

Information Sheet

HOME REPAIR PROGRAM

Thank you for your interest in the Habitat for Humanity Northwest New Jersey's Home Repair Program. Our home repair program helps low and moderate income homeowners alleviate health and safety issues in and around their home.

**FOR ADDITIONAL INFORMATION, PLEASE VISIT OUR WEBSITE:
www.habitatnwnj.org**

GENERAL ELIGIBILITY CRITERIA

- You must reside within Warren or Sussex Counties.
- You must be the homeowner and occupy the home as your primary residence.
- Your household income must fall between 0%- 80% of AMI (Area Median Income). *See income guidelines listed on page 2.*
- **Applicant(s) must demonstrate willingness to partner (*sweat equity*) or have an ability to pay for a portion of the project cost based on a sliding scale.**
- Applicant(s) must have a need for the repair(s) requested.
- Projects needs to be health and/or safety related.

Important to Understand:

- Homeowner(s) will be responsible for Home Repair costs based on a sliding scale determined by their household income and applicable program.
- Our affiliate reserves the right not to complete any project deemed too large, or additional repairs absent from the original scope of work.
- Depending on the scope of work and the cost, the applicant will either make a full payment of costs prior to the start of the project, or if approved the applicant can receive a 0% interest loan payable over a maximum period of 48 months.
- Minimum loan amounts range from \$1,250 to \$3,000 depending on household income. Projects below that level must be paid in full prior to the start of the project.
- Applicant(s) will receive a 10% discount on the payment amount required if full payment is received before the project begins.
- Maximum Project Cost is \$20,000 for all repairs.
- For projects with loans, a promissory note will be signed to ensure promise to pay. A mechanic's lien MAY be placed on the mortgage to ensure repayment.
- Homeowner(s) must be current on the following:
 1. Mortgage loan payment
 2. Homeowner's insurance
 3. Property taxes
- Veterans with proof of an honorable discharge will receive a 10% discount on services, however this cannot be combined with prepayment discount if applicable.





Habitat for Humanity Northwest New Jersey
 31 Belvidere Avenue
 Washington, NJ 07882
 Questions? Call 908-835-1300 Ext: 10

Our Home Repair Program is administered primarily by volunteers and is not an emergency repair program. Average time from application through our process is 3-4 months. In certain cases, you may qualify for the Touch of Kindness (TOK) program, which has a maximum benefit of \$500 for smaller projects up to \$2,500 for projects resulting from Disaster Relief. Qualification for our various programs is made through the application process. We cannot consider nor undertake any repair work without a completed and approved application.

HOME REPAIR PROGRAM INCOME GUIDELINES

(0-80% of Area Median Income) (Values for July 2025 thru June 2026)

Monthly Gross Household Income (before deductions)

| HOUSEHOLD SIZE | INCOME IS NO GREATER THAN: |
|----------------|----------------------------|
| 1 | \$5,933 |
| 2 | \$6,783 |
| 3 | \$7,633 |
| 4 | \$8,479 |
| 5 | \$9,158 |
| 6 | \$9,842 |
| 7 | \$10,517 |
| 8 | \$11,192 |

Yearly Gross Household Income (before deductions)

| HOUSEHOLD SIZE | INCOME IS NO GREATER THAN: |
|----------------|----------------------------|
| 1 | \$71,200 |
| 2 | \$81,400 |
| 3 | \$91,600 |
| 4 | \$101,750 |
| 5 | \$109,900 |
| 6 | \$118,100 |
| 7 | \$126,200 |
| 8 | \$134,300 |



Our affiliate 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 repairs because of race, color, religion, sex, handicap, familial status, or national origin.



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Application for Home Repair Program

For Office Use Only – Do Not Write in This Space:

Date Application Received: _____

Credit Check Completed? Yes No NA Accepted Rejected

Application No. _____

HR _____ TOK _____ HHW _____

Date of Letter/MOU: _____

Date of HR Agreement: _____

Please note that all information must be completed. Please check the appropriate where choices are indicated. If you require assistance with this application, please call our office at (908)835-1300 Ext. 10

1. Applicant Information

Applicant

Co-Applicant

Applying For (please Check):

Hope In the Hills of Warren Touch of Kindness Critical Home Repair Aging in Place Not Sure

Homeowner's Name Male Female

Homeowner's Name Male Female

Veteran United States Citizen Permanent Resident

Veteran United States Citizen Permanent Resident

Are You: Over age 60? age 65? Disabled?

Are You: Over age 60? age 65? Disabled?

Home Phone Number: _____

Home Phone Number: _____

Cell Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Email Address: _____

Address (street, city, state, zip code) Check if Primary Residence

Address (street, city, state, zip code) Check if Primary Residence

2. Questions for Applicant and Co-Applicant

What year was your home built (if known)? _____

Monthly mortgage payment if any - \$ _____

Are you current on your property taxes? Yes No

Annual Property Taxes **Paid Directly** - \$ _____

Do you have a current mortgage? Yes No

Are you the homeowner and live here Yes No

Combined Assets: Name of Bank _____

Do you have homeowners' insurance? Yes No

Total Balance: \$ _____

Does anyone in your home have a disability? Yes No

3. 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

_____ Age _____ Male Female

_____ Age _____ Male Female

4. Employment/Income Information

Applicant

Co - Applicant/Other Household Member

Employer or Other Source of Income:

Employer or Other Source of Income:

Explain:

Monthly Gross Income

Explain:

Monthly Gross Income

5. Specific Home Repairs Requested (Describe in Detail)

Hope in the Hills of Warren Applicants Sign Below and Skip the Rest of the Application

