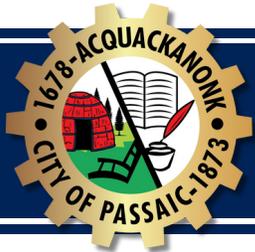


2026 PASSAIC HOUSING REHABILITATION PROGRAM

RECEIVE UP TO \$20,000 IN REPAIRS PER UNIT



MAYOR HECTOR C. LORA
& PASSAIC CITY COUNCIL



BEFORE



AFTER

ARE YOU A HOMEOWNER WHOSE HOUSE NEEDS TO BE REFURBISHED?

The City of Passaic Housing Rehabilitation Program may be able to help you

This program is designed to assist owner/occupants of one (1) to three (3) family homes in making necessary major system repairs to their homes.

Eligibility is based on income, family size and the type of improvement.

- ✓ There is no cost to apply and it does not affect your credit score.
- ✓ Funds are provided as a no interest (0%) Ten (10) year forgivable loan.
- ✓ There are no monthly payments and the loan is forgiven if the homeowner maintains title and occupancy for a ten year period.



The City of Passaic Department of Community Development
330 Passaic Street, Passaic, NJ 07055
(973) 365- 5641

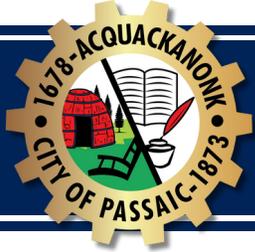


Sustainable Communities Associates, LLC
(201) 232-8111 | scanjllc@gmail.com



PROGRAMA DE REHABILITACIÓN DE VIVIENDAS DE PASSAIC 2026

RECIBA HASTA \$20,000 EN REPARACIONES POR UNIDA



ALCALDE HECTOR C. LORA
Y EL CONSEJO MUNICIPAL DE PASSAIC



ANTES



DESPUÉS

¿ES USTED PROPIETARIO DE UNA CASA CUYA CASA NECESITA SER REPARADA?

El Programa de Rehabilitación de Vivienda de la Ciudad de Passaic puede ayudarle:

Este programa está diseñado para ayudar a los propietarios/ocupantes de viviendas de una (1) a tres (3) familias a realizar las reparaciones importantes necesarias del sistema de sus viviendas.

La elegibilidad se basa en los ingresos, el tamaño de la familia y el tipo de mejoras.

- La solicitud no tiene ningún costo y no afecta su puntaje crediticio.
- Los fondos se proporcionan como un préstamo perdonable sin intereses (0%) por diez (10) años.
- No hay pagos mensuales y el préstamo se perdona si el propietario mantiene el título y la ocupación durante un período de diez años.



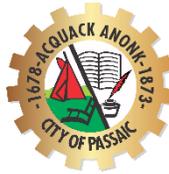
Departamento de Desarrollo Comunitario de la Ciudad de Passaic
330 Passaic Street, Passaic, NJ 07055
(973) 365- 5641



Sustainable Communities Associates, LLC
(201) 232-8111 | scanjllc@gmail.com



City of Passaic



New Jersey

Department of Community Development

Housing Rehabilitation Program
c/o Sustainable Communities Associates, LLC
PO Box 264
Nutley, New Jersey 07110

Dear Homeowner:

We are pleased to provide you with an application for the Passaic Housing Rehabilitation Program.

The Program provides federal funds to assist eligible owner occupied, 1-3 family homes, located in the City of Passaic, undertake repairs or replacement of major systems, such as heating, plumbing and electrical. Assistance will also-consider correction of code violations affecting health and safety matters.

Attached for your completion is an application to submit in order to determine eligibility for the program. In addition, a program description is provided for your use. Be aware finds are limited and time is of the essence to submit a complete application.

In order to make an appointment for a consultation meeting with a program advisor, please contact the Department of Community Development at 973-365-5563 or Sustainable Community Associates at 201-232-8111. You can also email us at scanjllc@gmail.com.

