



Warren County Habitat for Humanity
 31 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 <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Name <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Social Security Number Birth Date Age	Social Security Number Birth Date Age
<input type="checkbox"/> Veteran <input type="checkbox"/> United States Citizen <input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Veteran <input type="checkbox"/> United States Citizen <input type="checkbox"/> Permanent Resident
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Home Phone Number: _____	Home Phone Number: _____
Cell Phone Number: _____	Cell Phone Number: _____
Email Address: _____	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? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a current mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have homeowners' insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Does anyone in your home have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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
_____		_____	<input type="checkbox"/>	<input type="checkbox"/>	_____		_____	<input type="checkbox"/>	<input type="checkbox"/>
_____		_____	<input type="checkbox"/>	<input type="checkbox"/>	_____		_____	<input type="checkbox"/>	<input type="checkbox"/>
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.									

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.

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)	<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
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
Proof of Homeowners Insurance	<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	<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
Federal and State Tax Returns with W-2 forms for 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 two (2) 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
Statement for each loan (e.g. car, student, medical, etc.) for the 2 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

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
<ul style="list-style-type: none"> I do not wish to furnish this information. <p>Race/National Origin:</p> <ul style="list-style-type: none"> American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander Black/African American White Asian <p>Ethnicity:</p> <ul style="list-style-type: none"> Hispanic or Latino Non-Hispanic or Latino <p>Sex: Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Birthdate: (mm/dd/yyyy): ____/____/____</p> <p>Marital Status:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Married <input type="checkbox"/> Separated (legally) <input type="checkbox"/> Unmarried (single, divorced, widowed) 	<ul style="list-style-type: none"> I do not wish to furnish this information. <p>Race/National Origin:</p> <ul style="list-style-type: none"> American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander Black/African American White Asian <p>Ethnicity:</p> <ul style="list-style-type: none"> Hispanic or Latino Non-Hispanic or Latino <p>Sex: Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Birthdate: (mm/dd/yyyy): ____/____/____</p> <p>Marital Status:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Married <input type="checkbox"/> Separated (legally) <input type="checkbox"/> Unmarried (single, divorced, widowed)

To Be Completed Only by Person Conducting the Interview

This application was taken by: <input type="checkbox"/> Face to Face Interview <input type="checkbox"/> By mail <input type="checkbox"/> By Telephone	Interviewer's Name (print or type):
	Interviewer's Signature :
	Interviewer's Phone Number: _____ Date: _____

End of Application