

# ATTENTION TOWNSHIP OF SANDYSTON RESIDENTS

## YOU MAY BE ELIGIBLE FOR A LOAN FOR HOME IMPROVEMENTS WITH NO MONTHLY PAYMENTS\*

MONEY MAY BE USED FOR THE NECESSARY REPAIR OR REPLACEMENT OF:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>✓ Roofs &amp; Gutters</li> <li>✓ Doors, Windows &amp; Siding</li> <li>✓ Indoor Plumbing or Septic Systems</li> </ul> | <ul style="list-style-type: none"> <li>✓ Insulation</li> <li>✓ Heating Systems</li> <li>✓ Electrical Systems</li> <li>✓ Minor Structural Issues</li> </ul> |
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\*The loan is for eligible repairs to income eligible homeowners in the Township.

FAMILIES MUST OWN THEIR HOME & BE CURRENT ON TAXES  
TOTAL FAMILY INCOME MUST FALL WITHIN THESE LIMITS:

Persons in Household	1	2	3	4	5	6	7	8+
Maximum Income	\$58,277	\$66,602	\$74,928	\$83,253	\$86,583	\$96,573	\$103,233	\$109,894

Simply fill out this application form and the Program Coordinator will contact you for an interview to determine eligibility. Bring or mail this application form to:

**Township of Sandyston Rehabilitation Program**  
**Township Clerk's Office**  
**133 County Route 645**  
**Sandyston, NJ 07826**  
**Office Hours: 9:00 a.m. to 2:00 p.m.**

Name: _____	Home Phone #: _____
Street Address: _____	
Work/Cell Phone: _____	E-mail: _____
Name(s) on Deed: _____	
Total Persons in Household: _____	Total Annual Family Income: _____
Our gross family income is below maximum shown in above chart? Y/N (circle one)	

**For additional information contact: Jessica Caldwell, Program Coordinator: 973-300-5060 Ext. 100**

I/We certify that all information submitted on this application is correct to the best of my/our knowledge. I/We understand that any willful misstatement of material fact may be grounds for disqualification.

Applicant Signature: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_