# APPLICATION PACKET

# AFFORDABLE HOMEOWNERSHIP PROGRAM

***READ THIS ENTIRE COVER PAGE THOROUGHLY BEFORE COMPLETING THIS APPLICATION!***

## What is Northern Ocean Habitat for Humanity?

Northern Ocean Habitat for Humanity, founded in 1999, is a nonprofit housing ministry that brings people together to build strength, stability, and self-reliance through shelter in northern Ocean County, New Jersey. Northern Ocean Habitat also operates the ReStore, a furniture and home goods store and donation center in Toms River. Through extensive home ownership and repair programs, Northern Ocean Habitat has partnered with over 300 families to build or improve a place they call home.

**What is the Affordable Homeownership Program?**

The Affordable Homeownership Program is a program that enables Northern Ocean Habitat for Humanity to construct new affordable houses with the assistance of partners and donors who provide land, funds, materials, and labor. These homes are sold to qualified and approved buyers through a 0%-interest equivalent mortgage that is affordable because it is further based on the income of the homebuyer(s).

**How to Apply?**

**Step 1:** Determine if you qualify for Habitat home. Go to **PAGE 2** in this packet.

**Step 2:** Learn the process by following the FAQ and disclosures. Go to **PAGE 3-6** in this packet.

**Step 3:** Determine if you are ready to be a homeowner. Go to **PAGE 8** in this packet.

**Step 4:** Complete the application and attach all required supporting documents.

**Step 5:** Submit the application, signed forms, and all supporting documents with a nonrefundable application fee of $50 per applicant. The submission date and time is April 4, 2022, at 4 pm: No applications will be accepted after this deadline; no exceptions.

**There are four options to submit the application:**

1. **Mail to** Northern Ocean Habitat for Humanity, Attn: Amy Schratz, 1620 Route 37 East, Toms River, NJ 08753
2. **Drop off** at the Northern Ocean Habitat Administrative and Construction Offices at 1620 Route 37 East, Toms River, NJ 08753, Monday through Friday between the hours of 9:00 am and 4:00 pm.
3. **Email** to programservices@nohfh.com. Please note that the application fee and all supporting documentation must also be submitted by the deadline in order for the application to be accepted.
4. **Fax** to (732) 818-9510. Please note that the application fee and all supporting documentation must also be submitted by the deadline in order for the application to be accepted.

 **NORTHERN OCEAN HABITAT FOR HUMANITY**

**1620 Route 37 East, Toms River, NJ 08753**

**Tel: (732) 818-9500, ext. 102**

**Fax: (732) 279-3817**

**Email: programservices@nohfh.com**

**Website:** [**www.northernoceanhabitat.org**](http://www.northernoceanhabitat.org)

**HOW DO I QUALIFY FOR A HABITAT HOME?**

### KEEP THIS PAGE FOR YOUR RECORDS

Northern Ocean Habitat for Humanity will evaluate the actual **need for a Habitat home**, the applicant’s **ability to repay the no-interest loan and other expenses of homeownership,** and the potential homeowner’s **willingness to be a partner** individual/family. Northern Ocean Habitat for Humanity screens applicant families on applicable sex offender registries, as well as outsources criminal background checks. The evaluation will include, but not limited to, home visits, credit checks, landlord reference verification, and employment verification. In the event multiple applicants qualify, a lottery will determine the chosen homeowner(s).

**PROPERTY/ HOUSE INFORMATION**

Northern Ocean Habitat (NOHFH) is charged by Habitat for Humanity International (HFHI) to design and build “decent and affordable” homes. Locations of Northern Ocean Habitat new homes are determined based primarily on land availability and affordability as well as funds that may be mandated for a specific municipality.

It is Northern Ocean Habitat for Humanity’s goal to build on a donated land as much as practicably possible in order to provide affordable construction and sustainability for the new build program.

