



2019 HANDY HELPER PROGRAM

Dear Applicant:

Thank you for your interest in applying to Cherry Hill's Handy Helper program. This program assists eligible **senior citizens** (*those 62 years and older*) and **disabled individuals** in need of minor home repairs (plumbing, carpentry, etc.).

Please provide the following documents in order to be qualified for the program:

- Completed **Handy Helper Application**;
- Notarized **Certification of Income**;
- Most **current verification of all income** including, but not limited to:
 - Social Security Benefit Statement Form (SSA-1099)
 - Supplemental Security Income (SSI) Benefit Statement Form
 - Pension Income Statement
 - Disability Income Statement
 - Interest Dividend Income Statement
 - Verification of Income from Current Employer or Other Sources of Income
- A copy of your **most current income tax return**; and
- Proof that taxes are currently paid** and that the **applicant owns the home**.

Should you have any questions, please call Annette Ludlow, Housing Coordinator at (856) 432-8706 or via email at aludlow@chtownship.com. Thank you.

Sincerely,

Chuck Cahn
Mayor



HANDY HELPER APPLICATION

Name: _____ SSN: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Date of Birth: _____

- White Black Asian Other _____ Hispanic
 Female Head of Household Over 62 Disabled

Are your taxes paid to date? YES NO

MEMBERS OF THE HOUSEHOLD (Including Yourself)

FAMILY MEMBER NAME	SOCIAL SECURITY #	ANNUAL SALARY

Total Persons: _____

Total Income: _____

Number of Persons in Household

- 1
 2
 3
 4



Total Income

- \$0-\$50,500
 \$57,700 (max)
 \$64,900 (max)
 \$72,100 (max)

I certify that the above information is complete, true and correct to the best of my knowledge and belief.

Applicant's Signature

I have seen the income documentation and found that, according to the information provided by the applicant, **DOES / DOES NOT** meet income eligibility criteria for participation in this program.

Signature of Housing Coordinator

Date

- Rejected Accepted

ID #: _____



CERTIFICATION OF INCOME

I, _____, an applicant to the Cherry Hill Township Handy Helper Program, certify that my total annual gross family income is \$_____ and that I **have** OR **have not** (circle one) filed a United States Internal Revenue service 1040 Tax Return or a New Jersey Division of Taxation tax return within the past two (2) years.

Do you receive a pension? YES NO

Annual Amount \$: _____

I further understand that the information provided on this affidavit will determine my eligibility to participate in the program.

Applicant's Signature

Date

Sworn to before me this _____
day of _____, 20__.

Notary Public