

Frank Sippel, Mayor
fsippel@townshipoflower.org

Kevin Coombs, Deputy Mayor
kcoombs@townshipoflower.org

Thomas Conrad, Ward 1
tconrad@townshipoflower.org



TOWNSHIP OF LOWER
2600 Bayshore Road
Villas, New Jersey 08251

Joseph Wareham, Ward 2
jwareham@townshipoflower.org

Roland Roy, Jr., Ward 3
rroy@townshipoflower.org

Michael Laffey, Manager
mlaffey@townshipoflower.org

THE HOUSING REHABILITATION PROCESS PROGRAM

Lower Township applies for and receives funds from the Department of Community Affairs. This program provides housing rehabilitation assistance to eligible township residents with funding for major repairs to their principal place of residence. The Township has elected to employ its existing staff, a grants consulting firm, and a third-party rehabilitation inspector and lead paint inspector. The project is designed to address substantial code deficiencies in homes owned by low and moderate income persons. Funds will be used to address code violations, health and safety conditions, and improve energy conservation.

This pamphlet provides a brief description of eligibility criteria, the application process, and procedures.

WHO IS ELIGIBLE?

1. The applicant must be a resident of Lower.
2. The applicant must be the owner of the property, and the property must be the principal place of residence.
3. The annual gross income (amount prior to taxes) of all persons residing in the applicant's household must not exceed the maximum income level established by the Department of Community Affairs (DCA). These limits change annually.
4. Real estate taxes must be current. There can be no liens on the property for rehabilitation assistance.

5. 100% of the assistance is provided as a 0% interest deferred loan. A deferred loan is not forgiven. The entire amount of assistance, without interest, will be paid back to the Township when the owner sells or transfers the home. The money paid back will finance future rehabilitation programs.

INCOME LIMITS/WHO QUALIFIES

The attached FY 2026 Income Limits Document provides information on income limits and the qualifying range for approval.

PROCEDURES:

1. Application
2. Initial Inspection
3. Work Write-up and Cost Estimate
4. Lead Paint Inspection and Historical Preservation Review, where applicable
5. Bidding
6. Construction Agreement and Borrowers Agreement
7. Change Order
8. Rehabilitation Inspections
9. Final Inspection
10. Final Payment
11. Dispute Management

FORMS

Please find attached a copy of the application form for Lower Township's home rehabilitation loan program. Depending on the availability of funds, this program may provide qualified applicants with a zero-interest, deferred payment loan to assist with home repair needs. Funds are disbursed on a first-come, first-served basis.

If you wish to be considered for a loan, please submit your application along with the following:

- Copy of your 2025 federal tax return and your four most recent pay stubs. If you are retired, provide statements of your annual Social Security or other pension benefits. Provide income information for everyone residing at your home 18 years or older;
- Copy of your deed
- Copy of the current Declarations page of your homeowner's insurance policy and flood insurance policy (if located in a flood zone).

Assistance is provided as a deferred loan. The deferred loan is only paid back (without interest) when you sell your home.

Please return your completed application to the Municipal Clerk's Office (Attention: Megan Hayes) located at Town Hall, 2600 Bayshore Rd, Villas, NJ 08204. If you have any questions about our rehabilitation program, please contact my office at 609-886-2005 ext 176.

Thank you,

Megan Hayes
Housing Rehabilitation Financial Coordinator

Frank Sippel, Mayor
fsippel@townshipoflower.org

Kevin Coombs, Deputy Mayor
kcoombs@townshipoflower.org

Thomas Conrad, Ward 1
tconrad@townshipoflower.org



TOWNSHIP OF LOWER
2600 Bayshore Road
Villas, New Jersey 08251

Joseph Wareham, Ward 2
jwareham@townshipoflower.org

Roland Roy, Jr., Ward 3
rroy@townshipoflower.org

Michael Laffey, Manager
mlaffey@townshipoflower.org

TOWNSHIP OF LOWER HOUSING REHABILITATION APPLICANT CHECKLIST

Applicants initial that you provided the following:

