



Please return to:
 Sussex County Habitat for Humanity
 82 Mount View Street, Newton, New Jersey 07860
Questions? Call: Sussex County Habitat for Humanity
 973-940-0503 (check calendar for hours) or
 email: familyselection@sussexcountyhfh.org

Application for a Sussex County Habitat Home

House: Franklin

**For Office Use Only
D/R:**

A/F:

Yes No Init: _____

1. APPLICANT INFORMATION

Applicant	Co-Applicant
Name _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	Name _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number _____ Birth Date _____ Age _____	Social Security Number _____ Birth Date _____ Age _____
<input type="checkbox"/> United States Citizen (Attach copy of birth certificate, passport, or naturalization papers and a photo ID) <input type="checkbox"/> Permanent Resident (Attach copy of Green Card) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> United States Citizen (Attach copy of birth certificate, passport, or naturalization papers and photo ID) <input type="checkbox"/> Permanent Resident (Attach copy of Green Card) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Email: _____	Email: _____
Home Phone _____ Work Phone _____	Home Phone _____ Work Phone _____
Present Address _____ Number of Years there _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent	Present Address _____ Number of Years there _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent
Previous Address (if living at present address for less than two years) _____ Number of Years there _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent	Previous Address (if living at present address for less than two years) _____ Number of Years there _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent
Dependents (people who will live with you not listed as co-applicant) Attach additional sheets if necessary.	
Name _____ Relationship _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Age _____	Name _____ Relationship _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Age _____
Name _____ Relationship _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Age _____	Name _____ Relationship _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Age _____
Name _____ Relationship _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Age _____	Name _____ Relationship _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Age _____

2. WILLINGNESS TO PARTNER

Upon selection for a Sussex County Habitat home, you and your family must complete a given number of hours of "sweat equity", based on your family size. Your help in building your home and the homes of others is called "sweat equity," and may include clearing the lot, helping with construction, painting, working in the Sussex County Habitat office, or other approved activities, **but must include working at least one day per week** at the prospective homeowner's designated home for the duration of construction work on that home.. At no time will anyone performing these volunteer hours be provided with compensation by Sussex County Habitat.

Work on Sussex County Habitat homes typically occurs on Wednesdays and Saturdays between 8 am and 4 pm, and sweat equity usually is earned at this time. If you anticipate a problem with working on these days or in completing the required hours of sweat equity, please explain the nature of the problem.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS: Applicant: Yes No See Explanation Above
Co-Applicant Yes No See Explanation Above

3. PRESENT HOUSING CONDITIONS

Number of bedrooms in your current residence (please circle): 1 2 3 4 5 6 Number of bathrooms in your current residence: 1 2 3 4

Other rooms in your current residence:

Kitchen Living Room Dining Room Other (Please describe) _____

What is your current monthly rent or mortgage payment? \$ _____ / month

If you rent your residence, please provide the following information for your current landlord:

Landlord's Name: _____

Landlord's Address: _____

Landlord's Phone Number: _____

Why do you need a Habitat home? Please describe the condition of your current residence, and why it does not meet your needs.

Do you anticipate a change in your family/household size in the near future? Yes No If yes, please explain below.

Do all persons who will live in the Habitat home currently live in the same residence? Yes No If no, please explain below.

Does your family require any special accommodations, such as handicap accessibility? Yes No If yes, please explain below.