Sincerely,

Sustainable Communities Associates, LLC
Agent for the City of Passaic

RETURN THE COMPLETED APPLICATION WITH REQUIRED DOCUMENTS TO:

**City of Passaic Housing Rehabilitation Program
c/o Sustainable Communities Associates, LLC
PO Box 264
Nutley, New Jersey 07110**

CITY OF PASSAIC

HOUSING REHABILITATION PROGRAM

HELPING HOMEOWNERS IMPROVE THEIR HOMES AND COMMUNITY

The City of Passaic Housing Rehabilitation Program is a deferred loan program to help low- moderate income homeowners make necessary repairs to their homes and ultimately assist with revitalization of neighborhood and community. There is no repayment of the loan if you own and live in the house for at least ten (10) years after the work is completed.

HOW IT WORKS STEP BY STEP

THE APPLICATION

A call to the Department of Community Development at 973-365-5613 or Sustainable Communities Associates, LLC, agents for the City at 201-232-8111 to start the application process. An assigned Loan Advisor will answer any questions you have regarding the program or arrange an appointment for an in person consultation. A preliminary application will be provided to you for completion. Once the completed application is received, the City will determine if you are eligible for the next step in the process. You must meet certain eligibility requirements. Completion of a full application would follow. The Program will provide up to \$20,000 per unit, for the project. The program will operate on a first-come, first served basis.

INSPECTION AND SCOPE OF WORK

If you qualify for the program, a Cost Estimator (CE) will be assigned to you. The CE will make an initial visit to your home to determine what improvements would be eligible to be completed based on eligibility criteria and priorities. After your approval of the project work write-up, the CE will put your project out to bid. You will need to make your home available to allow contractors access to the property so they can fully develop their most competitive bid. The contractor with lowest bid will be awarded the project. If you would prefer a higher bidder, you can pay the difference between the bids. Your payment will be made before any loan money will be disbursed. All contractors are pre-approved by the City.

FINANCING WITH A CITY LOAN

You are required to own and occupy the home for at least ten (10) years from the date the work is completed. After ten (10) years, no repayment of the loan is required and any lien will be released.

CONSTRUCTION

A pre-construction meeting is held between the owner-occupant, contractor and CE to discuss the contractor's timeframe, material selection and other related issues. Following the meeting loan closing documents are signed by all parties and work can begin. Under normal conditions contractors will be given thirty (30) to ninety (90) days to complete the work. The CE oversees the work and makes periodic inspections throughout the period. When work is complete, the CE will do a final inspection with the contractor and owner/occupant. There will be a one-year warranty on workmanship from the date of completion provided by the contractor, along with product warranties.

ELIGIBILITY REQUIREMENTS

Eligibility requirements are as follows:

- The property must be owner occupied and contain no more than three (3) residential units.
- Your anticipated annual household income must not exceed 80% of the Area Median family Income. At least 51% of the households must meet the 80% criteria, being the owner occupant in a one- or two-family residence or the owner occupant and at least one tenant in a three- family home.
- The owner shall be titleholders as recorded by deed in the Passaic County Register's Office.
- The property is located in the City of Passaic.
- All real estate taxes are current.
- The home/property has insurance coverage.
- The property has not deteriorated beyond economic repair as determined by the assigned Cost Estimator.
- The property is free of litter, debris or other obstructions; the Cost Estimator and Contractor have unobstructed access to the interior of the home.
- The mortgage is not in delinquency.

ELIGIBLE IMPROVEMENTS

- Heating/Ventilation/Air Condition repairs or replacement
- Safety and Health Related Repairs, such as, plumbing, electrical and code-related repairs
- Structural Repairs

