



31 Belvidere Avenue
Washington, NJ 07882
office@habitatnwnj.org
908-835-1300 Ext: 10

Dear Applicant,

Thank you for your interest in applying for a unit in Franklin Township Phase 2 Project, this is a FOR SALE development located in Franklin Township, Warren County, NJ. We are still seeking applicants for one moderate-income 3BR unit and two low-income 2BR units.

This preliminary application is necessary in order to be included in the random selection (lottery) process. You must fill out this preliminary application and submit it by the deadline date below. If you are chosen in the random selection process, you will be asked to verify your household composition and income by completing and returning an Eligibility Worksheet. The Eligibility Worksheet will include a checklist of information outlining all required documentation that must be submitted with the Eligibility Worksheet.

Some of the information you will need to provide, however **not at this time**, will include;

1. Four consecutive pay stubs (not more than 120 days old), Employer Verification Letter-stating current annual income, and/or YTD Profit and Loss Statement.
2. Copies of signed and dated Federal and State tax returns and W-2 forms for the past three years or proof from the IRS of Non-Filing status.
3. Documentation of monthly benefits, including Social Security, Unemployment, Disability, TANF, and/or Pension.
4. Documentation verifying alimony and/or child support received or is not paid.
5. Bank and financial statements documenting income from savings accounts, interest bearing checking, trust funds, money market accounts, certificates of deposit, stocks or bonds for six months.
6. Evidence of income from real estate or any businesses

This is not an all-inclusive checklist. **Do not send us these documents until asked to do so.** All information submitted regarding income and assets will be verified at a later date. There will be minimal time available to gather this information after the selection has occurred. If the required documentation is not submitted within the given time limit, your application will be void, and you must wait for the next random selection to apply again

All information listed on the checklist must be submitted with the included received written correspondence from Warren County Habitat for Humanity.

Applications are accepted via MAIL, or IN-PERSON DROPOFF (Monday thru Friday between 9:00AM and 4:00PM). Return your application to:

Warren County Habitat for Humanity
31 Belvidere Avenue
Washington, New Jersey 07882
Attention: Family Selection Committee

The lottery for this application period will take place at the above address on May 12, 2026 at 11:00 AM. All applicants are invited to attend this lottery and applications must be received a minimum of 24 hours prior to the lottery to be included.

Thank you for your interest in affordable housing!

CONFIDENTIAL PRELIMINARY APPLICATION

I first saw this ad: On the NJHRC In a newspaper Social-Media _____ or Other _____

PERSONAL INFORMATION (Print All)

Last name:		First name:	Middle initial:
Street address:			Apt #:
Municipality:		State:	Zip code:
County:	Phone number:	Email address:	

EMPLOYMENT INFORMATION

Employer's name:	Work phone number:
Employer's address:	Status:
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Employer's municipality:	Employer's state:
	Employer's zip code:

HOUSEHOLD COMPOSITION AND INCOME

	NAME (first, last)	SEX (M/F)	RELATION	DATE OF BIRTH (MM/DD/YYYY)	CURRENT GROSS ANNUAL INCOME
1			APPLICANT		\$
2			CO-APPLICANT		\$
3					\$
4					\$
5					\$
6					\$
7					\$
8					\$

APPLICANT CERTIFICATION

I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we occupy will be my/our only residence. I/we understand that false statements or information are punishable under Federal law.

Signature of Applicant _____ Date _____

Signature of Co-applicant _____ Date _____



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familyselection@habitatnwnj.org

March 26, 2026

Dear Applicant:

Reference: Franklin Township Phase 2 Project
Mortgage Pre-Qualification Application
Deadline: Please return with your Preliminary Application

Dear Applicant,

We are still looking for qualified families for our Franklin Township Project. The Preliminary Application will allow you to take part in the ranking lottery, however In order to move to the next phase of the application process New Jersey Housing Affordability Services (NJHAS) requires that households be Pre-Qualified for a Mortgage.

If you have a Mortgage Pre-Qualification from a licensed financial lending institution please forward that to our office for our records. Even if you are pre-qualified by another financial institution you can still apply for a mortgage from Warren County Habitat for Humanity. Our affiliate offers nearly zero percent mortgages to low and moderate income families that qualify. Our mortgages have zero percent interest outside of closing costs.

To expedite the process of qualifying for a Habitat for Humanity home we recommend that you complete the enclosed one page Mortgage Pre-Qualification application as enclosed and return it together with your Preliminary Application. Please note that there is a \$20 fee that must be submitted with the Mortgage Pre-Qualification Application. Please do not send cash.

In addition, please complete the attached PARTICIPANTS CONSENT TO THE RELEASE OF INFORMATION form which allows us to share information on your application with NJHAS. Your application cannot be fully processed without execution of this form.

