



# E.C.H.O.

## ELDER\* COTTAGE HOUSING OPPORTUNITY HANDBOOK

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West Amwell Township, New Jersey

\*See page 1 for definitions of elderly and disabled applicants.



# E.C.H.O.

## ELDER\* COTTAGE HOUSING OPPORTUNITY

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West Amwell Township  
New Jersey

Now you can  
keep your dear ones  
very near.

“A loving family alternative”

- Cost-effective alternative to assisted living or nursing home
- Allows families the ability to stay together
- Allows family member(s) to maintain their independence
- \*Available to family members 62 or older
- \*Also available to disabled family members 18 or older
- Up to 2 family members or one family member with a caregiver
- An ECHO unit is added as a separate housing unit — 720 sq ft maximum — on a lot with an existing principal residence

For more information, please refer to the ECHO Handbook that follows  
or call the Director of Housing at the Township Office, 609-397-2054.

WEST AMWELL TOWNSHIP, NJ

## **ECHO HANDBOOK**

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**1) PURPOSE**

The purpose of the Elder Cottage Housing Opportunity (ECHO) unit is to provide extended family housing as a residential accessory structure on a lot with a principal residential structure. ECHO housing shall provide an alternative to nursing home and boarding home care so that immediate elderly relatives (62 years of age or older), or disabled relatives over the age of 18, may live nearby but not in the same housing unit. This housing is provided so that it may be installed in an affordable manner and removed easily at a later date when it is no longer needed. It is the intent of ECHO housing to provide for the continuing need for mutual support within the family while maintaining individual independence and financial security.

**2) DEFINITION**

ECHO UNIT – An Elder Cottage Housing Opportunity (ECHO) unit is a small removable modular cottage on a lot with a dwelling. The ECHO unit shall be separate living quarters, accessory to a primary residence on the premises, not exceeding 720 square feet of gross floor area for the use of and occupancy by not more than two persons, one of whom may be a professional caregiver and at least one of whom must be related by blood, marriage or adoption to the lot owner, who must occupy the primary residence on the premises. One of the ECHO unit related occupants shall be 62 years of age or older or disabled over the age of 18 as defined in Section 223 of the Social Security Act.

**3) DIMENSIONAL AND BUILDING STANDARDS**

- 1. An ECHO unit shall be considered to be an accessory use to an existing residential structure and use. However, the ECHO unit shall meet the side yard and rear yard requirements of the principal structure.

2. Minimum lot area shall be 1.0 acres.
3. Maximum square footage of the unit shall be 720 square feet.
4. The ECHO unit shall be placed within the rear yard and not within the area of the front and side yards. If requested by the applicant, the Township Planning Board may grant a waiver to permit a unit in the side yard if it can be shown that the placement of the unit will have no negative impact upon adjacent properties.
5. The ECHO unit shall be positioned on the lot in such a way as to minimize its visibility from other nearby and abutting lots. Additional buffering may be required by the Township Planning Board to meet this criterion.
6. The ECHO unit shall be located only upon a lot with a single- family detached dwelling.
7. Only one ECHO unit shall be permitted per lot, and it shall contain a bathroom, kitchen, living and sleeping areas. There shall not be more than two bedrooms.
8. The ECHO unit shall be self-contained, barrier-free, energy-efficient and capable of being moved to another site. The applicant shall be responsible for preparing the site for installation of the ECHO unit. It shall be located on masonry block or wooden piers with adequate tie downs, not on a concrete slab, and shall comply with the definition of "dwelling."
9. If requested by the applicant, and if it can be shown that the granting of the waiver shall not have a negative impact upon adjacent properties, the

Township Planning Board shall have the right to grant a waiver to any of the above dimensional standards and building standards.

**4) HOW TO APPLY**

1. Application and approval for an ECHO unit shall be considered a minor site plan subject to the review and approval of the Planning Board. Upon submission of the application and checklist, the applicant shall pay an application fee of \$100.00 and establish an escrow in the amount of \$500.00 for professional review, subject to the requirements of the Land Use and Development Ordinance of West Amwell Township. Notice of an application for an ECHO unit shall be given in accordance with the provisions of N.J.S.A. 40:55D-12.
2. Written approval of existing well and septic systems by the County Department of Health must be submitted along with the application to the Township Planning Board. The existing system may be expanded if necessary, but a separate septic system shall not be created for the unit.
3. To obtain information on availability of ECHO houses, contact Hunterdon County Housing Corporation at 908-806-4196.

**5) OCCUPANCY**

1. An ECHO unit is for the use and occupancy by not more than two persons who are related by blood, marriage or adoption to the owner of the primary dwelling, who must occupy the primary residence on the premises. The unit may also house one professional caregiver if the unit is only occupied by one qualified individual. One of the ECHO unit-related occupants shall be 62 years of age or older or disabled over the age of 18 as defined

in Section 223 of the Social Security Act. The caregiver and/or non-qualified occupant must vacate the unit within 60 days of the qualified occupant vacating the unit.