**NECESSARY DOCUMENTS FOR THE
COMPLETION OF PROGRAM APPLICATION**

INCOMPLETE APPLICATIONS WILL BE RETURNED

HOMEOWNER'S REQUIREMENTS

1. **Notarized** application must have **legal name(s)** also submit **signed** and dated **federal 1040 tax return accompany with tax transcript verification**, (i.e. **W-2 Forms**) as well as your **NJ State tax return**. If you do not prepare a tax return, please state the reason in a notarized letter and also provide a **non-filing verification transcript from the IRS**. **For tax returns or non-filer(s), please call and request it. For Tax Transcript 1-(800)-908-9946 (Must provide) or visit www.irs.gov.**
2. **Verification letter** from your employer(s) stating when you began, your current pay schedule, annual gross salary and **copies of most current pay stubs equaling two month's pay. This applies to all house hold members 18 and older.** If **self employed**, a year to date financial statement, and letter from tax preparer or **accountant** to verify income. **Accountant** must include name and type of business, filing status: sole proprietor, S-Corporation, C-Corporation, or LLC. Also include name of accountant and contact information with certification number.
3. **Verification of unemployment compensation** must be with statement or letter indicating beginning and ending dates along with amount of income being received.
4. **Verification of all Social Security, SSI, Pension, Interest on Savings and all Annuities must be attached. These forms must be current and SHOULD NOT EXCEED 30 DAYS OF SUBMITTING APPLICATION!!!**
5. If you receive **public assistance, child support, separate maintenance, and/or Alimony, verification must be attached. If divorced**, entire copies of all Divorce Decrees, Judgments and final settlements must be included. **If separated**, provide documents verifying **legal** separation.
6. If you are a widow or widower, **copy of death certificate** should be included.
7. Items **1 thru 6 apply to all members of the household, working or non-working. Non-working persons 18 or older must submit reasons for unemployment in writing and have this notarized.**
8. If there are more than two (2) dwelling units, **the tenant(s)** will be required to fill out an application and submit all of the above documentation. Should a unit(s) be **empty**, state the reason why, in a **notarized letter**.
9. Owners will be required to submit a **copy of the deed to title, latest property tax bill marked paid in full or current.**
10. **Verification of homeowner's hazard insurance policy and a copy of flood insurance policy** if property is located in a flood zone (**must be current or paid in full**).
11. Please **sign** the Privacy Notice included with the application. (**Legal Name(s)**)
12. The enclosed **Mortgage Verification Form and Verification of Property Taxes Form** must be completed by the Mortgager and the City's Tax Collector's office. **Both forms MUST BE CURRENT AND SHOULD NOT EXCEED 30 DAYS OF SUBMITTING** your completed application. Also, provide a copy of most recent mortgage statement.
13. **All documents being provided, must be copied separately, NO ORIGINAL DOCUMENTATION!!!**

CASE NUMBER: _____

DATE SENT: _____

PASSAIC HOUSING REHABILITATION PROGRAM
330 Passaic Street, Passaic, New Jersey 07055
Tel (973) 365-5613

APPLICATION

Applicant/Owner: (Last Name First) _____

Social Security Number _____

Spouse and/or Co-Applicant _____

Social Security Number _____

Street Address _____

City _____ State _____ Zip _____

Block Number: _____ Lot Number: _____ Years There _____

E-Mail _____

City _____ State _____ Zip _____

() _____ () _____ () _____
Home Phone Work Phone Fax Number

Date of Birth ____ / ____ / ____

How did you hear about the program?

Newspaper: _____

Neighbor: _____

City Hall: _____

Other: _____

I. PROPERTY:

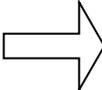
Year Built: _____

Owner Occupied: Yes _____ No _____

Number of dwelling units: _____ Number Occupied: _____

Are the tenant(s) utilities included in the monthly rent? Yes _____ No _____

If utilities are included in monthly rent or if this is a one unit dwelling please state homeowners average monthly utility costs.

