

# Branchburg Housing Rehabilitation Program (BHRP)

## ATTENTION TOWNSHIP HOMEOWNERS

YOU MAY BE ELIGIBLE FOR A  
\$20,000 INTEREST FREE HOME IMPROVEMENT LOAN  
WITH NO MONTHLY PAYMENTS

(Loan is repaid only when your house is sold or title transferred)

MONEY MAY BE USED FOR NECESSARY REPAIR OR REPLACEMENT OF:

|                 |                     |
|-----------------|---------------------|
| Roofs & Gutters | Heating Systems     |
| Doors & Windows | Electrical Systems  |
| Indoor Plumbing | Painting or Siding  |
| Insulation      | Structural Problems |

APPLICANT MUST OWN THEIR HOME.  
TOTAL HOUSEHOLD INCOME MUST BE WITHIN THESE LIMITS:

| Persons in Household | 1        | 2        | 3        | 4        | 5        | 6        | 7         | 8+        |
|----------------------|----------|----------|----------|----------|----------|----------|-----------|-----------|
| Maximum Income       | \$58,800 | \$67,200 | \$75,600 | \$84,000 | \$90,720 | \$97,440 | \$104,150 | \$110,880 |

Just fill out this Preliminary Application as soon as possible and bring it or mail it to:  
Branchburg Housing Rehabilitation Program (BHRP)  
Attn: Kayla Alexander  
Municipal Building, 1077 US Highway 202 North  
Branchburg, NJ 08876

Applications are processed on a first come, first served basis

|   |   |
|---|---|
| Name: _____   | Home phone # _____  |
| Street Address: _____   | <input type="checkbox"/> Work <input type="checkbox"/> Cell phone # _____ |
| Type of home: Single <input type="checkbox"/> Duplex <input type="checkbox"/> 3+ <input type="checkbox"/> | Email _____   |
| Name(s) on Deed (1) _____   | (2) _____   |
| Total # of persons in your household _____  | 2017 Total Family Income \$ _____   |
| Our Gross Family Income is below the maximum on the chart above.  | Yes <input type="checkbox"/> No <input type="checkbox"/>                  |
| The total of all liens on this property is less than its current value.                                   | Yes <input type="checkbox"/> No <input type="checkbox"/>                  |

For additional information, call BHRP Coordinator, Steve Weinberg, at his office - 732-485-0756.

I/we certify that all information on this preapplication is true and 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 \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant signature \_\_\_\_\_