Monthly Electric Bill _____________________________________________________

Monthly/Quarterly Water Bill __________________________________________________

Note: This application and all information relating to it will be kept confidential

Part 3: Certifications

I hereby agree to permit the City of Long Branch Office of Community and Economic Development to verify my employment, income, and any other information provided in this application.

I hereby certify that the information and documentation furnished herein is true and correct to the best of my knowledge.

I understand that deliberate concealment of income or other falsification of information in this document may result in denial of the landlord’s application.

_________________________________________  _____________________________  
(Tenant 1)  Date

______________________________  _____________________________
Social Security Number

_________________________________________  _____________________________  
(Tenant 2)  Date

______________________________  _____________________________
Social Security Number

_________________________________________  _____________________________  
Witness  Date

The information in this section is requested for HUD statistical purposes only. You are not required to answer, however, your cooperation will be appreciated.

Please check the appropriate category:

___ White  ___ Asian/Pacific Islander

___ Black  ___ American Indian/Alaskan Native

___ Hispanic
FINANCIAL PRIVACY NOTICE TO APPLICANTS

This is notice to you as required by the Right to Financial Privacy Act of 1978 that the Department of Housing and Urban Development has a right of access to financial records held by any financial in connection with the consideration of administration of the program to which you have applied.

Financial records involving your transactions will be available to the City of Long Branch during the term of the contract and three (3) years thereafter without further notice or authorization but will not be disclosed or released to another Agency or Department without your consent, except as required or permitted by law.

Received Date: ____________________________
Homeowner 1

Received Date: ____________________________
Homeowner 2
1. Application — all pages completely filled in, signed by all tenants, witnessed and dated where necessary

2. Most recent tax return filed by an accountant or verified by the IRS

3. Social Security Statement (if applicable)

4. Statement of pension (if applicable)

5. Last three paystubs (if applicable)

6. Documentation of any other source of income

7. Copy of divorce settlement (if applicable)

7. Copy of death certificate of spouse (if widow/widower)