New home architectural plans are generally designed using Northern Ocean Habitat for Humanity’s “General Design Standards” for decent and affordable homes. A copy of this document may be provided upon request.



Sample rendering of a decent and affordable Habitat house

(3 bedrooms, 2 bathrooms, 1950 sq ft)

# Frequently Asked Questions

### KEEP THIS PAGE FOR YOUR RECORDS

**Q: Can I pay the application fee online?**

A: No, we cannot accept payments online for the application fee. The application fee can only be paid in the form of cash, check, or money order (no credit cards).

**Q: Do I list someone on the application even though they are not a co-applicant?**

A: Yes, all individuals who will be living in the home MUST be listed on the application. If they are 18 years of age or older, their income (earned and unearned) must be included. If they are under 18 years of age, but receive income, that income must be listed as well.

**Q: Can I perform sweat equity hours before I am approved? If so, will those hours be counted upon approval?**

A: You are welcome to volunteer with Northern Ocean Habitat for Humanity prior to your potential approval. However, the hours you volunteer will NOT be counted. Sweat equity hours will be counted after approval.

**Q: Can I take the financial classes even if I am not accepted?**

A: Yes, you may take any class we offer to the public as long as you pay required material cost.

**Q: If 15 people apply for one property, how do you choose who gets approved?**

A: Individuals and families are chosen based on who best meets three criteria: need for housing, ability to repay the mortgage, and willingness to partner. The qualifying applicant(s) will be drawn from a lottery.

**Q: If I am not chosen, do I get put on a waiting list?**

A: Northern Ocean Habitat for Humanity does not have waiting lists. However, you are encouraged to re-apply for future Habitat builds.

**Q: How much of a down payment do I need?**

A: No down payment is required. There is, however, an amount needed to save for closing costs. This amount is currently $3000, and you will make deposits towards this amount on a regular, monthly basis throughout the process. The determined amount of closing costs is not negotiable.

**Q: Can I resell the house to whomever?**

A: No. Habitat for Humanity houses are deed restricted, meaning there is a maximum resale value, and the house must be sold to qualifying low-to-moderate income individuals and families.

**Q: What’s the timeline of the process?**

A: The applicant’s responsibilities are generally estimated as follows:

* Determine readiness to be a homeowner – five minutes
* Determine if you meet eligibility requirements – ten minutes
* Complete application – one to two hours
* Compile and submit requirement documents – one to two weeks

Northern Ocean Habitat for Humanity’s responsibilities are as follows:

* + Review applications, documents, conduct home visits, and select homeowner partner(s) through a final lottery – up to three months
	+ Constructions of the new home – up to one year

# Additional Information and Required Disclosures

### KEEP THIS PAGE FOR YOUR RECORDS

**VALUATION DISCLOSURE NOTICE**

Northern Ocean Habitat for Humanity may order an appraisal or other property valuation in connection with your loan and we may charge you for this appraisal or property valuation.

Upon completion of the appraisal or property valuation, Northern Ocean Habitat for Humanity will promptly provide a copy to you, even if the loan does not close.

**PRIVACY ACT NOTICE**

**1. Nonpublic personal information will be collected for all potential new home residents from the following sources:**

* Information we receive from you on applications or other forms.
* Information about your transaction with Northern Habitat for Humanity or others.
* Information we receive from a consumer reporting agency.

**2. Northern Habitat for Humanity may disclose nonpublic personal information about you to the following types of third parties:**

* Financial service providers such as mortgage servicing agents.
* Nonprofit organizations of government agencies.
* Nonaffiliated third parties as permitted by law.

Northern Habitat for Humanity may disclose the following types of nonpublic personal information about you to the third parties listed above:

* Information we receive from you on applications and other forms, such as name, address, social security number, income, or number in the household.
* Information about your transaction with us, such as your loan balance, and payment history.

Northern Habitat for Humanity will NOT disclose any nonpublic personal information about our applicants to anyone, except as permitted by law.

