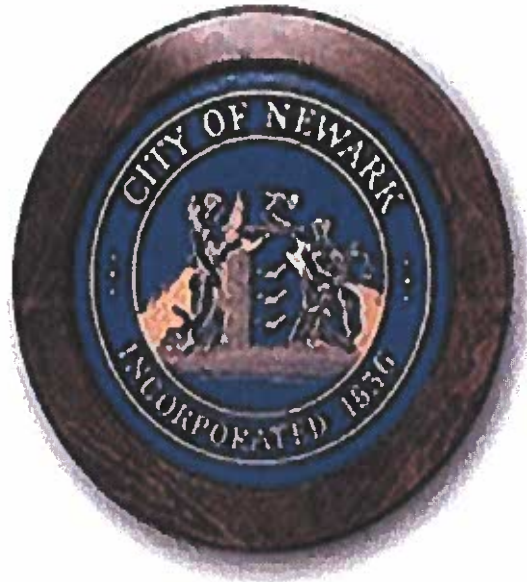


# THE CITY OF NEWARK MUNICIPAL EMPLOYEE HOUSING ASSISTANCE PROGRAM



**Ras J. Baraka**  
**Mayor**  
**City of Newark**

**Allison Ladd**  
Deputy Mayor/Director  
Department of Economic and Housing Development

**\*APPLICATIONS WILL BE REVIEWED UPON AVAILABILITY OF FUNDS.**

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Department of Economic and Housing Development

Allison Ladd  
Deputy Mayor/Director  
Department of Economic and Housing Development

920 Broad Street, Room 402  
Newark, New Jersey 07102  
(973) 733-8400 (o); (973) 353-8424-Fax

Dear Sir/Madam:

The City of Newark has a program called the “Municipal Employee Housing Assistance Program” for first time home buyers. If you are interested in applying, carefully **read and complete** the attached application.

**CONTRACT OF SALE MUST ACCOMPANY APPLICATION UPON RETURN**

1. Complete Employment Verification (Attached)
2. Complete and sign the Financial Privacy Act Notice
3. Section II-Certification, **MUST** be notarized (Page 8)

The Division of Housing and Finance cannot process your application until **ALL** the requested information has been submitted to this office. **Incomplete applications will be returned to you.**

**Complete the enclosed application along with supporting documentation and forward to:**

Latrice T. Smith  
Economic Development Representative  
Office: 973-733-8400  
Email: [Smithl@ci.newark.nj.us](mailto:Smithl@ci.newark.nj.us)  
Department of Economic and Housing Development  
Housing and Finance  
920 Broad Street, Room 402  
Newark, New Jersey 07102

**CITY OF NEWARK**  
**MUNICIPAL EMPLOYEE HOUSING APPLICATION**

**PROGRAM ELIGIBILITY AND INFORMATION**

To be eligible for the City of Newark-Municipal Employee Housing Assistance Program- you must meet the following qualifications:

1. Grant amount is up to \$5,000.00 contingent upon the availability of funding.
2. Grant will be used towards the purchase of a home within the City of Newark.
3. Only homes sold at **market rate** will be eligible for grant.
4. Must be primary residence for five (5) years after the five years the grant will be forgiven.
5. If purchaser sells the home or does not live in the home during the five years, grant must be repaid in full.

Program participant must sign an Agreement, verifying your knowledge and understanding of the program requirements.

**General Information**

All loans are subject to City and Federal laws, rules, regulations and program requirements. **DEFERRED GRANTS ARE SUBJECT TO THE AVAILABILITY OF PROGRAM FUNDS.**

**CITY OF NEWARK**  
**MUNICIPAL EMPLOYEE HOUSING ASSISTANCE PROGRAM**  
**APPLICATION FORM**

**SECTION I – GENERAL HOUSEHOLD INFORMATION**

This information will remain confidential and will be used only for the purpose of determining eligibility for participation in this program. You must complete all sections of the application. Please print or type all information.

<b>Applicant Name:</b>		
		<b>Home Telephone</b>
<b>Applicant Address:</b>		
	<b>Street</b>	<b>Business Telephone</b>
	<b>City</b>	<b>Cell Number</b>
	<b>Zip Code</b>	
<b>Co-Applicant:</b>		
		<b>Home Telephone</b>
<b>Co-Applicant Address</b>		
	<b>Street</b>	<b>Business Telephone</b>
	<b>City</b>	<b>Cell Number</b>
	<b>Zip Code</b>	

Applicant Information	Co-Applicant Information
<b>Employer:</b>	<b>Employer:</b>
<b>Address:</b>	<b>Address:</b>
<b>How Long at Present Job?</b>	<b>How Long at Present Job?</b>
<b>Social Security #</b>	<b>Social Security #</b>
<b>Phone:</b>	

If you have lived at your current address less than 2 years, please list addresses for the last 3 years.

