



COMMUNITY DEVELOPMENT

Hall of Records Annex
One East Main Street
Freehold, NJ 07728
Office (732) 431-7460
Fax (732) 308-2995

June 13, 2014

Thank you for your interest the Sandy Relief Funds for Home Repair and Advocacy of Superstorm Sandy Victims Program, funded by the NJ Dept. of Human Services, Division of Aging Services.

In order to qualify for assistance under this program, you must meet the following eligibility requirements:

- You, and/or your spouse must be at least 60 years old or disabled
- The property must have been damaged by Superstorm Sandy
- You must own the property, and use it as your primary residence

Please mail the completed application, along with the information requested on the checklist contained in the application to:

Sandy Assistance - Senior Home Repair Grant
Monmouth County Community Development
Hall of Records Annex, 2nd Floor
One East Main Street
Freehold, NJ 07728

I can be reached by email Douglas.Rice@co.monmouth.nj.us or call me 732-431-7460 if you have questions or need assistance providing the requested information.

Sincerely,

Doug Rice
Monmouth County
Community Development

New Jersey Department of Human Services—Division of Aging Services
Application for Sandy Relief Funds for Home Repair and Advocacy for Superstorm Sandy Victims

Date of Application: _____

County: _____

Referred By: Phone-in AAA/I & A Agency

Name: _____

Primary Address: _____

Current Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____ Fax Number: _____

Applicant Age: _____ Number of Residents residing with applicant? _____

If under 60, list type of disability: _____

Please Check All Applied For	Policy/Registration Number	Amount Received
<input type="checkbox"/> FEMA		
<input type="checkbox"/> Homeowners Insurance		
<input type="checkbox"/> Flood Insurance		
<input type="checkbox"/> Modular Ramp Program		
<input type="checkbox"/> SHRAP Program		
<input type="checkbox"/> Other		
Explain: _____		

Home Repair(s) Requested: _____

Cost of Repair(s) Requested: _____

If you have a case worker, please provide us with Name and Phone number _____

Do we have your permission to contact this case worker Yes No

Please submit the following documents with your application for assistance:

- Completed Application, including Signed and Dated Certification by applicant attesting that the information contained in the application is true and accurate
- Proof that the applicant is at least 60 years old and/or has a disability (as determined by the Social Security Administration or State Medicaid Agency) in accordance with SSBG guidelines
(Submit a copy of documentation such as: Driver's License, Birth Certificate, Passport, etc., and/or a copy of Social Security Administration or State Medicare Agency determination of disability)
- Proof of home ownership/co-ownership (including 2 family homes, townhouses and mobile homes) and that the property is the owner's primary residence. Repairs are only for the primary residence not a second home, and assistance is per household, not per person.
(Submit a copy of documentation such as: Property Tax Bill, Mortgage Statement, etc. If you have been temporarily relocated due to Sandy, please provide both primary address and current address)
- Proof that the applicant has applied for assistance from FEMA and/or public or private insurance
(Submit copies of documentation received such as assistance and/or denial letters, etc.)
- Proof that the amounts applied for and received from these aforementioned sources are for the purpose of home repair/replacement
- Three (3) proposals, when possible, for the repair/replacement work requested
(The proposals must be obtained from a licensed NJ Home Improvement Contractor)

New Jersey Department of Human Services—Division of Aging Services
 Application for Sandy Relief Funds for Home Repair and Advocacy for Superstorm Sandy Victims

Note: Applicants that may not have applied to FEMA may still be eligible, and determination will be made on a case by case basis.

By signing below:

- I (we) certify that I (we) are seeking assistance because my (our) **primary** residence was affected by Superstorm Sandy.
- I (we) attest that I (we) have not received funding from any other state or federal agency, private insurance, or charitable organization for the items/services currently being requested.
- I (we) understand that any information I (we) provide may be subject to verification.
- I (we) certify that all the information I (we) provided is true and complete to the best of my (our) knowledge.
- I (we) attest that I (we) have read and agree to these statements and fully realize that the Division of Aging Services relies upon truth and accuracy of my (our) statements.

Certification:

My (our) household is in need of home repair as a result of Superstorm Sandy. I (we) understand the statements on this affidavit and the penalties for hiding or giving false information, including but not limited to criminal penalties for false swearing pursuant to NJSA 2C:28-2 and civil penalties under 45 C.F.R. 79.3 for program fraud. I (we) certify, under penalty of perjury, that the information I (we) have given is correct and complete to the best of my knowledge. I (we) also authorize the release of any information necessary to determine the correctness of my certification.

Applicant's Name *(Please print):* _____

Applicant's Signature: _____	Date: _____
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Co-Applicant's Name *(Please print):* _____

Co-Applicant's Signature: _____	Date: _____
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AGENCY USE ONLY

AAA Service Provider: _____ **Approved** **Disapproved**

Name of Authorized Agent (please print): _____

Signature of Authorized Agent: _____ **Date:** _____

DoAS USE ONLY

Date: _____ **Approved** **Disapproved**

Name of Home Repair Coordinator (please print): _____

Signature of Home Repair Coordinator: _____