**3. Northern Habitat for Humanity restricts access to nonpublic personal information about you to:**

* Habitat for Humanity’s agents and employees that need to know that information to provide Habitat for Humanity services to you.
* Disclosures to other non-affiliated third parties as permitted by law.

**4. Northern Habitat for Humanity maintains physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.**

**A Summary of Your Rights Under the Fair Credit Reporting Act**

**Keep this summary in its entirety for your records.**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records).

Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

• **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

• **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

* a person has taken adverse action against you because of information in your credit report;
* you are the victim of identity theft and place a fraud alert in your file;
* your file contains inaccurate information as a result of fraud;
* you are on public assistance;
* you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

• **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

• **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than 7 years old, or bankruptcies that are more than 10 years old.

• **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

• **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

• **You many limit “prescreened” offers of credit and insurance you get based on information in your credit report. Unsolicited** “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.

**Federal enforcers are:**

Consumer reporting agencies, creditors, and others not listed below: Federal Trade Commission, Consumer Response Center – FCRA, Washington, DC 20580 877-382-4357

National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after the bank’s name): Office of the Comptroller of the Currency, Compliance Management, Mail Stop 6-6, Washington, DC 20219 | 800-613-6743

Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks): Federal Reserve Board, Division of Consumer & Community Affairs, Washington, DC 20551 | 202-452-3693

Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name): Office of Thrift Supervision, Consumer Complaints, Washington, DC 20552 | 800-842-6929

Federal credit unions (words “Federal Credit Union” appear in institution’s name): National Credit Union Administration, 1775 Duke Street, Alexandria, VA 22314 | 703-519-4600

State-chartered banks that are not members of the Federal Reserve System Federal Deposit Insurance Corporation: Consumer Response Center, 2345 Grand Avenue, Suite 100, Kansas City, Missouri 64108-2638 | 877-275-3342

Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission:

Department of Transportation, Office of Financial Management, Washington, DC 20590 | 202-366-1306

Activities subject to the Packers and Stockyards Act, 1921 Department of Agriculture: Office of Deputy Administrator – GIPSA, Washington, DC 20250 | 202-720-7051

**Affordable Housing and Other Resources**

**KEEP THIS PAGE FOR YOUR RECORDS.**

* **Social Serve: 877-428-8844 |** [**www.socialserve.com**](http://www.socialserve.com)
* **Public Housing Authority: 202-708-1112 |** [**https://www.hud.gov/states/new\_jersey/working/ph/newark-staff**](https://www.hud.gov/states/new_jersey/working/ph/newark-staff)
* **Mercer County Board of Social Services: 609-989-4320 |** [**www.mcboss.org**](http://www.mcboss.org) **609-989-4320**
* **Ocean County Board of Social Services: 732-349-1500 |** [**http://www.co.ocean.nj.us/OC/SocialServices/**](http://www.co.ocean.nj.us/OC/SocialServices/)
* **Monmouth County Division of Social Services: 800-662-3114 |** [**www.co.monmouth.nj.us**](http://www.co.monmouth.nj.us)
* **2-1-1, NJ Help Hotline: Dial 211 |** [**www.nj211.org**](http://www.nj211.org)
* **USDA Loan: 732-389-2958 |** [**https://eligibility.sc.egov.usda.gov**](https://eligibility.sc.egov.usda.gov)
* **Affordable Housing Alliance (AHA): 732-389-2958 |** [**http://www.affordablehousingalliance.com/**](http://www.affordablehousingalliance.com/)
* **Housing Division of O.C.E.A.N. Inc. (Ocean Community Economic Action Now): 732-244-5333 |** [**https://oceaninc.org/housing-programs**](https://oceaninc.org/housing-programs)
* **Affordable Housing Online:** [**https://www.lowincomehousing.us/**](https://www.lowincomehousing.us/)
* **Affordable Housing Professionals of New Jersey: 609-310-6070 |** [**https://ahpnj.org/**](https://ahpnj.org/)
* **New Jersey Housing and Mortgage Finance Agency:** [**https://www.nj.gov/dca/hmfa/**](https://www.nj.gov/dca/hmfa/)
* **State of New Jersey Department of Community Affairs (State Housing Authority):**
	+ **Supportive Housing Connection:**
		- [**https://www.nj.gov/dca/divisions/dhcr/offices/shc.html**](https://www.nj.gov/dca/divisions/dhcr/offices/shc.html)
	+ **State Rental Assistance Program**
		- [**https://www.state.nj.us/dca/divisions/dhcr/offices/srap.html**](https://www.state.nj.us/dca/divisions/dhcr/offices/srap.html)
	+ [**https://www.state.nj.us/dca**](https://www.state.nj.us/dca)
* **New Jersey Housing Resource Center:** [**https://www.njhrc.gov/**](https://www.njhrc.gov/)
* **Individual Development Accounts: 202-419-1440 |** [**www.caab.org**](http://www.caab.org) **(matched savings account program)**

