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|  | Warren County Habitat for Humanity31 Belvidere Avenue Washington, NJ 07882**Questions?** Call 908-835-1300 |
| Application for Critical Home Repair Program |
| For Office Use Only – Do Not Write In This Space: Date Part I Application Received: \_\_\_\_\_\_\_\_\_\_Credit Check Completed? □ Yes □ No □ Accepted □ Rejected Date Letter Sent: \_\_\_\_\_\_\_\_\_\_\_ |
| Please note that all information must be completed. Please check √ the appropriate □ where choices are indicated. |
| **1. Applicant Information** |
| Applicant | Co-Applicant |
| Name **□**Male **□** Female **□**Other | Name **□** Male **□**Female **□**Other |
| Social Security Number Birth Date Age | Social Security Number Birth Date Age |
| **□** Veteran **□** United States Citizen **□** Permanent Resident | **□** Veteran  **□** United States Citizen **□** Permanent Resident |
| **□** Single **□** Married **□** Legally Separated **□** Divorced **□** Widowed | **□** Single **□** Married **□** Legally Separated **□** Divorced **□** Widowed |
| Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address (street, city, state, zip code) | Present Address (street, city, state, zip code) |
| **2. Questions for Applicant and Co-Applicant** |
| What year was your home built? \_\_\_\_\_\_\_\_\_\_\_\_\_\_Are you current on your property taxes? **□** Yes **□** NoDo you have a current mortgage? **□** Yes **□** No**Combined Assets**: Name of Bank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Total Balance**: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Monthly mortgage payment if any - $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Annual Property Taxes Paid Directly - $\_\_\_\_\_\_\_\_\_\_\_\_\_\_Have you filed for bankruptcy in the past 7 years? **□** Yes **□** NoDo you have homeowners’ insurance? **□** Yes **□** NoDoes anyone in your home have a disability? **□** Yes **□** No |
| **3. Authorization and Release** |
| **I understand that by filing this application, I am authorizing Warren County Habitat for Humanity to evaluate my actual need for repairs to my home, my ability to repay any no interest loan and other expenses of homeownership, and my willingness to be a partner family. I understand that the evaluation may include a home assessment, verification of certain payments, a credit check, and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to part of the program, I may be disqualified from the program. The original or a copy of this application will be retained by Warren County Habitat for Humanity even if the application is not approved.****By completing this application, I am submitting myself and all persons listed on the first page of the application to such an inquiry. I further understand that by completing this application, I am submitting myself and all persons listed on the first page of the application to a sex offender and criminal background check.****Applicant Signature Date Co-Applicant Signature Date****X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Applicant Name (Print)** | **Co-Applicant Name (Print)** |
| **4. Dependents In Household** |
| **Dependents (people who live with you, but are not listed as a co-applicant). Attach additional sheets if necessary.** |
| Name Age Male Female\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_   | Name Age Male Female\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_   |
| **5. Employment/Income Information** |
| Applicant | Co- Applicant/Other Household Member |
| Name and Address of CURRENT Employer or Source of Income: | Name and Address of CURRENT Employer or Source of Income: |
| Type of Business/Position | Years at job.: | Type of Business/Position | Years at job: |
| Business Phone Number: | Monthly Gross Income $ | Business Phone Number: | Monthly Gross Income $ |
| **6. Additional Income Information** |
| Please provide information on additional monthly income that you, or any adults (18 years or older) in the household get from other sources such as another job, pension, social security, supplemental social security, disability, alimony, child support, investments, rental income, etc. |
| **Name of Person with Income**  | **Income Source (fill-in)** | **Monthly Income** |
|  |  | $ |
|  |  | $ |
| **7. Monthly Expenses** |
| Mortgage: $ | Average Credit Card Payments: $ |
| Utilities: $ | Alimony and Child Support: $ |
| Car Payments (total): $ | Child Care: $ |
| Insurance (all types) $ | Student or Other Loans: $ |
| **8. Specific Home Repairs Requested (Describe in Detail)** |
|  |
| **9. Notice of Incomplete Application** |
| The loan qualification process is not complete until (a) Application has been completed and reviewed, (b) **all supporting documentation as noted on page 3 has been gathered by and furnished to WCHFH,** (c) a Site Assessment has been Completed, (d) sweat equity hours have been completed, and (e) down payment is received. |

