



Sussex County Habitat for Humanity
 82 Mount View St.
 Newton, NJ 07860
Questions? Call 973 940 0503

Application for Home Repair Program

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

Date Application Received: _____

Credit Check Completed? Yes No Accepted Rejected

Application No. _____

HR _____ TOK _____

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 (973) 940 0503

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
<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? 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** - \$ _____

Have you filed for bankruptcy in the past 7 years? 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
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

4. 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

5. 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
		\$
		\$
		\$

6. Other Monthly Expenses

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

7. Specific Home Repairs Requested (Describe in Detail)

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)	<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 the 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

9. Authorization and Release

Applicant Name			Co-Applicant Name		
Social Security Number	Birth Date	Age	Social Security Number	Birth Date	Age

I understand that by filing this application, I am authorizing Sussex 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 Sussex 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 _____	

10. Notice of Incomplete Application

For projects that involve a home improvement loan, the loan 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, along with a check/money order for the \$15 Application Fee, to:

Sussex County Habitat for Humanity – Home Repair Program
82 Mount View St
Newton, NJ 07860



SCHFH 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.

