

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)

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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:

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

Co-Applicant's Signature:

Date:

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: _____