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

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 for a minimum of three years 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 on smaller projects *(sweat equity)* or have an ability to pay for a portion of the project cost based on a sliding scale for projects over $1,000.**
- Applicant(s) must have a need for the repair(s) requested.
- **Projects need 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.
- For our cost forgiveness program 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 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.

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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 $1,000 for small, or projects up to $2,500 resulting from Disaster Relief. Qualification for our various programs is made through the application process. We cannot consider nor undertake any repair work without have a completed and approved application.

HOME REPAIR PROGRAM INCOME GUIDELINES

(0-80% of Area Median Income)(Values for July 2026 thru June 2027)

Annual Gross Household Income (before deductions)

HOUSEHOLD SIZE	GROSS INCOME IS NO GREATER THAN:
1	$73,869
2	$84,386
3	$94,953
4	$105,470
5	$113,919
6	$122,368
7	$130,816
8	$139,240

Monthly Gross Household Income (before deductions)

HOUSEHOLD SIZE	GROSS INCOME IS NO GREATER THAN:
1	$6,156
2	$7,032
3	$7,913
4	$8,789
5	$9,493
6	$10,197
7	$10,901
8	$11,603

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Application for Home Repair Program

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

Application No. _____

Date Application Received: _____

HR_____**TOK**_____**HHW**_____

Credit Check Completed? □ **Yes** □ **No** □ **NA** □ **Accepted** □ **Rejected**

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: _____ Cell Phone Number: _____ Email Address: _____	Home Phone Number: _____ Cell Phone Number: _____ 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)? _____

Are you current on your property taxes? ☐ Yes ☐ No

Do you have a current mortgage? ☐ Yes ☐ No

Combined Assets: Name of Bank _____

Total Balance:$_____

Monthly mortgage payment if any - $_____

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

Are you the homeowner and live here ☐ Yes ☐ No

Do you have homeowners' insurance? ☐ Yes ☐ No

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
_____	_____	☐	☐
_____	_____	☐	☐

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

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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)	□ Yes □ No □ Not Applicable	□ Yes □ No □ Not Applicable
Proof of Homeowners Insurance Payment(s) and copy of declaration page	□ Yes □ No □ Not Applicable	□ Yes □ No □ Not Applicable
ONLY PROVIDE THE FOLLOWING DOCUMENTS IF YOU ESTIMATE THAT REPAIR COSTS EXCEED $1,000		
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
Copy of Your Current Year Property Tax Bill and Proof that Property Taxes are paid and current.	□ Yes □ No □ Not Applicable	□ Yes □ No □ Not Applicable
Complete Federal and State Tax Returns with W-2 forms for the 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 three (3) most recent months.	□ Yes □ No □ Not Applicable	□ Yes □ No □ 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
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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
Ethnicity ***(check one or more):***	**Ethnicity** ***(check one or more):***
☐ Hispanic or Latino ☐ Mexican ☐ Puerto Rican ☐ Cuban ☐ Other Hispanic or Latino – *Origin:* _____ *For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.* ☐ Not Hispanic or Latino ☐ I do not wish to provide this information	☐ Hispanic or Latino ☐ Mexican ☐ Puerto Rican ☐ Cuban ☐ Other Hispanic or Latino – *Origin:* _____ *For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.* ☐ Not Hispanic or Latino ☐ I do not wish to provide this information
Sex: ☐ Female ☐ Male ☐ I do not wish to provide this information	**Sex:** ☐ Female ☐ Male ☐ I do not wish to provide this information
Race ***(check one or more):*** ☐ American Indian or Alaska Native — *Name of enrolled or principal tribe*: _____ ☐ Asian ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian — *race:* _____ *For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.* ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander — *race:* _____ *For example: Fijian, Tongan, and so on.* ☐ White ☐ I do not wish to provide this information	**Race** ***(check one or more):*** ☐ American Indian or Alaska Native — *Name of enrolled or principal tribe*: _____ ☐ Asian ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian — *race:* _____ *For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.* ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander — *race:* _____ *For example: Fijian, Tongan, and so on.* ☐ White ☐ 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? ☐ Yes ☐ No Was the sex of the Borrower collected on the basis of visual observation or surname? ☐ Yes ☐ No Was the race of the Borrower collected on the basis of visual observation or surname? ☐ Yes ☐ No		
This application was taken by: ☐ Face-to-face interview (included electronic media w/video component) ☐ By mail ☐ By telephone	Interviewer's name (print or type)	Interviewer's phone number
	Interviewer's signature	Date

END OF APPLICATION