



Ducktown AC Residential Repair Program

FUNDED BY DUCKTOWN CDC, ADMINISTERED BY ATLANTIC COUNTY IMPROVEMENT AUTHORITY (ACIA)

- ☐ The **Atlantic County Improvement Authority (ACIA)** implements the Atlantic City Residential Repair Program for owner occupied homes. The Residential Repair Program can address all basic rehabilitation items of a home, including major systems such as plumbing, heating, electric and roof, plus weatherization including windows, doors, insulation and exterior repair and painting.
- ☐ The **Atlantic County Improvement Authority's (ACIA) program** can provide financing for up to \$25,000 per household. The ACIA assistance is offered to the homeowner in the form of a **0% PERCENT INTEREST FREE, DEFERRED LOAN**, secured by a mortgage as a 2nd lien on the property, that must be repaid to the back to the program in full at time of resale of property or transfer of title.
- ☐ The **Ducktown Community Development Corporation (Ducktown CDC)** supports businesses, residents, and visitors in the Ducktown Neighborhood and Venice Park. One of the primary goals of the Ducktown CDC is to improve home conditions. To this end, the Ducktown CDC has secured funding through the New Jersey Neighborhood Revitalization Tax Credit Program and other sources to achieve this goal.
- ☐ The **Ducktown CDC** can provide an additional \$20,000 of funding as a **GRANT**. A minimum of \$5,000 of the Ducktown CDC GRANT must be used for external beautification - painting, facade improvements, hardscaping, landscaping, etc.

THE PARTNERSHIP BETWEEN THE ACIA AND THE DUCKTOWN CDC ARE TO WORK TOGETHER IN AN EFFORT TO IMPROVE HOME CONDITIONS IN Atlantic City's DUCKTOWN NEIGHBORHOOD.

Please check one:

- ☐ I/We would like to combine the ACIA Loan with the DUCKTOWN Grant
- ☐ I/We would like to use the DUCKTOWN Grant ONLY.

Please check which neighborhood the property resides in:

- ☐ Ducktown
- ☐ Venice Park

Please initial:

☐ I am providing the Office of Community Development with information about my income, property taxes, property ownership and homeowners insurance.

☐ I hereby request that my property be inspected, to determine the amount and estimated cost of rehabilitated work needed, to comply with the rehabilitation code standards; and that the Office of Community Development continue to process my application. I understand that the final approval or disapproval of my application will be made by the Atlantic County Improvement Authority's Office of Community Development in accordance with the rules and regulations of the Program's Policy Guidelines.

☐ I also request approval of the loan or grant from the Residential Repair Program to provide funds for improvements identified by the inspection report.

APPLICATION

Owner(s) Name: 1. _____ 2. _____

(Please list all names that appear on the Deed.)

Address: _____

Telephone: (_____) _____ - _____

Email: _____

Have you previously used the ACIA Residential Repair Program? Yes () No ()

Note: The program guidelines allow \$25,000.00 per home & therefore cannot revisit the property using ACIA assistance.

What year was your home built? _____ How many bedrooms? _____

Name of your Homeowner Insurance: _____ Policy # _____

THE FOLLOWING INFORMATION IS FOR STATISTICAL PURPOSE ONLY:

Date of Birth: _____

Over 62 ()

Under 62 ()

Handicapped/Disabled Occupant:

Yes ()

No ()

Related to a Municipal Official: Yes () No ()

If Yes, please provide Name and Department _____

Ethnicity: (Please select *only one*)

Hispanic or Latino ()

Not Hispanic or Latino ()

Racial Description: Please select *one or more*, below.

American Indian (),

Alaska Native (),

Asian (),

Black/African American ()

Native Hawaiian/Other Pacific Islander (),

White (),

Other ()

A. HOUSEHOLD COMPOSITION: Please name all persons residing in the home.

	Name	Relationship to owner	Date of Birth
1	Owner		
2	Co-Owner		
3			
4			
5			
6			
7			
8			

B. EMPLOYMENT INFORMATION: Please name each household member who receives income and is 18 years-old or over. Income is defined as the total salaries, wages, tips, public assistance, child support, alimony, social security, pension, disability, earned interest, dividends, etc., before deductions and taxes, received by each member of the household.