2. In the event of the death or permanent change of address of the occupant(s) of the ECHO unit, the owner of the primary dwelling shall give written notice to the Zoning Officer within 15 days of the change.
3. Within 90 days of the death or permanent change of address of the occupant(s) of the ECHO unit, the ECHO unit shall be removed from the premises and written notification of such shall be given to the Zoning Officer. To facilitate this requirement the unit shall either be part of an ECHO Housing Unit Program sponsored by a governmental unit or agency or non-profit program; or the municipal agency shall be satisfied that adequate provisions (such as bonding to ensure the removal of the unit) have been made guaranteeing the removal of the ECHO unit at the end of the term of the subject occupancy.
4. Within 60 days of the removal of the ECHO unit, the lot shall be restored by the owner of the primary dwelling to the status prior to the installation of the unit. The owner of the primary dwelling shall give written notification of such to the Zoning Officer within this time period, or bonds shall be posted with the Township to ensure the restoration.
5. The owner of the primary dwelling shall file an annual letter with the Township Housing Committee certifying the continuing compliance by the permittee with the conditions of the original permit issuance.

**6) CONTACTS**

For general information about West Amwell's ECHO Program, contact the Township Director of Housing at the Municipal Building at 150 Rocktown-Lambertville Road.

Mailing address: Director of Housing  
West Amwell Township Municipal Building  
150 Rocktown-Lambertville Road  
Lambertville, NJ 08530-3203

Web address: [www.westamwelltp.org](http://www.westamwelltp.org)

Phone: 609-397-2054

**7) ATTACHMENTS**

Attachment A: Qualifying Information

Attachment B: Sample of Disability Verification Letter

Attachment C: Sample of Letter of Approval of Existing Well and Septic Systems from the Hunterdon County Department of Health

Attachment D: West Amwell Township Planning Board  
Minor Site Plan Application

Attachment E: Construction Permit

Cover Letter for Attachment F

Attachment F: Annual Letter Certifying Continuing Compliance

## Attachment A: Qualifying Information

# QUALIFYING INFORMATION

### WEST AMWELL TOWNSHIP ELDER COTTAGE HOUSING OPPORTUNITY (ECHO) HOUSING PROGRAM QUALIFYING INFORMATION

- The ECHO apartment is to be used for senior citizens 62 years of age or older or handicapped/ disabled 18 years or older.
- No more than two persons may occupy the unit, one of whom may be a professional caregiver and at least one of whom must be related by blood, marriage or adoption to the lot owner, who must occupy the primary residence on the premises.
- The tenant residing in the unit must be the same tenant who was approved by the township for this program.
- The ECHO unit must be maintained in good condition.

#### DEFINITION OF “DISABLED”

Under federal law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment. The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, human immunodeficiency virus infection, mental retardation, emotional illness, drug addiction, and alcoholism. This definition doesn't include any individual who is a drug addict and is currently using illegal drugs or an alcoholic who poses a direct threat to property or safety because of alcohol use (24 CFR Part 8.3, and HUD Handbook 4350.3, (Exhibit 2-2).

# DISABILITY VERIFICATION

WEST AMWELL TOWNSHIP  
ELDER COTTAGE HOUSING OPPORTUNITY (ECHO) HOUSING PROGRAM  
DISABILITY VERIFICATION

DATE

TO

VERIFICATION SOURCE NAME

VERIFICATION SOURCE ADDRESS

FROM

DIRECTOR OF HOUSING, WEST AMWELL TOWNSHIP

ADDRESS

HOUSEHOLD MEMBER'S NAME

The household member named above has applied for an ECHO (Elder Cottage Housing Opportunity) housing unit in our township. In order to qualify, applicant must be either sixty two years of age or handicapped/disabled over the age of eighteen. We are required to verify that the household member qualifies as "disabled" under federal law.

We would appreciate your cooperation in answering the question on this form and returning it to our office at the above address. Enclosed is a self-addressed, stamped envelope for this purpose. The household member has consented to this release of information, as shown on the next page.

INFORMATION REQUESTED:

Is the household member disabled as defined on the next page?

YES  NO

NAME AND TITLE OF PERSON SUPPLYING INFORMATION:

NAME

TITLE

SIGNATURE

DATE

**Attachment B: Sample of Disability Verification Letter, page 2 of 2**

The household member listed on the previous page has consented to this release of the information on the previous page.

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

RELATIONSHIP TO HOUSEHOLD MEMBER \_\_\_\_\_

**DEFINITION OF "DISABLED"**

Under federal law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment. The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, human immunodeficiency virus infection, mental retardation, emotional illness, drug addiction, and alcoholism. This definition doesn't include any individual who is a drug addict and is currently using illegal drugs or an alcoholic who poses a direct threat to property or safety because of alcohol use (24 CFR Part 8.3, and HUD Handbook 4350.3, (Exhibit 2-2).