Please Circle Home Owner(s) Unit 	UNIT#1	UNIT#2	UNIT#3
Number of bedrooms in each unit			
Monthly rent for each unit			
Average monthly tenant paid utility costs			

Flood Insurance: Yes _____ No _____

Homeowners' Insurance Yes _____ No _____

List Names of additional Property Owners if applicable:

Name Address

Name Address

Name of Mortgage Holder(s): 1st _____ 2nd _____

Monthly Mortgage Payment: 1st \$ _____ 2nd\$ _____

Total Annual Property Taxes: \$ _____

Unpaid Mortgage Balance: \$ _____

II. PROFILE:

The Program is federally funded; therefore we request you complete the following section for statistical purposes only:

Marital Status: _____ Single _____ Married _____ Widow _____ Widower _____ Divorced _____ Separated
 (Please check one)

ETHNICITY				RACE											
Check One	Hispanic or Latino	Non Hispanic or Latino	Check One	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or other Pacific Islander	White	American Indian or Alaskan Native and White	Asian and White	Black or African American and White	American Indian or Alaskan Native and Black or African American	Balance of Individuals Reporting More Than One Race	Disabled Yes No	Female Headed Household Yes No
Unit #1															
Unit #2															
Unit #3															
TOTAL															

III. HOUSEHOLD COMPOSITION: (Please name all household members)

Name	Relationship	Sex	Date of Birth
1			
2			
3			
4			
5			
6			
7			
8			

IV. EMPLOYMENT INFORMATION

Please complete for each household member who receives income from employment. Any member with multiple income sources should report each job separately. A copy of this page must be submitted for each income earning household member. **(Copy this page if necessary)**

1. Name _____

(Please print)

Employer's Name _____

Employer's Address _____ Phone _____

Job Title _____ Immediate Supervisor _____

Years on Job _____ Annual Income \$ _____

Check one ---- Weekly Pay _____ or Bi-Weekly Pay _____

2. Name _____

(Please print)

Employer's Name _____

Employer's Address _____ Phone _____

Job Title _____ Immediate Supervisor _____

Years on Job _____ Annual Income \$ _____

Check one ---- Weekly Pay _____ or Bi-Weekly Pay _____

3. Name _____

(Please print)

Employer's Name _____

Employer's Address _____ Phone _____

Job Title _____ Immediate Supervisor _____

Years on Job _____ Annual Income \$ _____

Check one ---- Weekly Pay _____ or Bi-Weekly Pay _____

4. Name _____

(Please print)

Employer's Name _____

Employer's Address _____ Phone _____

Job Title _____ Immediate Supervisor _____

Years on Job _____ Annual Income \$ _____

Check one ----Weekly Pay _____ or Bi-Weekly Pay_____

V. INCOME INFORMATION

Please state the amount of income received by each household member (**Copy this page for each household member if necessary**).

Calculate all GROSS INCOME on an ANNUAL basis. Income verification must be attached to this application, and available for review in your project file.

Name of Household Member	Social Security Number
Gross Salary or Wages	\$ _____ <u>Annually</u>
Pension:	\$ _____ <u>Annually</u>
Social Security:	\$ _____ <u>Annually</u>
Unemployment	\$ _____ <u>Annually</u>
Disability Payment:	\$ _____ <u>Annually</u>
Alimony/ Taxable Child Support:	\$ _____ <u>Annually</u>
Interest Earned on Investments:	\$ _____ <u>Annually</u>
Welfare:	\$ _____ <u>Annually</u>
Other Income	\$ _____ <u>Annually</u>
TOTAL ANNUAL INCOME FROM ALL SOURCES:	\$ _____

Do you own a business? _____Yes _____No

What is the net annual income? \$ _____

PASSAIC HOUSING REHABILITATION PROGRAM
330 Passaic Street, Passaic, New Jersey 07055
Tel (973) 365-5613

CERTIFICATION

I certify that the information provided herein is true and complete to the best of my knowledge and belief under penalty of law. I also understand that this information is to be used only for determining my eligibility for affordable housing funding provided by the Department of Community Development and any statistical analysis purposes that may be required for program evaluation.

This is also to certify that our family has no plan to either sell this home or to move to another home and rent out this home for the foreseeable future and that it is reasonable to anticipate that we will continue to live in this home as our principal residence for at least the next ten (10) years.