Year 1:	Rent	Own	N/A
Address: _____	_____	_____	_____
Year 2:	Rent	Own	N/A
Address: _____	_____	_____	_____
Year 3:	Rent	Own	N/A
Address: _____	_____	_____	_____

**Section I – Household Information**

Household means all persons who live in the home whether or not they are related by blood, marriage, or otherwise. Household shall be synonymous with “family”.

Name	SS#	Sex	DOB	Occupation

# of Adults \_\_\_\_\_ # of children under the age of 18 \_\_\_\_\_

**COMPLETE FOR STATISTICAL USE ONLY:**

Female Head of Household \_\_\_\_\_ Disabled \_\_\_\_\_ Senior Citizen \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Race: White: \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_

Native American \_\_\_\_\_ Asian/Pacific \_\_\_\_\_ Other \_\_\_\_\_

**SECTION II – EMPLOYMENT VERIFICATION**

Name of Department: \_\_\_\_\_

Name of Division: \_\_\_\_\_

Address: \_\_\_\_\_

To Employer:

I hereby request this verification of employment be completed and returned to the Division of Real Estate and Housing. I understand that all information will be kept confidential.

\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Division of Housing and Finance Representative

\_\_\_\_\_  
Date

**To be completed by the employer:**

1. Date employment began \_\_\_\_\_ Terminated \_\_\_\_\_
2. Occupation or type of work done \_\_\_\_\_
3. Currently assigned to which Department: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorizing Representative

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Official Position

\_\_\_\_\_  
Date

Warning 18 USC 101 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000.00 for not more than five years, or both.

**CITY OF NEWARK**  
**MUNICIPAL EMPLOYEE HOUSING ASSISTANCE PROGRAM**

Financial Privacy Act Notice

Applicant: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_

Application #: \_\_\_\_\_ Date: \_\_\_\_\_

**Notice**

This notice is provided to you pursuant to the requirements of the Right to Privacy Act of 1978.

As a result of your request and/or receipt of financial assistance under the City of Newark Municipal Employee Housing Assistance Program, the U.S. Department of Housing and Urban Development (HUD) will have access to financial records held by the City of Newark in connection with the consideration and/or administration of assistance to you.

Pursuant to these rights of access, your financial records and information as contained therein will not be disclosed or released to any other person(s); government agency or department, without your prior written consent, except as may be permitted and or required by law.

**ACKNOWLEDGEMENT**

I have read the Right to Financial Privacy Act Notice presented above and by my signature below, acknowledge and accept the terms and conditions set forth therein.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

**CITY OF NEWARK**  
**MUNICIPAL EMPLOYEE HOUSING ASSISTANCE PROGRAM**

**SECTION III – CERTIFICATION**

I hereby certify the residence I seek to purchase will be used as my primary residence and located within the City of Newark. I certify the information and supporting documentation provided herein is true to the best of my knowledge and belief and that any misrepresentation of information herein shall be cause for program disqualification and cause for immediate repayment of ant assistance received by me. I also understand that final approval is subject to my ability to obtain a mortgage from a reputable lender. This authorization allows the Division of Real Estate and Housing to act on your behalf in any third party negotiations with lenders or other appropriate parties in an effort to resolve the current or possible problems related to this transaction.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Subscribe and sworn to before me on this:

\_\_\_\_\_ Day of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary and Seal

Note: Submission of this application does not guarantee there will be assistance available for you, nor does certification of income eligibility automatically qualify you. You must also qualify for a mortgage

**ALL LOANS AND GRANTS ARE SUBJECT TO CITY, COUNTY AND FEDERAL LAWS, RULES, REGULATIONS AND REQUIREMENTS.**

**ALL LOANS AND GRANTS ARE SUBJECT TO THE AVAILABILITY OF PROGRAM FUNDS.**

**YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE UNTIL ALL INFORMATION HAS BEEN RECEIVED AND STATEMENTS/DOCUMENTS HAVE BEEN CERTIFIED TO THE SATISFACTION OF THE DIVISION OF REAL ESTATE AND HOUSING ASSISTANCE.**





**City of Newark**  
**Ras J. Baraka, Mayor**

**Municipal Council**

**Mildred Crump, Council President**  
Council member-at-Large

**Augusto Amador, Vice President**  
Council Member, East Ward

**Carlos M. Gonzalez**  
Council Member-at-Large

**John Sharpe James**  
Council Member, South Ward

**LaMonica McIver**  
Council Member, Central Ward

**Joseph A. McCullum, Jr.**  
Council Member, West Ward

**Eddie Osborne**  
Council Member-at-Large

**Luis A. Quintana**  
Council Member-at-Large

**Anibal Ramos Jr.**  
Council Member, North Ward

**Newark City Hall**  
**920 Broad Street**  
**Newark, New Jersey 07102**



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