Attachment C: Sample of Letter of Approval of Existing Well and Septic Systems from the Hunterdon County Department of Health



COUNTY OF HUNTERDON

DEPARTMENT OF HEALTH
RT. 12 COUNTY COMPLEX, BLDG. #7
PO BOX 2900
FLEMINGTON NEW JERSEY 08822-2900

Date: \_\_\_\_\_

Fee: \$200.00

Receipt No. \_\_\_\_\_

John W. Beckley, M. P. H.
Director / Health Officer

HUNTERDON COUNTY HEALTH DEPARTMENT
ECHO PROGRAM APPLICATION

OFFICES AT:

Administrative Services / Environmental Health Services
Route 12 County Complex
PO Box 2900
Flemington NJ 08822-2900
Phone: (908) 788-1351
Fax: (908) 782-7510
E-Mail: health@co.hunterdon.nj.us

Public Health Nursing and Education
Route 31
Community Services Annex
PO Box 2900
Flemington NJ 08822-2900
Phone: (908) 806-4570
Fax: (908) 806-4739
E-Mail: phn@co.hunterdon.nj.us

HIV Counseling and Testing Site
Route 31
Community Services Annex
PO Box 2900
Flemington NJ 08822-2900
Phone: (908) 806-4893
Fax: (908) 806-4739

Senior Health Services
PO Box 2900
Flemington NJ 08822-2900
General Information
(908) 782-7224
Fitness
(908) 898-2003
Fax: (908) 782-7510
seniorhealth@co.hunterdon.nj.us

This application is to be used by Elder Cottage Housing Program applicants for sites which rely upon on-site septic for wastewater disposal. The application fee shall be that which is in effect for septic alterations.

Name: \_\_\_\_\_ Township: \_\_\_\_\_

Location: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Daytime phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ No. Bedrooms in main house: \_\_\_\_\_

Are records available on design of existing septic system? \_\_\_\_\_
(If yes, they must be attached to ECHO application).

Description of proposed ECHO unit (floor plans showing dimensions, number of bedrooms, etc. must be supplied with application. Note: ECHO unit is required to have its own 1000 gallon septic tank).

\_\_\_\_\_
\_\_\_\_\_

Is required plot plan attached? \_\_\_\_ yes \_\_\_\_ no (must show existing house, septic field, septic tank, well and proposed ECHO unit, septic tank and connecting line location).

Is required engineering report on existing septic system attached indicating existing septic field is functioning properly? \_\_\_\_ yes \_\_\_\_ no

Applicant's signature: \_\_\_\_\_
\_\_\_\_\_

For Office Use Only

Date reviewed: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Recommended action: \_\_\_\_\_ Approval \_\_\_\_\_ Disapproval \_\_\_\_\_

Date forwarded to Board of Health: \_\_\_\_\_

Comments: \_\_\_\_\_
\_\_\_\_\_

**Attachment D:** West Amwell Township Planning Board Minor Site Plan Application

PLEASE REQUEST  
THE CURRENT PLANNING BOARD SITE PLAN APPLICATION PACKET  
FROM THE WEST AMWELL TOWNSHIP  
CLERK'S OFFICE  
609-397-2054

**Attachment E: Construction Permit**

PLEASE REQUEST  
THE CURRENT CONSTRUCTION PERMIT APPLICATION PACKET  
FROM THE WEST AMWELL TOWNSHIP  
BUILDING CONSTRUCTION OFFICE  
609-397-2036

**COVER LETTER for Attachment F (Annual Letter Certifying Continuing Compliance)**

Dear Owner:

As you are aware, part of your obligation for maintaining an ECHO unit on your property consists of submitting an annual affidavit of continuing use.

West Amwell Township formed a Housing Advisory Committee, which meets on a quarterly basis. One of the missions of this committee is to review and ensure that all ECHO units in our township are maintained in good condition and that the tenants residing there are eligible for this program.

Enclosed please find the yearly certification form, which must be reviewed and signed by you within the next month. We are also enclosing for your convenience a self-addressed stamped envelope to return this form.

Thank you for your attention to the above matter. Again, your certification must be mailed to us no later than thirty days from receipt of this letter. Please do not hesitate to contact me if you have any questions.

Sincerely yours,

Director of Housing  
West Amwell Township  
Hunterdon County, NJ  
Mailing address:  
150 Rocktown-Lambertville Road  
Lambertville, NJ 08530-3203

# CERTIFICATION

WEST AMWELL TOWNSHIP  
ELDER COTTAGE HOUSING OPPORTUNITY (ECHO) HOUSING PROGRAM  
AFFIDAVIT OF CONTINUING USE

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HOMEOWNER

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ADDRESS

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LOT

BLOCK

I am the owner of the property described above. This affidavit is a certification that:

- A. The ECHO apartment listed above continues to be used for senior citizens 62 years of age or older or handicapped/disabled 18 years or older. No more than two persons may occupy the unit, one of whom may be a professional caregiver and at least one of whom must be related by blood, marriage or adoption to the lot owner, who must occupy the primary residence on the premises.
- B. The tenant residing in the unit is the same tenant who was approved by the township for this program.
- C. The ECHO unit is in good condition.

Failure to house qualified tenants in this program  
could terminate your participation in ECHO housing.

I certify that all the information contained above is true.

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SIGNATURE OF HOMEOWNER

DATE