

Application for Home Repair Program

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

Application No. _____

Date Application Received: _____

HR _____ TOK _____ HHW _____ SHR _____

 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 ☐ Safe Home Repair	
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)? _____
 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. Income Information (All Sources)

Applicant	Co - Applicant/Other Household Member
Employer or Source of Income: _____	Employer or Source of Income: _____
Explain: _____	Explain: _____
Monthly Gross Income _____	Monthly Gross Income _____

5. Specific Home Repairs Requested (Describe in Detail)

6. 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.

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

Signature _____ Date _____ Signature _____ Date _____

7. 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
		\$
		\$
		\$

8. Other Monthly Expenses

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

9. 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		
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

9. Supporting Documentation (Continued)

Pay stubs for four (4) most recent pay periods for each job held (if applicable)	☐ 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

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 _____	

11. Application Notification

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 and 3 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:
12. 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): ☐ Hispanic or Latino ☐ Mexican ☐ Puerto Rican ☐ Cuban ☐ Other Hispanic or Latino – <i>Origin:</i> _____ <i>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i> ☐ Not Hispanic or Latino ☐ I do not wish to provide this information	Ethnicity (check one or more): ☐ Hispanic or Latino ☐ Mexican ☐ Puerto Rican ☐ Cuban ☐ Other Hispanic or Latino – <i>Origin:</i> _____ <i>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i> ☐ 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 — <i>Name of enrolled or principal tribe:</i> _____ ☐ Asian ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian — <i>race:</i> _____ <i>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i> ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander — <i>race:</i> _____ <i>For example: Fijian, Tongan, and so on.</i> ☐ White ☐ I do not wish to provide this information	Race (check one or more): ☐ American Indian or Alaska Native — <i>Name of enrolled or principal tribe:</i> _____ ☐ Asian ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian — <i>race:</i> _____ <i>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i> ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander — <i>race:</i> _____ <i>For example: Fijian, Tongan, and so on.</i> ☐ 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 signature	Interviewer's phone number Date

END OF APPLICATION