**HOMEOWNERSHIP READINESS CHECK**

RETURN THIS PAGE WITH APPLICATION

When you purchase a home through Northern Ocean Habitat for Humanity, Habitat becomes your mortgage company, not your landlord. The house, and any problems or damage that occurs after move-in, are the homebuyer’s responsibility. Please note that Northern Ocean Habitat for Humanity offers a one-year, full coverage warranty and a ten-year new home warranty through the State of New Jersey.

**Are you and your family ready, willing, and able to:**

\_\_\_\_\_\_\_\_ Make a commitment to potentially live in the same home for 15-30 years.

\_\_\_\_\_\_\_\_ Mail your mortgage payment to the mortgage company every month. All mortgage companies, including Habitat for Humanity, will foreclose on homeowners that become delinquent in their payments.

\_\_\_\_\_\_\_\_ Budget for ALL expenses of homeownership, including but not limited to water, heat, electricity, maintenance, etc.

\_\_\_\_\_\_\_\_ Make household repairs yourself or hire a professional.

\_\_\_\_\_\_\_\_ Spend the time necessary to keep the home in good condition (painting, repairs, yard maintenance, cleaning, etc.)

\_\_\_\_\_\_\_\_ Learn the skills necessary for household and yard upkeep.

\_\_\_\_\_\_\_\_ Keep your lawn mowed, sidewalks shoveled, and trash properly stowed.

\_\_\_\_\_\_\_\_ Spend time getting to know your neighbors, since good relationships with neighbors are the start of healthy, strong communities.

If you answered ”no” to any of these questions, you may not be ready to be a homeowner at this time.

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# ELIGIBILITY CHECKLIST – OCEAN COUNTY

## RETURN THIS PAGE WITH YOUR APPLICATION PACKET.

##### INCOME GUIDELINES based on 2021 Affordable Housing Regional Income Limits:

|  |  |  |
| --- | --- | --- |
| Family Size | Minimum (30%) | Maximum (50%) |
| 3 persons | $29,495 | $58,990 |
| 4 persons | $32,772 | $65,545 |
| 5 persons | $35,394 | $70,788 |
| 6 persons | $38,016 | $76,032 |

