



82 Mount View St, Newton, NJ 07860; 973-940-0503 www.sussexcountyhfh.org

**Home Repair Program Application Form**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Years at above address: \_\_\_\_\_ Are you a citizen? Yes/No

Please provide proof of legal residency \_\_\_\_\_ (example: green card, passport, birth certificate)

Previous address (if less than 2 years at above address): \_\_\_\_\_

**HOUSEHOLD MAKEUP Name of other adults in household (18 or over):**

\_\_\_\_\_

**Name & ages of minors in household:**

\_\_\_\_\_

**Any disabilities or other health issues that we should be aware of:**

\_\_\_\_\_

**Repairs requested:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Any other information you might think relevant to your situation.** \_\_\_\_\_

\_\_\_\_\_

**Are you filing for bankruptcy:** Yes No      **Is your house in or going into foreclosure:** Yes No

Please attach the following list of documents for **all** members of the household 18 and over. **Your application will be incomplete if not attached.**

1. Proof of legal residence. (see above)
2. Proof of home ownership (copy of your last property tax bill).
3. Last 2 years Federal Tax Returns with W-2 forms.
4. Copy of last 4 weeks' pay stubs or copy of social security letter.
5. Copy of last 3 months bank/financial statements for each account including loans and credit cards.
6. Proof of Homeowners Insurance.