- _____ Current Signed Federal Income Tax Return
- _____ Copy of pay stub
- _____ Copy of Social Security Award Letter
- _____ Copy of Unemployment Award Letter
- _____ Any other proof of income
- _____ Copy of deed to the property
- _____ Proof of Homeowner's Insurance and if within 100 year flood hazard zone, proof of Flood Insurance

Please Note: Applicants will not be processed without all required documentation

Income information is required for all persons aged 18 or older prior to January 1, 2026 - change annually thereafter

Frank Sippel, Mayor
fsippel@townshipoflower.org

Kevin Coombs, Deputy Mayor
kcoombs@townshipoflower.org

Thomas Conrad, Ward 1
tconrad@townshipoflower.org



TOWNSHIP OF LOWER
2600 Bayshore Road
Villas, New Jersey 08251

Joseph Wareham, Ward 2
jwareham@townshipoflower.org

Roland Roy, Jr., Ward 3
rroy@townshipoflower.org

Michael Laffey, Manager
mlaffey@townshipoflower.org

APPLICATION FOR HOUSING REHABILITATION

Date: _____ Phone: _____

Name: _____

Address: _____

Size of household: _____

List all residents, their ages and relationship to the applicant:

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Owner occupant single family-primary place of residence: Yes _____ No _____

Deed in applicant's name Yes _____ No _____

Length of residency _____ yr(s)

Type of Construction: _____ Year of Construction: _____

Marital Status Single _____ Married _____ Divorced _____ Widow _____

Does any other party have an interest in the property? Yes _____ No _____

Main language spoken in household: English _____ Spanish _____ Other _____

Source of Income (CHECK ALL THAT APPLY)

____ Employment Income \$ _____
____ Welfare Payments \$ _____
____ Social Security \$ _____
____ Pension Payment \$ _____
____ Interest and Contributions \$ _____
____ Gross and Net Rental Income \$ _____
____ Adjusted Gross Income from Wages or Business \$ _____
____ Other Income (Specify) \$ _____

Rehabilitation Priority List

Please list the problems in your home that you would consider rehab priorities:

1. _____
2. _____
3. _____
4. _____
5. _____

I, (print your name _____), hereby certify that to the best of my knowledge and belief, the above statements made by me are true and correct. I understand that there may be legal penalties for fraudulently misrepresenting my income or ownership status.

Please return your completed application to the Municipal Clerk's Office (Attention: Megan Hayes) located at Town Hall, 2600 Bayshore Rd, Villas, NJ 08204. If you have any questions about our rehabilitation program, please contact my office at 609-886-2005.

Owners: Print, Sign & Date



FY 2026 Income Limits Summary

FY 2026 Income Limit Area	Median Family Income	FY 2026 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Cape May County, NJ HUD Metro FMR Area	\$115,800	Very Low (50%) Income Limits (\$)	40,550	46,350	52,150	57,900	62,550	67,200	71,800	76,450
		Extremely Low Income Limits (\$)*	24,350	27,800	31,300	34,750	38,680	44,360	50,040	55,720
		Low (80%) Income Limits (\$)	64,900	74,150	83,400	92,650	100,100	107,500	114,900	122,300

NOTE: Cape May County is part of the **Cape May County, NJ HUD Metro FMR Area**, so all information presented here applies to all of the Cape May County, NJ HUD Metro FMR Area. HUD generally uses the Office of Management and Budget (OMB) area definitions in the calculation of income limit program parameters. However, to ensure that program parameters do not vary significantly due to area definition changes, HUD has used custom geographic definitions for the **Cape May County, NJ HUD Metro FMR Area**.

The **Cape May County, NJ HUD Metro FMR Area** contains the following areas: Cape May County, NJ.

* The FY 2014 Consolidated Appropriations Act changed the definition of extremely low-income to be the greater of 30/50ths (60 percent) of the Section 8 very low-income limit or the poverty guideline as established by the Department of Health and Human Services (HHS), provided that this amount is not greater than the Section 8 50% very low-income limit. Consequently, the extremely low income limits may equal the very low (50%) income limits.

For last year's Median Family Income and Income Limits, please see here:

FY2025 Median Family Income and Income Limits for Cape May County, NJ HUD Metro FMR Area