Sharon Robinson Briggs

Mayor

City Council

Annie McWilliams

Councilwoman-at-Large
and President

Adrian Mapp

Councilman Third Ward
Chairman Committee of the
Whole

Linda Carter

Councilwoman-at-Large, First and
Fourth Wards and

Rashid Burney

Councilman-at-Large, Second and
Third Wards

William Reid

Councilman, First Ward

Bridget Rivers

Councilwoman, Fourth Ward

Cory Storch

Councilman Second Ward

Bibi Taylor

City Administrator

City on the Move

City of Plainfield Neighborhood Security Program

City Hall
515 Watchung Ave.
Room 205
Plainfield, NJ
07060

Tel: (908) 753-3377
or
(908) 753-3233

Fax: 908 753-3535

E Mail
alrestaino@verizon.net

The Neighborhood Security Program is funded through the Community Development Block Grant program. This program provides grants to low and moderate income homeowners, occupying a one to three family home for the installation of security devices.

Upon receipt of an application and the confirmation of eligibility, a Crime Prevention Officer from the City of Plainfield Police Division will perform a household inspection. The purpose of this inspection is to determine the scope of work and to prepare a survey, which will be submitted to the contractor who will perform the work. The following security devices are eligible for installation:

- Solid Core or Metal Door
- Vision Lite Kits
- Window Bars
- Deadbolt Locks
- Entry Knobs
- Window Flip Locks
- Exterior Sensor Lighting
- Plexiglas
- Peepholes

For further information please contact the Office of Community Development at (908) 753-3377 or (908) 753-3233 between the 9:00 a.m. to 5:00 p.m. Monday thru Friday.

City of Plainfield

Office Community Development

515 Watchung Avenue, 2nd Floor

Plainfield, New Jersey 07060

The Office of Community Development also administers the following programs that are designed to benefit the low to moderate income residents of Plainfield.

The Community Development Block Grant (CDBG) Program - The CDBG Program is designed to eliminate conditions detrimental to health, safety and public welfare.

Safe Housing and Transportation (SHTP) Program - The SHTP Program, with $7,500.00 made available through Union County, enables the City to provide Senior Citizens with funding for minor home repairs. The maximum permissible cost per home is $500.00.

Relocation Assistance Program - The City of Plainfield's Relocation Officer assists bona fide tenants whose apartments have been condemned by a City of Plainfield Code Enforcement Officer. This assistance is in the form of rental property referrals and financial assistance.

Comprehensive Housing Assistance Program (CHAP) - The CHAP Program provides deferred loans to low or moderate income homeowners occupying a 1 to 3 family home for rehabilitation assistance.

Date Sent_____ Date Received_____ Case Number_____

CITY OF PLAINFIELD
OFFICE OF COMMUNITY DEVELOPMENT
515 Watchung Avenue, 2nd Floor, Plainfield, N.J. 07060
Tel 908 753-3377 or 908 753-3233 Fax 908 753-3535

Neighborhood Security Program Application

_____ _____
Applicant Name Social Security Number

_____ _____
Spouse and/or Co-Applicant Social Security Number

_____
Street Address City State Zip Code

_____
Mailing Address or P.O. Box # City State Zip Code

[ ] _____ [ ] _____ [ ] _____
Home Telephone Business Telephone Fax Number

No. of Rooms_____ No. of Bedrooms_____ Year Home Built_____

How did you hear about the program? _____

The following information for statistical purposes only.

Marital Status:_____ Single_____ Married _____Widow/Widower_____ Divorced

Ethnicity: Black_____ White_____ Hispanic_____

Asian_____ Native American_____ Other_____

Disabled: Yes_____ No_____

Female Headed Household: Yes_____ No_____

I. General Information

Household Composition (Please name all household members)

Name Soc Sec # Sex Date of Birth Income

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

II. Outstanding Debts

Type	Balance

III. Household Expenses:

	Monthly	Annually
Mortgage		
2ND Mortgage (if applicable)		
Real Estate Taxes		
Insurance		
Utilities (Gas, Electric, Telephone)		
Trash		
Home Improvement Loans		
Other_____		

IV. Employment Information

Please complete for each household member who receives income from employment. Any member with multiple income sources should report each job separately.

1. Name_____

Employer's Name_____

Employer's Address_____

Employer's Telephone _____

Job Title_____ Annual Gross Income_____

2. Name_____

Employer's Name_____

Employer's Address_____

Employer's Telephone _____

Job Title_____ Annual Gross Income_____

3. Name_____

Employer's Name_____

Employer's Address_____

Employer's Telephone _____

Job Title_____ Annual Gross Income_____

4. Name_____

Employer's Name_____

Employer's Address_____

Employer's Telephone _____

Job Title_____ Annual Gross Income_____

V. Income Information

Please state the amount of income received by each household member (use a separate page for each household member.) **Calculate all gross income on an annual basis.** Income verification must be attached to this application.

Name of Household Member	Social Security Number
_____	_____
Gross Salary or Wages, Overtime	$_____
Pension	$_____
Social Security	$_____
Unemployment	$_____
Disability Payment	$_____
Alimony/Child Support	$_____
Total Assets and Income from Assets	$_____
Other Income from any source	$_____
Total Annual Gross Income from All Sources	$_____
Adjusted Gross Income as Shown on Most Recent Federal Tax Return	$_____

Do you own a business or other income-producing real estate? Yes_____ No_____

Do you receive income (rent/receipts) from this asset? Yes_____ No_____

What is the annual net income from this asset? $_____

VI. Certification

I certify that the information provided herein is true and complete to the best of my knowledge and belief under penalty of law. I also understand that this information is to be used only for determining my eligibility for funding provided by the City of Plainfield Neighborhood Security Program, and any statistical analysis purposes that may be required for program evaluation.

Applicant's Signature:_____ Date:_____

Co-Applicant's Signature:_____ Date:_____

STATE OF NEW JERSEY, COUNTY OF _____ SS:

I CERTIFY that on _____, _____
Personally came before me and acknowledged under oath, to my satisfaction, that this person (or if more than one, each person):

(a) is named in and personally signed this document and
(b) signed, sealed and delivered this application.

_____
Notary Public or Attorney at Law

RETURN COMPLETED APPLICATION TO:

City of Plainfield
Office of Community Development
515 Watchung Avenue, 2nd Floor
Plainfield, New Jersey 07060
Tel (908) 753-3377 or (908) 753-3233
Fax (908) 753-3535