4. EMPLOYMENT INFORMATION

Applicant		Co-Applicant	
Name and Address of Current Employer		Name and Address of Current Employer	
Position Held	If seasonal, number of months worked per year:	Position Held	If seasonal, number of months worked per year:
Work Phone	Monthly Gross Wages \$	Work Phone	Monthly Gross Wages \$
Start Date	Hours/Week	Start Date	Hours/Week
If working at current job less than two years, or if you have more than one job, complete the following information. You must provide at least two years of work history. Attach additional sheets if necessary.			
Name and Address of Previous or Additional Employer		Name and Address of Previous or Additional Employer	
Position Held	If seasonal, number of months worked per year:	Position Held	If seasonal, number of months worked per year:
Work Phone	Monthly Gross Wages \$	Work Phone	Monthly Gross Wages \$
Start Date	Finish Date	Start Date	Finish Date
Name and Address of Previous or Additional Employer		Name and Address of Previous or Additional Employer	
Position Held	If seasonal, number of months worked per year:	Position Held	If seasonal, number of months worked per year:
Work Phone	Monthly Gross Wages \$	Work Phone	Monthly Gross Wages \$
Start Date	Finish Date	Start Date	Finish Date
Additional Household Members With Income			
Name of Household Member		Name of Household Member	
Name and Address of Employer or Source of Income (e.g., pension, social security, etc.)		Name and Address of Employer or Source of Income (e.g., pension, social security, etc.)	
Monthly Gross Wages \$	Start Date	Monthly Gross Wages \$	Start Date
Name of Household Member		Name of Household Member	
Name and Address of Employer or Source of Income (e.g., pension, social security, etc.)		Name and Address of Employer or Source of Income (e.g., pension, social security, etc.)	
Monthly Gross Wages \$	Start Date	Monthly Gross Wages \$	Start Date

5. MONTHLY INCOME

Provide information for all household members with income. Please fill in names as appropriate. Attach additional sheets if necessary.

Gross Monthly Income	Applicant	Co-Applicant	Other:	Other:	Other:
Primary Job					
Second Job					
Pension					
Social Security					
Supplemental Security (SSI)					
Disability					
Spousal Support / Alimony					
Child Support					
Food Stamps					
TANF Cash Assistance					
Other income (attached explanation of Income)					
Total	\$	\$	\$	\$	\$

6. MONTHLY EXPENSES

Monthly Expenses	Paid To	Applicant	Co-Applicant
Rent / Mortgage			
Spousal Support / Alimony Payments			
Child Support Payments			
Car Payments			
Medical Insurance			
Automobile Insurance			
Child Care			
Water			
Electric			
Natural Gas / Heating Oil			
Home Phone			
Cell Phone			
Cable/Satellite TV			
Student Loan Payments			
Other Loan Payments (e.g., Credit Union)			
Credit Cards Payments (total minimum monthly payments)			
Other: _____			
Total		\$	\$

7. LONG TERM DEBT

To whom do you owe money? Include all debt you owe. Attach additional sheets if necessary.

Applicant

Account	Lender/Creditor Name	Total Due	Monthly Payment
Alimony			
Child Support			
Car Loan / Lease			
Credit Card #1			
Credit Card #2			
Credit Card #3			
Credit Card #4			
Student Loan #1			
Student Loan #2			
Personal Loan #1			
Personal Loan #2			
Medical Debt #1			
Medical Debt #2			
Medical Debt #3			
Judgment #1			
Judgment #2			
Other:			
Other:			
Totals		\$	\$

Co-Applicant

Account	Lender/Creditor Name	Total Due	Monthly Payment
Alimony			
Child Support			
Car Loan / Lease			
Credit Card #1			
Credit Card #2			
Credit Card #3			
Credit Card #4			
Student Loan #1			
Student Loan #2			
Personal Loan #1			
Personal Loan #2			
Medical Debt #1			
Medical Debt #2			
Medical Debt #3			
Judgment #1			
Judgment #2			
Other:			
Other:			
Totals		\$	\$

8. ASSETS

List all financial accounts, such as checking, savings, CDs, or other investment accounts. Attach additional sheets if necessary.

