

NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
Division of Housing and Community Resources

Application for Shelters, Group Homes and Transitional Facilities

WAP Agency Use Only

Date: _____ *Agency:* _____ *County:* _____

Name of Facility: _____

Applicant/Operator's Name: _____

Facility Phone Number: _____

Address of Facility: _____

City, State, Zip: _____

(If different from above)

Owner(s) or Organization Name: _____

Organization Phone Number: _____

Owner/Organization Address: _____

City, State, Zip: _____

Name of Designated Official: _____

Title of Official: _____

Housing Type (Check One):

Single Unit _____ Multi Unit _____ Total # Eligible Units: _____

Heating Fuel - Main Source of Heat (Check One):

Electric _____ Oil _____ Gas _____ Wood _____ Other _____

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I certify that the information I have provided on this application is accurate to the best of my knowledge. I further certify that the incomes of the persons/families residing in the facility of the organization I represent are at or below 200 percent of federal poverty guidelines or 60 percent of the state median income, whichever is greater. I have submitted a letter attesting to these facts and have included a copy of the organization's income guidelines or a copy of the organization's mission statement in lieu of individual resident income verification. If I have knowingly provided false information which results in receiving assistance for which the organization is not eligible, I may be subject to criminal prosecution.

I further understand that I may file a grievance for either of the following reasons:

1. The application was not acted upon within a reasonable time.
2. The application was denied and I think the facility is eligible to be weatherized under this program.

I also agree that in consideration of weatherization work to be performed, the rent, charges, or fees charged to the occupants of the property being weatherized will not be increased because of any increase in the value of the property due solely to weatherization assistance.

(Applicant/Operator's Signature)

(Date Signed)

The current operation of the property as a _____, which serves low-income people, shall continue for a period of _____ years. In the event that I sell the property within _____ years after weatherization work is completed, or if the property ceases to be used as a _____, I will comply with one of the two following conditions:

1. I will repay the agency at the date of sale or at the date of discontinuance an amount equal to the percentage of the _____ year/month period remaining, times the full value of material and labor as documented by agency work records; or
2. I will obtain in writing prior to sale the purchaser's agreement to continue operating the property as a _____ for the remaining term.

(Property Owner's Signature)

(Date Signed)