Signature _____ Date _____ Signature _____ Date _____

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. Other Monthly Expenses

| | |
|--------------------------|----------------------------------|
| Utilities: \$ | Average Credit Card Payments: \$ |
| Car Payments (total): \$ | Alimony and Child Support: \$ |
| Insurance (all types) \$ | Student or Other Loans: \$ |

8. 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) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable |
| Proof of Homeowners Insurance Payment(s) and copy of declaration page | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable |
| ONLY PROVIDE THE FOLLOWING DOCUMENTS IF YOU ESTIMATE THAT REPAIR COSTS EXCEED \$2,500 | | |
| Divorce decree or legal separation | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable |
| Veterans - submit a copy of their DD214 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable |
| Proof of mortgage payments for the 2 most recent months. (if applicable) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable |
| Copy of Your Current Year Property Tax Bill and Proof that Property Taxes are paid and current. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable |
| Complete Federal and State Tax Returns with W-2 forms for the last two (2) years. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable |
| Pay stubs for four (4) most recent pay periods for each job held. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable |
| Bank statements for each account for the three (3) most recent months. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable |

9. Release and Waiver of Liability

The Home Repair Program is a program of Habitat for Humanity Northwest New Jersey. Habitat for Humanity Northwest New Jersey ("Habitat") and the undersigned (the "Homeowner"), want to work together on critical home repair or aging in place activities. Because Habitat is a non-profit corporation, it needs to limit its exposure to potential liability wherever reasonable and proper. In that regard, Habitat requires that homeowners execute a Release and Waiver of Liability. By executing this application, the homeowner enters into this Release and Waiver of Liability knowingly and voluntarily. Habitat understands that there is a risk of injury or harm to the homeowners and any residents or visitors coming into contact with home repair activities. Therefore, the homeowner expressly agrees to assume such risk and forever release and hold Habitat harmless from any and all liability, claims and demands (legal and equitable) for injury, illness, death, or property damage resulting from Affiliate personnel, staff, or volunteer's work for Habitat. This waiver is intended to waive fully, for the benefit of Habitat for Humanity Northwest New Jersey, any rights and/or claims, which might rise to a right of subrogation.

10. Authorization and Release

| | | | | | |
|------------------------|------------|-----|------------------------|------------|-----|
| Applicant Name | | | Co-Applicant Name | | |
| Social Security Number | Birth Date | Age | Social Security Number | Birth Date | Age |

By executing this application, I acknowledge that I have read and understand the above Release and Waiver of Liability. I also acknowledge that by filing this application, I am authorizing Habitat for Humanity Northwest New Jersey 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 Habitat for Humanity Northwest New Jersey 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 _____ | |

10. Liability Release

For projects that involve a home improvement loan or grant, the qualification process is not complete until (a) Application has been completed and reviewed, (b) **all supporting documentation as noted on page 2 has been gathered by and furnished**, (c) A credit check is complete, (d) a Site Assessment has been completed, (e) construction cost proposals are obtain, (f) a Home Repair Agreement has been executed, and (g) the down payment is received.

Please mail this application to:
 Habitat for Humanity Northwest NJ
 Home Repair Program
 31 Belvidere Avenue
 Washington, NJ 07882

TURN OVER – APPLICATION CONTINUES ON BACK



Habitat for Humanity Northwest New Jersey 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.

| | |
|------------------------|---------------------------|
| Applicant Name: | Co-Applicant Name: |
|------------------------|---------------------------|

11. Information for Government Monitoring Purposes

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:

The purpose of collecting this information is to help ensure that all applicants are being treated fairly, that the housing needs of communities and neighborhoods are being fulfilled, and to otherwise evaluate our programs and report to our funders. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, sex and race) in order to monitor our compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to provide this information but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race." **The law provides that we may not discriminate** on the basis of this information or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, federal regulations require us to note your ethnicity, sex and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

| Applicant | Co-applicant |
|--|--|
| <p>Ethnicity (check one or more):</p> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino – <i>Origin:</i> _____ <i>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i> | <p>Ethnicity (check one or more):</p> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino – <i>Origin:</i> _____ <i>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i> |
| <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information | <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information |
| <p>Sex:</p> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information | <p>Sex:</p> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information |
| <p>Race (check one or more):</p> <input type="checkbox"/> American Indian or Alaska Native — <i>Name of enrolled or principal tribe:</i> _____ | <p>Race (check one or more):</p> <input type="checkbox"/> American Indian or Alaska Native — <i>Name of enrolled or principal tribe:</i> _____ |
| <input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian — <i>race:</i> _____ <i>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i> | <input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian — <i>race:</i> _____ <i>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i> |
| <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander — <i>race:</i> _____ <i>For example: Fijian, Tongan, and so on.</i> | <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander — <i>race:</i> _____ <i>For example: Fijian, Tongan, and so on.</i> |
| <input type="checkbox"/> White <input type="checkbox"/> I do not wish to provide this information | <input type="checkbox"/> White <input type="checkbox"/> I do not wish to provide this information |

| To be completed only by the person conducting the interview | | |
|---|------------------------------------|-----------------------------|
| Was the ethnicity of the Borrower collected on the basis of visual observation or surname? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was the sex of the Borrower collected on the basis of visual observation or surname? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was the race of the Borrower collected on the basis of visual observation or surname? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| This application was taken by: | Interviewer's name (print or type) | Interviewer's phone number |
| <input type="checkbox"/> Face-to-face interview (included electronic media w/video component) | Interviewer's signature | Date |
| <input type="checkbox"/> By mail <input type="checkbox"/> By telephone | | |

END OF APPLICATION