##### CHECK OFF ALL OF THE BOXES THAT APPLY TO EACH HOMEOWNER APPLICANT:

|  |  |  |
| --- | --- | --- |
| App. | Co-App. |  |
| **☐** | **☐** | My gross annual household income (before taxes) falls within the income guidelines above. |
| **☐** | **☐** | I am a United States citizen or legal resident. |
| **☐** | **☐** | If I am employed, I have been employed at the same job for a minimum of six months. |
| **☐** | **☐** | My current housing is overcrowded, unaffordable, dangerous, unhealthy, temporary, and/or otherwise substandard. |
| **☐** | **☐** | I have a stable source of income that I do not expect to end within the next three years. |
| **☐** | **☐** | I have a credit score of 550 or higher. |
| **☐** | **☐** | I have NOT declared bankruptcy within the past seven years. If I have declared bankruptcy, it has been discharged over two years ago. |
| **☐** | **☐** | I have NOT been directly or indirectly obligated on any loan which resulted in foreclosure or transfer of title in lieu of foreclosure or judgement. |
| **☐** | **☐** | I have NOT been evicted within the past two years. |
| **☐** | **☐** | I am NOT currently involved in a lawsuit. |
| **☐** | **☐** | I am NOT a co-signer or endorser on any loan. |
| **☐** | **☐** | I am NOT currently delinquent or in default on any federal debt, mortgage, or any other financial obligation or loan. |
| **☐** | **☐** | I do NOT have any outstanding judgments against me. |

 I/WE CONFIRM ALL THE BOXES CHECKED ARE ACCURATE AND TRUE.

|  |  |
| --- | --- |
|  |  |
| Applicant’s Signature | Co-Applicant’s Signature |
|  |  |
| Print Full Name | Print Full Name |

If you ***can*** check all of the boxes, complete the application.

If you ***cannot*** check all of the boxes, it MAY mean you are not eligible for the program. Please call 732-818-9500, ext. 102 before proceeding. However, if there are any boxes that are NOT checked but you would still like to apply, please provide a written statement with an explanation of the circumstances in the space below. Your explanation will be subject to proof of verification. (Use an additional sheet of paper if needed.)

|  |
| --- |
|  |

**Application for Housing**

|  |  |
| --- | --- |
| **DATE RECEIVED:** | **STAFF INITIALS:** |
| **FEE PAID:** | **APP. NUMBER:** |
| We are pledged to the U.S. policy for the -achievement of equal housing opportunity. We support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, age, religion, sex, handicap, marital or familial status, income source, national origin, sexual preference, or exercising the right to federal credit protection. | This is an application for acceptance to our Affordable Homeownership Program, in which you would purchase a house from NOHFH. |

|  |
| --- |
| **1. APPLICANT INFORMATION** |
| **Applicant:** (Please include name as it appears on legal documents) |
| First Name Last Name Maiden or Other Name (if applicable) |
| Home Address Apt/Lot No. City State Zip Code  |
| Home Phone Number Cell Phone Number Email Address |
| Are you at least 18 years old? □ Yes □ No Birth date: Social Security #: |
| Marital Status: □ Married □ Widowed □ Divorced □ Married but Separated (must list spouse as a co-applicant) |
| **Co-Applicant (if applicable):** (Please include name as it appears on legal documents)Note: Co-applicant will be co-owner of Habitat home and will be responsible for Habitat mortgage. It is not required that each adult in household be listed as co-applicant. However, if you are married and not legally separated, your spouse must be listed as a co-applicant. |
| First Name Last Name Maiden or Other Name (if applicable) |
| Home Address Apt/Lot No. City State Zip Code  |
| Home Phone Number Cell Phone Number Email Address |
| Are you at least 18 years old? □ Yes □ No Birth date: Social Security #: |
| **Previous Address:** If you (applicant and/or co-applicant) have lived in your current residence for less than two (2) years, please include your previous address(es): |
| Applicant:Previous Address Apt/Lot No. City State Zip |
| Co-Applicant:Previous Address Apt/Lot No. City State Zip |

Other people who may live with you. List the names and ages of people who currently live with you. AS WELL AS people who plan to live in the Habitat home at least 50% of the time. Please explain any shared custody arrangements on a separate sheet of paper and include a copy of court judgements.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Birthdate** | **Gender** | **Relationship to applicant or co-applicant** | **Will this person live in the Habitat home at least 50% of the time?** |
|  |  | □ F □ M |  | □ Y □ N |
|  |  | □ F □ M |  | □ Y □ N |
|  |  | □ F □ M |  | □ Y □ N |
|  |  | □ F □ M |  | □ Y □ N |
|  |  | □ F □ M |  | □ Y □ N |

|  |
| --- |
| **2. HOUSING** |

Indicate your current housing condition/ situation(s):

Please check all the boxes that describe the problems where you currently reside.