Finally, this is to certify that I/we have I/we have not received any other housing rehabilitation assistance for this property from any governmental agency in the past ten (10) years. If you have received such assistance, please attach documentation. **(Check off which one applies before signing)**

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

STATE OF NEW JERSEY COUNTY OF _____ SS: _____

I CERTIFY that on

_____ personally, came before me and acknowledged under oath, to my satisfaction, that this person (or if more than one, each person):

- (a) Is named in and personally signed this document and
- (b) Signed, sealed and delivered this document as his or her act and deed.

Signature of Notary

PASSAIC HOUSING REHABILITATION PROGRAM
330 Passaic Street, Passaic, New Jersey 07055
Tel (973) 365-5613

CONFLICT OF INTEREST DISCLOSURE STATEMENT

I/we hereby state that I have no relationship: business or familial, with, any employee, agent, consultant, officer, elected official and/or appointed official of the City of Passaic who exercise or have exercised any functions or responsibilities with respect to Community Development Block Grant (CDBG) funded activities assisted through this program, or who are in a position to participate in a decision making process or gain inside information with regard to such activities, may obtain a financial interest or benefit from a CDBG-assisted activity, or have a financial interest in any contract, subcontract, or agreement with respect to a CDBG-assisted activity, or with respect to the proceeds of the CDBG-assisted activity, either for themselves or those with whom they have business or immediate family ties, during their tenure or for one year thereafter.

Applicant's Printed Name

Date

Applicant's Signature

Co-Applicant Printed Name

Date

Co-Applicant's Signature

I/we cannot certify to the above. (Name and describe the nature of your relationship with any person or agency listed in the space below)

Applicant's Printed Name

Date

Applicant's Signature

Co-Applicant Printed Name

Date

Co-Applicant's Signature

PASSAIC HOUSING REHABILITATION PROGRAM
330 Passaic Street, Passaic, New Jersey 07055
Tel (973) 365-5613

RIGHT TO FINANCIAL PRIVACY ACT

NOTICE TO APPLICANTS

This is notice to you as required by the *Right to Financial Privacy Act of 1978* that the Department of Housing and Urban Development has a right of access to financial records held by any financial institution in connection with the consideration or administration of the deferred loan for which you have applied. Financial records involving your transaction will be available to the Department of Housing and Urban Development without further notice or authorization but will not be disclosed or released to another Government agency or Department without your consent except as required by law.

Applicant's Signature

Date

Co-Applicant's Signature

Date

**CITY OF PASSAIC HOUSING REHABILITATION PROGRAM
330 PASSAIC STREET, PASSAIC, NEW JERSEY 07055**

**PART II MUST BE COMPLETED BY YOUR MORTGAGER
REQUEST FOR VERIFICATION OF CURRENT MORTGAGE**

INSTRUCTIONS: Applicant - Complete Items 1 and 6 thru 8. Forward directly to Lender
Mortgage Holder - Please complete Items 9 thru 11. Return directly to the Division as addressed in item 2.

PART I - REQUEST

1. TO: (Name and Address of Mortgage Holder)

2. FROM: (Name and Address of Lender)
**City of Passaic
Department of Community Development
330 Passaic Street, Passaic, NJ 07055
Tel. (973) 365-5613**

3. REQUESTING AGENT:

4. TITLE:

5. DATE

6. STATEMENT OF APPLICANT(S)

A. NAME AND ADDRESS OF APPLICANT

B. DATE OF MORTGAGE
ORIGINAL AMOUNT
CURRENT BALANCE
MONTHLY PAYMENT

I have applied for a loan and stated that the information shown in Item B above is correct. My signature below authorizes verification of this information. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.

7. SIGNATURE OF APPLICANT

8. DATE

PART II - VERIFICATION

9. STATUS OF MORTGAGE OBLIGATION

CURRENT _____ PAID TO _____ DELINQUENT - PAID TO _____

Remarks RE: Delinquency, If any

10. OTHER REMARKS

The above information is provided in strict confidence in response to your request.

11. a) Signature of Officer of Bank or Other Depository

b) Title

c) Date

The information on this form is confidential. It is to be transmitted directly, without passing through the hands of the applicant or any other party.