**Deadline: Applications must be received by our office by 3:00 PM, April 22, 2021**

**Please mail this application, along with a check/money order for the $15 Application Fee, to**:

Warren County Habitat for Humanity – Critical Home Repair Program

31 Belvidere Avenue

Washington, NJ 07882

**WCHFH complies with the Equal Housing Opportunity Act. We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.**

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| **10. Supporting Documentation** |
| **In order for your application to be complete, you must submit copies of all of the following support documentation, as applicable. (Please provide photocopies, not original documents. Documents will not be returned.) Indicate which documents have been provided by checking yes, no, or not applicable to EACH, as appropriate.** |
| **Required Documentation** | **Applicant** | **Co-Applicant** |
| Copies of Birth Certificates, Driver’s License or New Jersey ID for all adult family members (18 years, or older) | □ Yes □ No □Not Applicable | □ Yes □ No □Not Applicable |
| Divorce decree or legal separation | □ Yes □ No □Not Applicable | □ Yes □ No □ Not Applicable |
| Veterans - submit a copy of their DD214 | □ Yes □ No □Not Applicable | □ Yes □ No □ Not Applicable |
| Proof of mortgage payments for the 2 most recent months. (if applicable) | □ Yes □ No □Not Applicable | □ Yes □ No □ Not Applicable |
| Proof of Homeowners Insurance | □ Yes □ No □Not Applicable | □ Yes □ No □ Not Applicable |
| Copy of Your Current Year Property Tax Bill | □ Yes □ No □Not Applicable | □ Yes □ No □ Not Applicable |
| IRAs, Bonds, and Stocks (Last two statements) | □ Yes □ No □Not Applicable | □ Yes □ No □ Not Applicable |
| If employed at present job less than two years – Please provide a letter from your current employer confirming (a) the length of your employment and (b) the annual rate of pay, or the number of hours worked per week with the hourly rate of pay. | □ Yes □ No □Not Applicable | □ Yes □ No □ Not Applicable |
| Federal and State Tax Returns with W-2 forms for last two (2) years. | □ Yes □ No □Not Applicable | □ Yes □ No □ Not Applicable |
| Pay stubs for four (4) most recent pay periods for each job held. | □ Yes □ No □Not Applicable | □ Yes □ No □ Not Applicable |
| Proof of pension, social security, TANF, and disability income (award letter or most recent statement for all benefits received). Proof of alimony and child support income (court decree) | □ Yes □ No □Not Applicable | □ Yes □ No □ Not Applicable |
| Bank statements for each account for the two (2) most recent months. | □ Yes □ No □Not Applicable | □ Yes □ No □ Not Applicable |
| Statement for each loan (e.g. car, student, medical, etc.) for the 2 most recent months. | □ Yes □ No □Not Applicable | □ Yes □ No□ Not Applicable |
| All utility bills for the 2 most recent month, or the most recent bill. | □ Yes □ No □Not Applicable | □ Yes □ No □Not Applicable |
| TURN OVER – APPLICATION CONTINUES ON BACK |
|  **Applicant Name:**  | **Co-Applicant Name:** |
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| **11. Information for Government Monitoring Purposes** |
| **Please Read This Statement Before Completing the Box Below:**The following information is requested by the federal government for loans related to the financing of homes, in order to monitor the lender’s compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.) |
| **Applicant** |  Co-Applicant |
| * I do not wish to furnish this information.

**Race/National Origin:*** American Indian or Alaskan Native
* Native Hawaiian or Other Pacific Islander
* Black/African American
* White
* Asian

**Ethnicity:*** Hispanic or Latino
* Non-Hispanic or Latino

**Sex:** Male □ ⁯ Female □**Birthdate: (**mm/dd/yyyy): \_\_\_\_ /\_\_\_\_ / \_\_\_\_\_\_\_\_**Marital Status:**□ Married□ Separated (legally)□ Unmarried (single, divorced, widowed) | * I do not wish to furnish this information.

**Race/National Origin:*** American Indian or Alaskan Native
* Native Hawaiian or Other Pacific Islander
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| **To Be Completed Only by Person Conducting the Interview** |
| This application was taken by:□ Face to Face Interview□ By mail□ By Telephone | Interviewer’s Name (print or type):  |
| Interviewer’s Signature :  |
| Interviewer’s Phone Number: Date: |

End of Application