

**Home Improvement Program**  
**Pre Application Form**

Name of ALL Owners: \_\_\_\_\_

Full Property Address/City/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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**PLEASE COMPLETE ENTIRE FORM**

Family Composition	Number of Persons	Relation to Owner
Senior (60 or older)	_____	_____
Adults (18-59)	_____	_____
Minors (under 17)	_____	_____
<b>TOTAL HOUSEHOLD MEMBERS</b>	_____	

**Additional Information:**

Disabled	_____
Veteran	_____

**Total Gross Annual Household Income** (total for all household members)

Salary	_____
SS, SSI, SSD	_____
Pension	_____
Other (Identify _____)	_____
Other (Identify _____)	_____
<b>TOTAL</b>	_____

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**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..... \_\_\_\_\_

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<b>Applicant/Owner Signature/s:</b> _____	<b>Date</b> _____
_____	<b>Date</b> _____

Please return all documents  
Development Directions, LLC  
1600 St Georges Avenue Ste 314  
Rahway, NJ 07065

OR

Email to: [citaliano@developmentdirectionsllc.com](mailto:citaliano@developmentdirectionsllc.com)

Phone 732-507-2004 Fax 732-382-7800

## 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 \_\_\_\_\_

Do you have a POA? YES \_\_\_\_\_ NO \_\_\_\_\_, if yes, please forward a copy.

Total Gross Income for your Household \$ \_\_\_\_\_

### Maximum Income Limits: (total gross a year)

1 Person	\$72,950
2 Person	\$83,400
3 Person	\$93,800
4 Person	\$104,200
5 Person	\$112,550
6 Person	\$120,900
7 Person	\$129,250
8 Person	\$137,550

**ALL HOUSEHOLD MEMBERS AND ALL PROPERTY OWNERS MUST PROVIDE THEIR DOCUMENTS WHETHER THEY RESIDE IN THE HOUSE OR NOT SPECIFICALLY AS LISTED. THEY MUST ALSO BE PRESENT FOR THE INTERVIEW AND SIGN ALL DOCUMENTS. NOTE: Please send COPIES of all documents. ONLY notarized statements MUST be ORIGINAL**

1. **Social Security Cards** for all property owners whether they reside in the house or not.
2. Verification of all household income which **applies to you and your household** for any individual 18 years or older and any individuals listed on the Deed whether they reside in the house or not. **If you answer yes, appropriate documentation will be needed.**
  - **Four (4) Current Consecutive** Paystubs, if there is no income for any individual an original notarized statement stating that will be needed **YES\_\_\_\_NO\_\_\_\_**
  - **Two (2) Current Pension** Paystubs or a letter from the company issuing the benefit **YES\_\_\_\_NO\_\_\_\_**
  - **Four (4) Current** Unemployment Stubs **YES\_\_\_\_NO\_\_\_\_**
  - **Child Support** court documents **YES\_\_\_\_NO\_\_\_\_**
  - **Alimony** court documents **YES\_\_\_\_NO\_\_\_\_**
  - **Current Year Social Security Benefit Letter (not the 1099)** for **ANY** individual receiving benefits (SSI, SSD, SS) this can be obtained by calling **1-800-772-1213**, if you do not have this letter **YES\_\_\_\_NO\_\_\_\_**
3. **Most Recent Full Federal and State Tax Return**, if anyone does not file, an original notarized statement stating what years were not filed will be needed **YES\_\_\_\_NO\_\_\_\_**
4. **Two (2) Current Consecutive** months of **ALL** Full Bank Statements, securities, dividends, etc.
5. **Recorded Deed to the Property** (a death certificate will be needed for any deceased individual whose name is on the Deed)
6. **Current Homeowners Insurance DECLARATION Page**
7. **Current Mortgage Statement** (this will be needed again before the contract to start work is signed)
8. **Power of Attorney** (if applicable) **YES\_\_\_\_NO\_\_\_\_**
9. **If you have filed for Bankruptcy in the past 7 years, provide proof that the property was not included.**  
**YES\_\_\_\_NO\_\_\_\_**