1. Name: _____ Income: \$ _____

Employer Name _____

Employer Address: _____

Years at Job: _____ Job Title: _____

2. Name: _____ Income: \$ _____

Employer Name _____

Employer Address: _____

Years at Job: _____ Job Title: _____

3. Name: _____ Income: \$ _____

Employer Name _____

Employer Address: _____

Years at Job: _____ Job Title: _____

C. Financial Information: Please list all checking and savings accounts including CD's, Money Market Funds, Mutual Funds, and other assets held by financial institutions:

Name and Address of Financial Institution	Account# (last 4 digits only, xxx-xxx-1234)	Current Value	Annual Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of your Mortgage Lender: _____

Are your Mortgage Payments up to date? Yes () No ()

Is your property currently or possibly going into foreclosure? Yes () No ()

Are your municipal property taxes paid up to date? Yes () No ()

Are you delinquent on your municipal property taxes that have required a Certificate of Sale for unpaid municipal liens? Yes () No ()

Is your property a single family dwelling that you reside in? Yes () No ()

If No, please explain: _____

Do you currently have renters residing at your property? Yes () No ()

If yes, what is the monthly income in rent you receive? \$_____

Do you own any other property? Yes () No ()

*if Yes where?_____ **Lot** _____ **Block** _____ **Municipality** _____*

Do you own a vacation home? Yes () No ()

Do you own a business or other income-producing real estate? Yes () No ()

Do you receive income (rent/receipts) from this asset? Yes () No ()

How much is this Net Income monthly? \$_____ **Annually** \$_____

TOTAL ANNUAL INCOME FROM ASSETS, RENTS, AND BUSINESS RECEIPTS: \$_____

This application is for assistance with the following (you may check more than one):

_____ Home Rehab; Roof, Heat, Water Heater, Electrical

_____ Weatherization includes windows, doors, insulation, and exterior repair

_____ Well

_____ Water Lateral Tie-in _____ Sewer Lateral Tie-in

_____ Other, please explain _____

D. (1) INCOME INFORMATION: Please use a separate page for every household member who is 18 years old or over and receives income of any kind.

Calculate ALL GROSS INCOME on an annual basis. Monthly income should be multiplied by 12, weekly by 52, and biweekly by 26, for total Gross Annual figure. Income verification must be attached to this application and available for review in you project file. Please transfer starred (*) totals to Income Calculation Sheet.

Name: _____

A. Please state the amount of income received from each applicable source:

Gross Salary or Wages:	\$ _____ Weekly	\$ _____ Biweekly	\$ _____ Monthly	\$ _____ Annually	
Pension:			\$ _____ Monthly	\$ _____ Annually	
Social Security:			\$ _____ Monthly	\$ _____ Annually	
Unemployment compensation:		\$ _____ Biweekly	\$ _____ Monthly	\$ _____ Annually	
Disability Payment:			\$ _____ Monthly	\$ _____ Annually	
Welfare:			\$ _____ Monthly	\$ _____ Annually	
Child Support:			\$ _____ Monthly	\$ _____ Annually	
Alimony:			\$ _____ Monthly	\$ _____ Annually	
Tips/Commissions:			\$ _____ Monthly	\$ _____ Annually	
Retirement Funds:			\$ _____ Monthly	\$ _____ Annually	
Annuities:			\$ _____ Monthly	\$ _____ Annually	
Death Benefits			\$ _____ Monthly	\$ _____ Annually	
Other:	_____	\$ _____ Weekly	\$ _____ Biweekly	\$ _____ Monthly	\$ _____ Annually

TOTAL ANNUAL INCOME FROM WAGES, SALARY, AND OTHER SOURCES: \$ _____

D. (2) INCOME INFORMATION: Please use a separate page for every household member who is 18 years old or over and receives income of any kind.

Calculate ALL GROSS INCOME on an annual basis. Monthly income should be multiplied by 12, weekly by 52, and biweekly by 26, for total Gross Annual figure. Income verification must be attached to this application and available for review in you project file. Please transfer starred (*) totals to Income Calculation Sheet.