It should be noted that pre-qualifying for a mortgage does not improve your future ranking nor does it guarantee that you will be given financing. We will provide you with additional information once all preliminary applications have been received and the ranking of the preliminary applications has been completed.

Please contact us by email should you have any questions.

Yours truly,

John Rolak

Chairman
Family Selection Committee
Warren County Habitat for Humanity

cc: file
Enclosure



Warren County Habitat for Humanity
 Family Selection Committee
 31 Belvidere Avenue
 Washington, NJ 07882
 Email: familyselection@habitatnwnj.org

Mortgage Pre-Qualification Application

Please PRINT and complete all information. Please check the appropriate where choices are indicated.

Specify Municipality Where Home is Located : Franklin Township Phase 2

- I anticipate applying for a Habitat Mortgage.
 I am pre-approved for a Mortgage – Mortgage Company: _____ Approval Date: _____

1. Personal Information

Head of Household <input type="checkbox"/> Male <input type="checkbox"/> Female	Spouse/Co-Head <input type="checkbox"/> Male <input type="checkbox"/> Female
Name: _____	Name: _____
Alternative or former name: _____	Alternative or former name: _____
Social Security Number _____ Date of Birth _____	Social Security Number _____ Date of Birth _____
<input type="checkbox"/> Military/Veteran <input type="checkbox"/> United States Citizen <input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Military/Veteran <input type="checkbox"/> United States Citizen <input type="checkbox"/> Permanent Resident
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Other:	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Other:
Cell Phone Number: _____	Cell Phone Number: _____
Email address: _____	Email Address: _____
Present Address (street, city, state, zip code)	Present Address (street, city, state, zip code)
Number of Years Living There _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent	Number of Years Living There _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent
Previous Address (If living at present address for less than 2 years)	Previous Address (If living at present address for less than 2 years)

2. Authorization and Release

I/we certify that if selected to receive assistance, the unit I/we purchase will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize Warren County Habitat for Humanity, aka Habitat for Humanity Northwest NJ (Affiliate) to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information as may be released to appropriate Federal, State, or local agencies.

I/we understand that by filing this application, I am authorizing Warren County Habitat for Humanity (Affiliate) to evaluate my ability to repay an affordable loan and other expenses of homeownership, and my willingness to be a partner, through sweat equity and otherwise, according to their policy.

I/we have answered all the questions on this application truthfully and accurately, and if any of the information provided changes after I submit this application, I will supplement this application, as applicable. I understand that if I have not answered the questions truthfully, accurately or completely, or fail to supplement this application as necessary to maintain its accuracy and completeness, my application may be denied and it is an offence punishable under Federal Law.

If this application converted into an “electronic application,” I consent to the use of “electronic records” and “electronic signatures” as the terms are defined in and governed by applicable federal and/or state electronic transaction laws. I intend to sign and have signed this application by a written signature and agree that if a paper version of this application is converted into an electronic application, the application will be an electronic record, and the representation of my written signature on this application will be my binding electronic signature.

Head of Household Signature	Date	Spouse/ Co-Head Signature	Date
X _____		X _____	
Print Name:		Print Name:	



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PARTICIPANTS CONSENT TO THE RELEASE OF INFORMATION

Organization Requesting Release of Information:

Habitat for Humanity Northwest NJ dba
Warren County Habitat for Humanity
31 Belvidere Avenue
Washington, NJ 07882

NJHMFA/HAS is the administrative agent for this project and accordingly information obtained through the application process needs to be shared between our affiliate and NJHFA/HAS, who shall maintain files on the certification of family income. Your signature on this form, and the signature of each member of your household who is 18 years of age or older, authorized the above named organization to pass information obtained through any part of the application process to NJHFA/HAS and also authorizes NJHFA to forward to our organization any and all data associated with this affordable housing process.

CONFIDENTIALITY: All files are to be kept confidential and shall not be accessible to, nor shall information contained therein, be disclosed to any person except authorized representatives of our organization and the NJHMFA/HAS. If Warren County Habitat for Humanity is not satisfied that a person requesting review has proper authority, the review shall be denied.

INSTRUCTIONS: Each adult member of the household must sign this form at time of application for certification.

EMPLOYMENT INFORMATION: I/We, the undersigned, authorize the above name organization to obtain information regarding my/our income and employment status from current and former employers.

CONDITIONS: I/We agree that photocopies of this authorization may be used for the purposes slated above. If I/we, fail to sign this authorization, I/we understand that this action may constitute grounds for denial of certification for consideration to purchase an affordable housing unit.

Applicant/Head of Household – signature, printed name & date:

Print Name:

Co-Applicant/Adult Member of the Household – signature, printed name & date:

Print Name:

Adult Member of the Household – signature, printed name & date:

Print Name:

Adult Member of the Household – signature, printed name & date:

Print Name: