



COUNTY OF SOMERSET DEPARTMENT OF HUMAN SERVICES

COMMUNITY DEVELOPMENT

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www.co.somerset.nj.us

Aging & Disability Services
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Mental Health Board/PESS
PAMELA MASTRO

One-Stop Career Center
Juvenile Institutional Services
G. R. Workforce Investment Board
MONICA MULLIGAN

Operations & Planning
PATRICIA H. LAKE

R. H. Community Mental Health Center
MICHAEL FROST

Rutgers Cooperative Extension
DARYL MINCH

Veterans Services
PETER NEIMIEC

Volunteer Services
WILLIAM F. CROSBY

Youth Services
LINDA M. PORCARO

Homelessness Trust Fund Rental Assistance

This program provides up to fifteen months of rental assistance and case management. The goal of the program is to help clients become aware of and access resources to help increase one's chances to maintain permanent housing **WITHIN SOMERSET COUNTY**. All adults in the home must be employed, working at least 30 hours per week and be able to demonstrate that they will be able to afford their housing without rental assistance within fifteen months. Clients must also complete a monthly household budget and maintain contact with a Case Manager. The maximum subsidy that can be provided to a household is \$300 per month. In order to qualify, applicants must be employed, have a formal lease, and be within the following income limits:

1 Person - \$51,500	2 People - \$58,800
3 People - \$66,200	4 People - \$73,500
5 People - \$79,400	6 People - \$85,300

In addition, program participants:

1. Must complete a monthly household budget.
2. Must maintain monthly contact with the Program Case Manager.
3. Must apply for the CJHRC Savings Match Program (6 or 12 months).
4. Must be willing to accept case management and/or any other services that are deemed necessary for one to maintain permanent housing.

In order to be considered, applicants must provide:

1. Social Security Numbers for applicants and all other household members.
2. Signed copies of your 2011 Federal (1040) and State Income Tax Returns for all household members.
3. Copies of your 4 most recent pay stubs for all household members (showing year-to-date earnings).
4. Documentation of other sources of income for all household members (**Social Security payments, child support**).
5. Documentation of child care expenses for children under the age of 12.
6. If applicants or other household members did not file income tax returns, documentation of all non-taxable and taxable income (i.e. pay stubs, social security, W-2 forms, etc.).
7. Two months of bank statements.
8. Signed Lease (Property must be located within Somerset County).
9. Documentation from landlord that rental payments are current and that there are no arrears.

If you would like to apply, please contact the
Somerset County Community Development Office
– Mission Statement –

The County of Somerset is committed to excellence and innovation in public service, promoting the well-being of all residents and communities by providing effective, efficient and responsive leadership.

SOMERSET COUNTY RENTAL ASSISTANCE APPLICATION

Somerset County Community Development Office

27 Warren Street, 4th Floor

Somerville, NJ 08876

(908) 541-5756/commdev@co.somerset.nj.us

Date _____

Applicant's Name _____ Social Security # _____

Date of Birth _____

Address _____ Town _____ Zip _____

Telephone: Home _____ Work _____

Email: _____

Do you receive or have you applied to any other program for payments toward your rent at this property? This includes payments for back rent as well. No _____ If yes, please explain indicate the program and the dates. _____

Where have you lived for the past three years? _____

Do you need help with anything else? _____

Do you expect your financial situation to change in the next six months? If so, how is it going to change? _____

What is your highest level of education? _____

Do you have any specialized skills or training? _____

What days and times are you available to meet with our case manager? _____

How long have you lived at this address? _____

Number of Bedrooms _____

Monthly Rent: _____

Household Size: _____

Lease Information:

Date Lease signed: _____ Expires on: _____

During the past year did applicant or any household member 18 years old and over file:

Federal Income Tax Return? Yes___ No___ NJ State Income Tax Return? Yes___ No___ **Please Supply**

Check one of the following: White___ Black/African-American___ Other Multi Racial___
Black/African American & White___ Asian___ Asian & White___
American Indian/Alaskan Native & White___ Asian/Pacific Islander___
American Indian/Alaskan Native___
American Indian/Alaskan Native & Black/African American___

Applicant's Marital Status: ___Single ___Married ___Widowed ___Divorced ___Cohabiting
(If widowed, please include a copy of the Death Certificate)

Check if applicable – Female-Headed Household_____

Disabled Data:

Is anyone in your household disabled? Yes___ No___ Provide documentation if applicable

List all Household Members:

Full Name	Age	Relationship	Social Security Number
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			

**The following required documentation must be submitted for anyone 18 years of age and older:
Copies will not be provided to applicants. Only bring or mail in documents that you are willing to leave.**

- _____ Social Security Numbers for applicants and all other household members.
- _____ Signed copies of your most recent Federal (1040) and State Income Tax Returns for all household members.
- _____ Copies of your 4 most recent pay stubs for all household members (showing year-to-date earnings).
- _____ Documentation of other sources of income for all household members (Social Security payments, unemployment, child support).
- _____ Documentation of child care expenses for children under the age of 12.
- _____ If applicants or other household members did not file income tax returns, documentation of all non-taxable and taxable income (i.e. pay stubs, social security, W-2 forms, etc.).
- _____ Two months of checking account statements

_____ Signed Lease

_____ Documentation from landlord that rental payments are current and that there are no arrears.

Rental Property Address: _____

Landlord Name: _____

Landlord Address: _____

Landlord email address: _____

The information provided is true and complete to the best of my/our knowledge and belief. I/We authorize Community Development staff and/or volunteers to communicate with other agencies that provide services to my household for purposes of case management and income verification and to release information that is relevant to my goals as a participant in the program. I/We understand that any willful misstatement of material fact will be grounds for termination. I also agree to the following terms:

- **I will pay my portion of the rent on time each month. If circumstances jeopardize my ability to pay my rent, I will notify the CD Office as soon as possible.**
- **I will notify the CD Office of any changes in household size or monthly income.**
- **I will provide the CD Office at least 24 hour notice if I can not keep my appointment.**
- **I will attend at least one four-hour Financial Management class.**
- **Failure to comply may result in any of the following actions:**
 - 1) *Immediate Suspension or termination from the Program*
 - 2) *Required repayment of all or part of any funds disbursed under this Agreement*
 - 3) *Other remedies as may be legally available to the County.*

Applicant: _____ Date: _____

Co-Applicant: _____ Date: _____

Completed applications and supporting documentation may be brought into the Community Development Office, 27 Warren Street, Fourth Floor, Somerville, New Jersey during office hours 8:30 a.m. through 4:30 p.m., Monday through Friday. The office phone number is (908) 541-5756. Applications may be mailed to:

**Community Development Office
27 Warren Street, P.O. Box 3000
Somerville, New Jersey 08876-1262**