Name: _____

A. Please state the amount of income received from each applicable source:

Gross Salary or Wages:	\$ _____ Weekly	\$ _____ Biweekly	\$ _____ Monthly	\$ _____ Annually	
Pension:			\$ _____ Monthly	\$ _____ Annually	
Social Security:			\$ _____ Monthly	\$ _____ Annually	
Unemployment compensation:		\$ _____ Biweekly	\$ _____ Monthly	\$ _____ Annually	
Disability Payment:			\$ _____ Monthly	\$ _____ Annually	
Welfare:			\$ _____ Monthly	\$ _____ Annually	
Child Support:			\$ _____ Monthly	\$ _____ Annually	
Alimony:			\$ _____ Monthly	\$ _____ Annually	
Tips/Commissions:			\$ _____ Monthly	\$ _____ Annually	
Retirement Funds:			\$ _____ Monthly	\$ _____ Annually	
Annuities:			\$ _____ Monthly	\$ _____ Annually	
Death Benefits			\$ _____ Monthly	\$ _____ Annually	
Other:	_____	\$ _____ Weekly	\$ _____ Biweekly	\$ _____ Monthly	\$ _____ Annually

TOTAL ANNUAL INCOME FROM WAGES, SALARY, AND OTHER SOURCES: \$ _____

D. (3) INCOME INFORMATION: Please use a separate page for every household member who is 18 years old or over and receives income of any kind.

Calculate ALL GROSS INCOME on an annual basis. Monthly income should be multiplied by 12, weekly by 52, and biweekly by 26, for total Gross Annual figure. Income verification must be attached to this application and available for review in your project file. Please transfer starred () totals to Income Calculation Sheet.*

Name: _____

A. Please state the amount of income received from each applicable source:

Gross Salary or Wages:	\$ _____ Weekly	\$ _____ Biweekly	\$ _____ Monthly	\$ _____ Annually	
Pension:			\$ _____ Monthly	\$ _____ Annually	
Social Security:			\$ _____ Monthly	\$ _____ Annually	
Unemployment compensation:		\$ _____ Biweekly	\$ _____ Monthly	\$ _____ Annually	
Disability Payment:			\$ _____ Monthly	\$ _____ Annually	
Welfare:			\$ _____ Monthly	\$ _____ Annually	
Child Support:			\$ _____ Monthly	\$ _____ Annually	
Alimony:			\$ _____ Monthly	\$ _____ Annually	
Tips/Commissions:			\$ _____ Monthly	\$ _____ Annually	
Retirement Funds:			\$ _____ Monthly	\$ _____ Annually	
Annuities:			\$ _____ Monthly	\$ _____ Annually	
Death Benefits			\$ _____ Monthly	\$ _____ Annually	
Other:	_____	\$ _____ Weekly	\$ _____ Biweekly	\$ _____ Monthly	\$ _____ Annually

TOTAL ANNUAL INCOME FROM WAGES, SALARY, AND OTHER SOURCES: \$ _____

PLEASE ATTACH COPIES OF THE FOLLOWING

NO APPLICATION WILL BE PROCESSED UNTIL ALL DOCUMENTS ARE SUBMITTED

- ☐ Your **CURRENT** Income Tax Return with W-2 forms (Seniors use N.J. Tax Return).
- ☐ Three (3) current pay statements from every household member with an income.
- ☐ Copy of social security statement, disability, pension checks, or any other income you may receive
- ☐ Copy of recorded deed (all pages)
- ☐ Copy homeowner's insurance and flood insurance (showing amount of coverage and dates) and proof that it is paid to date.
- ☐ Proof that local property taxes are current.
- ☐ Copies of two (2) current utility bills, i.e., water, gas, electric, and phone.
- ☐ Copy of driver's license (front & back).
- ☐ Copies of two (2) full months of bank statements for checking & savings accounts.

PLEASE EMAIL THESE DOCUMENTS TO ACDUCKTOWN@GMAIL.COM

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C, Title 18, SEC. 100 provides "Whoever in any matter within the jurisdiction of any department of agency of the United States knowingly and willfully falsifies or makes any false fictitious statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five(5) years or both.

I certify that the information provided herein is true and completed to the best of my knowledge and belief. I also understand that this information is to be used only for determining my eligibility for services provided by the various State and Federal programs and any statistical analysis purposes that may be required for program evaluation.

X _____
Signature(s) of Owner

X _____
Date

X _____
Signature(s) of Co-Owners


X _____
Date

Ducktown Neighborhood Revitalization Plan

Atlantic City, NJ

Neighborhood Map



 Ducktown Boundary

Data Sources:
Atlantic County, NJDEP,
NJGIN, US Census Bureau,
USGS

