



Department of  
Community Development

## 2017 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
  - Supplemental Security Income (SSI)
  - Pension
  - Disability
- 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 Edward C. Einhaus, Housing Coordinator at (856) 432-8706 or via email at [eeinhaus@chtownship.com](mailto:eeinhaus@chtownship.com). Thank you.

Sincerely,

Chuck Cahn  
Mayor



# HANDY HELPER APPLICATION

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

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

Home 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 #	Monthly Salary

Total Persons: \_\_\_\_\_

Total Income: \_\_\_\_\_

#### Number of Persons in Household

- 1  
 2  
 3  
 4



#### Total Income

- \$0-\$46,600  
 \$53,250 (max)  
 \$59,900 (max)  
 \$66,500 (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



**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 not 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

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