Applicant		Co-Applicant	
Name and Address of Bank, Savings & Loan, or Credit Union		Name and Address of Bank, Savings & Loan, or Credit Union	
Account Number	Balance \$	Account Number	Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union		Name and Address of Bank, Savings & Loan, or Credit Union	
Account Number	Balance \$	Account Number	Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union		Name and Address of Bank, Savings & Loan, or Credit Union	
Account Number	Balance \$	Account Number	Balance \$
Do you own any Real Estate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide location & market value:		Do you own any Real Estate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide location & market value:	
Do you own an automobile? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide year, make and model:		Do you own an automobile? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide year, make and model:	

9. SOURCE OF PAYMENT FOR CLOSING COSTS

Where will you be getting the money to pay the \$3,500 – \$5000 needed for closing costs and prepaid expenses? (e.g., savings, family, Housing Partnership 'Individual Development Account' or 'First Home Club' savings) If you are borrowing money to pay these costs, explain how and from whom.

10. DECLARATIONS

	Applicant	Co-Applicant
a. Do you have any debt because of a court decision/judgment against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you been declared bankrupt within the past 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had property foreclosed on in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Are you paying alimony or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are you a U.S. citizen or legal permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Did you attend one of the required Sussex/Morris Habitat Home Application Orientation Sessions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Answering 'yes' to questions a through e does not automatically disqualify you. However, if you did answer yes to these questions, please explain the circumstances on a separate sheet of paper.

11. SUPPORTING DOCUMENTATION

In order for your application to be evaluated, you must submit copies of all of the following supporting 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 for each item. **Incomplete applications will not be evaluated.**

Required Documentation	Applicant	Co-Applicant	Other Household Members
Application Fee - \$25 money order per adult to cover cost of credit report and score and \$29 per adult background check.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Three forms of proof of U.S. citizenship or legal permanent residency in the United States (birth certificate, driver license, passport, naturalization papers, or green card).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Divorce decree or legal separation papers.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Federal Tax Returns with W-2 forms for the last three years.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Pay stubs for 2 most recent pay periods for each job held.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If employed at current job less than two years - Letter from employer confirming (a) the length of your employment and (b) the annual rate of pay or the number of hours worked per week with the hourly rate of pay.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Proof of pension, social security and disability income (most recent statement for all benefits received).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Proof of alimony and child support income (court decree).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Bank statements for each account for the two most recent months.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Receipts or cancelled checks for rent payment for the two most recent months and copy of the lease.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Statements for each loan (e.g., car, student, medical, etc.) for the three most recent months.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
All utility, credit card, insurance, or other bills for the three most recent months.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Discharge documents for any bankruptcy occurring in the last 7 years.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

12. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Sussex County Habitat to evaluate my actual need for a Habitat home, my ability to repay the no-interest loan and other expenses of homeownership, complete sweat equity hours, and my willingness to be a partner family. *Initial*_____ **I understand that the evaluation will include personal visits, employment and income verification, criminal, sex offender, terrorist, and credit checks.** *Initial*_____ 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 receive a Habitat home, I may be disqualified from the program. The original or a copy of this application may be retained by Sussex County Habitat even if the application is not approved. **I agree that Sussex County Habitat for Humanity, Inc. may obtain my credit report and credit score in connection with its review of this application.**

Applicant Signature _____

Date _____

Co-Applicant Signature _____

Date _____

PLEASE NOTE: All requested information must be provided in order for your application to be considered complete. If

more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application. (Please indicate whether additional information applies to applicant or co-applicant.) **Please be aware that incomplete applications or false statements may disqualify you from further consideration.**

Applicant's Name	Co-Applicant's Name
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13. 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 purchase 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
<input type="checkbox"/> I do not wish to furnish this information.	<input type="checkbox"/> I do not wish to furnish this information.
Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White, not of Hispanic Origin <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Other (specify): _____	Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White, not of Hispanic Origin <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Other (specify): _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Birthdate (mm/dd/yyyy): ____/____/____	Birthdate (mm/dd/yyyy): ____/____/____
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)

**For Office Use Only
To Be Completed Only by the Person Conducting the Interview**

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

Sussex County Habitat is pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. Sussex County Habitat does not discriminate against any person on the basis of race, color, national origin, religious creed, gender, handicap, age, or familial status in any activity involving the selling, renting or leasing of housing accommodations.