



# BOROUGH OF KENILWORTH

567 Boulevard  
Kenilworth, NJ 07033  
908-276-9090



## Senior & Disabled Handyman Program

### Program Summary

The Senior Handyman Program provides non-emergency, minor repairs helping Seniors and Disabled residents to live independently and safely in their homes. (*pursuant to Chapter 5, Article VIII, Item 65 of the Borough Code*)

### PLEASE NOTE:

- This program only pays the salary for the handyman.
- Homeowner is responsible for the cost of materials and rental of equipment, if needed.
- This program is in effect while funds exist in the current year budget.

### Applicant Eligibility

Eligibility for the program are as follows:

- Must be an owner-occupied resident of Kenilworth.
  - In the case of an owner-occupied multiple-family unit, the approved repairs shall only pertain to the unit in which the owner of the property legally resides.
- Must be age 62 or older OR permanently and totally disabled as defined and awarded by the Social Security Administration.
- Applicant's income must not exceed low-income limits based on the United States Federal Housing and Urban Development (HUD) Income Limits Schedule based on the Newark, New Jersey, HUD Metro Fair Market Rents for Union County for the current calendar year.

PLEASE NOTE: HUD Income Limits for 2024 are listed below.

Number of Persons	Income Limit
1	\$ 68,500
2	\$ 78,250
3	\$ 88,050

### Work Request Eligibility

Eligible repairs include, but are not limited to the following:

- Repairs to windows and screens, Repairs to railings, Replace locks and door handles, adjust doors, Install/uninstall window a/c units
- Minor plumbing such as replace washers, repair leaking faucets/toilets, open slow drains
- Repairs to cabinet doors, change light bulbs, smoke detectors or install batteries, flip mattresses, take down curtains, blinds, rehang curtains, blinds, and ground level caulking.



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Ineligible repairs include the following:

- Electrical work, major plumbing, painting, ladder climbing.
- Moving furniture, bringing furniture/items to curbside for bulk pickup, install ceiling fans, exterior window washing, gutter cleaning, interior painting, exterior railing painting, waterproofing/painting decks.

### **How the Program Works:**

Any person interested in using this program should complete the Application Form in full. Make sure you have provided all information and meet the eligibility requirements. ***All information is kept confidential.***

Please return all paperwork to:

The Borough Clerk's Office  
567 Boulevard  
Kenilworth, NJ 07033

Once received, your application and supporting documents will be forwarded to the Handyman Committee who will review application to ensure it meets the program requirements. If you have any questions, please contact the Clerk's Office at (908) 276-9090 (option 4).

Once an application is approved, the Borough will contact a handyman, who will then reach out to the applicant.

### **APPLICANT INFORMATION**

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

### **Type of Work Requested**

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## **Age/Status Eligibility**

I hereby certify that I qualify for the Senior & Disabled Handyman Program because I am:

Age 62 or older

Permanently & totally disabled as defined and awarded by the Social Security Administration

I attest that the information stated above is true and accurate, and understand that the above information, if misrepresented, or incomplete, may be grounds for exclusion from the Senior & Disabled Handyman Program and/or penalties as specified by law.

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*Signature of Applicant*

## **Income Eligibility**

HUD Income Limits for 2024 are as follows.

Number of Persons in Household	Low-Income Limit
1	\$ 68,500
2	\$ 78,250
3	\$ 88,050

I, \_\_\_\_\_, hereby certify under the penalty of perjury that my household income does NOT exceed the low-income limit based on the HUD Income Limit Chart (provided herein) and I fully understand that any misrepresentation may be grounds for exclusion from the Senior & Disabled Handyman Program and/or penalties under the law.

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*Signature of Applicant*

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## **HANDYMAN OVERSIGHT COMMITTEE:**

I Recommend: (  ) Approval (  ) Disapproval

For Reasons Stated:

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*Signature of Committee Chairperson*