NOTICE TO HOMEOWNERS
LIMITED FUNDING IS AVAILABLE TO MAKE MAJOR SYSTEM REPAIRS TO YOUR HOME

You may qualify to participate in a housing rehabilitation program providing interest free loans to low- and moderate-income homeowners. The program is being administered by Burlington City, utilizing Small Cities funds approved by the NJ Department of Community Affairs for homeowners.

PROGRAM HIGHLIGHTS:

- 0% Interest Deferred Payment Loans
- Warranties on Workmanship and Materials
- Allows for Repairs for items such as:
  1. Roofing
  2. Heating
  3. Electrical
  4. Plumbing
  5. Flooring
  6. New Windows
  7. Doors
  8. Sagging Ceilings
  9. Paint
  10. Other Code Requirements

The loan is paid back to the Revolving Rehabilitation Fund when the title to the property transfers to someone other than the original owner.

NO MONTHLY PAYMENTS REQUIRED!

To qualify, homeowners must have total gross household income by family size at or less than the amounts published by the Department of Community Affairs. Gross annual HOUSEHOLD income must not exceed the moderate income limit. Income Guidelines are listed below.

<table>
<thead>
<tr>
<th>Persons in Household</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$44,150</td>
<td>$50,450</td>
<td>$56,750</td>
<td>$63,050</td>
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</tbody>
</table>

In addition, property taxes and utilities must be current, the property must be covered by current homeowner's insurance policy, flood insurance and a recorded deed indicating the property owner(s) must be presented.

Property owners who wish to apply for funding, should contact the Program Administrator, Michael Borrero, Triad Associates, to obtain an application. For more information, please call (856) 690-9590 or via e-mail at mborrero@triadincorporated.com.

For additional information or to obtain a preliminary application, you may also contact:

ROBIN SNODGRASS
Management Assistant
Burlington City / City Hall Municipal Offices
525 High Street
Burlington, NJ 08016
(609) 386-0200 x 110
DATE: ____________________

Preliminary Application for Home Improvement Program

Name of Head of Household

Current Street Address

Mailing Address or PO Box #

E-mail: ____________________________

HOUSEHOLD COMPOSITION:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Head of Household</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Annual Income</th>
<th>Employer or Other Source of Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Head of Household</td>
<td></td>
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<td>$</td>
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<td>2.</td>
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</table>

HOUSEHOLD TOTAL INCOME: $  

HOME REPAIRS NEEDED:  

Return Completed Form To:  

Triad Associates  
Attn.: Michael Borrero  
1301 West Forest Grove Road  
Vineland, NJ 08360  
-or-  
FAX this application to 856-690-5622.  

If you have any questions please call 856-690-9590.