Updated 4/8/25

City Wide Rehabilitation Program

Basic Information

DO YOU NEED A LOAN TO FIX UP YOUR **HOME**?

The City of Atlantic City may be able to help you through the CWRP (City Wide Rehabilitation Program).

- The purpose of the CWRP is to provide property owners with the financial and technical assistance necessary to correct deficiencies in existing housing throughout the City, with particular emphasis being placed on helping low and moderate income borrowers.

- Financial assistance is provided by a 5 – 15 year deferred loan, forgiven at a prorated percentage per year. There is no interest or payment schedule. Repayment shall occur only under the following conditions:

    1. Sale of the property
    2. Death of the owners
    3. Filing of a mortgage foreclosure complaint by a prior mortgage
    4. Appointment of a receiver
    5. Eminent domain
    6. Any other voluntary or involuntary change of title

Basic Eligibility Criteria

1. Applicant must own and live in the property or must agree to occupy the property within 90 days following the completion of the rehabilitation.
2. Applicant must have the title to the property.
3. Housing Code violations must be addressed first.
4. Taxes and utilities must be current. If they are not, there must be a written plan in effect that is acceptable to the City. Hazard/flood insurance must be in effect, or must be obtained.
5. Applicant must provide proof of income for all household members.

HUD Annual Income Guidelines 2025	
	Persons Per Household

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	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
	$56,150	$64,150	$72,150	$80,150	$86,600	$93,000	$99,400	$105,800

For you to be placed on the program waiting list, please complete the attached application. Upon receipt of your application, your name will be placed on the program waiting list. Waiting times are approximately six months. Please answer each question. If any question does not apply to you, please write N/A (not applicable) in that space. When your name is next on the list, you will be contacted to submit income documentation and property ownership documents to complete your application.

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Updated 4/8/25

CITY-WIDE REHABILITATION APPLICATION
1301 Bacharach. Blvd.. Suite 505. Atlantic Citv. NJ 08401

Section 1 – Property Information			
Address:	City:	State:	Zip Code:
Legal Description:			Census Tract:
Ownership Status: Owner:_____ Tenant:_____			No. of Household Members:
Are there any children under the age of 7 years residing in the household? Yes:_____ No:_____			
Are there any children under the age of 7 years with an identified elevated blood lead (EBL) level residing in the household? Yes:_____ No:_____			
Name of Owner(s) as it appears on the Property's Deed: Owner:_____ Co-Owner:_____			
Is there a mortgage on the property? Yes:_____ No:_____			
Original Mortgage Amount:_____ Approx. Current Balance:_____ Monthly Payment:_____			
Do you have a reverse mortgage on your home? Yes:_____ No:_____			
Section 2 Applicant's Information			
Applicant's Name:			Phone # 1:
Date of Birth:	SSN:		Email:
Co-Applicant's Name:			Phone # 1:
Date of Birth:	SSN:		Email:

Section 3 – OTHER PERSONS LIVING IN THE HOUSEHOLD			
Name:	DOB	SSN	Relation to Applicant

Section 4 – HOUSEHOLD FINANCIAL INCOME INFORMATION		
Applicant's Gross Monthly Salary:	Source:	
Co-Applicant's Gross Monthly Salary:	Source:	
Other Gross Monthly Salary:	Source:	
	Source:	
	Source:	
	Source:	

	Source:	
	Source:	
TOTAL MONTHLY HOUSEHOLD INCOME:		$

Section 5 – Applicant's Employment Information		
Employer's Name:		
Address:		
Length of Employment:		Position:
Current Monthly Income:	$	Pay Type: Weekly:___ Monthly:___ Bi-Weekly:___ Semi-Monthly:___

Section 5 – Co-Applicant Employment Information

Employer's Name:

Address:

Length of Employment:	Position:

Current Monthly Income:	$	Pay Type: Weekly:___ Monthly:___ Bi-Weekly:___ Semi-Monthly:___

Section 6 – Description of Work Needed

Describe briefly the work items you would like to see done on your property:_____

_____

_____

_____

CERTIFICATION AND DECLARATION

I hereby certify that the statements and information made in this application are accurate, true and complete to the best of my knowledge, and I am further aware that willfully providing false or misleading information or statements may subject me to sanctions as permitted by law. Please have all members of your household 18 years of age and older sign in the spaces provided below.

Date: _____

_____ _____

Applicant (print name) Applicant's Signature

_____ _____

Co-Applicant (print name) Co-Applicant's Signature

_____ _____

Other (print name) Other's Signature

City of Atlantic City (CityWide Rehabilitation) USE ONLY:

I verify that all information and documentation was received and reviewed by me on this date:

Application received by: _____

Date: _____

Additional Notes:

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EQUAL HOUSING OPPORTUNITY

SUBRECIPIENT CITY EMPLOYEE NON-CONFLICT ADVISEMENT FORM

Name of Employee: _____

Employee ID Number: _____

Name of Outside Employer: _____

Address of Employer: _____

Name of affiliated Non-Profit: _____

Address of Non-Profit: _____

Role/Title with Employer/Non-Profit: _____

Nature of work performed/CDBG Funding Applying for i.e., Citywide Rehab, First-Time Homebuyer, Non-For-Profit Grants: _____

_____

_____

_____

Are there any apparent conflicts of interest that should be disclosed that may affect funding eligibility through CDBG? _____

_____

_____

_____

I acknowledge that it is my responsibility to update this form should a conflict arise that could affect funding eligibility through CDBG.

_____ _____

Signature Date