

Home Improvement Program
Pre Application Form

Name of ALL Owners: _____
Email Address: _____
Full Address of Property: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

PLEASE COMPLETE ENTIRE FORM

| Family Composition | Number of Persons | Relation to Owner |
|--------------------------------|-------------------|-------------------|
| Senior (60 or older) | _____ | _____ |
| Adults (18-59) | _____ | _____ |
| Minors (7-17) | _____ | _____ |
| Minors (0-6) | _____ | _____ |
| TOTAL HOUSEHOLD MEMBERS | _____ | |

Total Gross Annual Household Income (total for all household)

| | |
|------------------------|-------|
| Salary | _____ |
| SS, SSI, SSD | _____ |
| Pension | _____ |
| Other (Identify _____) | _____ |
| Other (Identify _____) | _____ |
| TOTAL | _____ |

Home Improvement Needs/Request:

Briefly List/Describe the Needed Improvements: *(Please note that Federal Housing Regulations require a Lead Assessment and Clearance on ALL Home Improvements using Federal Funds on homes built prior to 1978.)*

A few things this Program CAN NOT do are add living space, finish an attic or basement, landscaping, install fences or decks.....

Applicant/Owner Signature/s: _____

Date: _____

Please return all documents to **Mailing Address:**

Development Directions, LLC
PO Box 916
Clark, NJ 07066
Or
Email to: christina@developmentdirectionsllc.com
Phone 732-507-2004 Fax 732-382-7800

Office Address:

Cleveland Plaza
Development Directions, LLC
123 N Union Avenue 3rd floor Suite 306
Cranford, NJ 07016

HOME IMPROVEMENT PROGRAM QUESTIONNAIRE

Please list ALL individuals residing in your household and any individual that's name is on the Deed whether they reside in the house or not (they should be counted as part of your total household) including yourself:

| NAME | AGE | RELATION TO OWNER | TYPE OF INCOME |
|------------|-------|-------------------|----------------|
| Self/Owner | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

TOTAL INDIVIDUALS IN YOUR HOUSEHOLD _____

Please answer ALL questions.

Is this a single family home? _____ or a two family home? _____

If a two family, do you rent the floor you do not live on? YES _____ NO _____

Do you have a current Mortgage? YES _____ NO _____

Do you have more than one Mortgage? YES _____ NO _____

Do you have a Reverse Mortgage? YES _____ NO _____

Do you have current Homeowners Insurance? YES _____ NO _____

Are your Property Taxes paid up to date? YES _____ NO _____

Have you filed bankruptcy in the past 7 years? YES _____ NO _____

Total Gross Income for your Household \$ _____

Maximum Income Limits: (total gross a year)

| | |
|----------|-----------|
| 1 Person | \$55,950 |
| 2 Person | \$63,950 |
| 3 Person | \$71,950 |
| 4 Person | \$79,900 |
| 5 Person | \$86,300 |
| 6 Person | \$92,700 |
| 7 Person | \$99,100 |
| 8 Person | \$105,500 |