□ Temporary □ Too small □ Government subsidized □ Plumbing/electrical problems

□ Structural problems □ Roof problems □ Unsafe □ Handicap accessibility needed

□ Living in same house with another family □ Paying more than 40% of your monthly income for rent

**APPLICANT:**

|  |
| --- |
| Number of bedrooms: Number of bathrooms: |
| Do you: □ Own □ Rent □ Other (please explain) How long have you lived at this location? |
| Monthly rent or mortgage payment $ Mortgage balance (if applicable) $ |

**CO-APPLICANT:**

|  |
| --- |
| Number of bedrooms: Number of bathrooms: |
| Do you: □ Own □ Rent □ Other (please explain) How long have you lived at this location? |
| Monthly rent or mortgage payment $ Mortgage balance (if applicable) $ |
| CONTINUED ON NEXT PAGE 🡪 |

|  |
| --- |
| **IMPORTANT:** Please describe below your concerns with your current housing and why you need a Habitat home. |
| **Landlord Contact Information (if applicable):**Name Address Phone Number |
| Please provide LETTERS OF REFERENCE (applicant and co-applicant) from **three** individuals who would recommend you for a Habitat home. This can include a clergy member, friend, supervisor, etc. |

|  |
| --- |
| **3. REQUIRED PERSONAL INFORMATION** |
| **My Personal Story** |
| In the space below, please write your “personal story” (applicant and co-applicant) which will allow Northern Ocean Habitat for Humanity to better understand your family situation and living conditions. Include anything that you feel will further assist Northern Ocean Habitat for Humanity in fairly evaluating your need(s). Use an additional sheet of paper, if necessary. |
| **Marketing Information** |
| How did you hear about Northern Ocean Habitat for Humanity’s Affordable Homeownership Program? |

**SECTION 1**

**PLEASE ATTACH THE FOLLOWING REQUIRED DOCUMENTS**

1. Personal identification for the **Applicant and Co-Applicant** (two forms of ID required). COPIES ONLY.
* First form of identification:
	+ Must provide copy of driver’s license (front and back) or another form of photo ID (if no license).
	+ Permanent resident/green card (front and back), if applicable.
* Second form of identification may include:
	+ Passport, social security card, birth certificate, school, or employment ID.
1. Personal identification for **all other household members** (two forms of ID required). COPIES ONLY.
* Birth certificate.
* Social security card, school, or employment ID.
1. If you are a veteran, submit a DD214 form or driver license with a veteran’s sticker and/or county veteran ID card.
2. Include three reference letters for the applicant and three reference letters for the co-applicant.
3. Include divorce decree(s) or separation agreement (if applicable).
4. Include verification of Section 8 or any other housing benefit, if applicable.
5. Fully executed lease for current housing.

I/WE HAVE ATTACHED ALL OF THE ABOVE APPLICABLE DOCUMENTS. I/WE UNDERSTAND THE FAILURE TO DO SO MAY RESULT IN THE DENIAL OF MY/ OUR APPLICATION.

|  |  |
| --- | --- |
| Applicant’s Signature | Co-Applicant’s Signature |
| Print Full Name | Print Full Name |

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**PLEASE ATTACH THE ITEMS LISTED ON PAGE 16 HERE.**

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| **4. UNEARNED INCOME** |

You do not need to be employed to be eligible for a Habitat house. However, you must have sufficient regular, reliable income that will not end to be able to repay the Habitat home mortgage. If you or anyone in your household is receiving money from a source other than employment, please check each type of income.

* Food Stamps □ Military Allotment □ SSI Benefits □ Retirement/ Pension
* Roomer/Boarder □ Social Security □ Railroad Benefits □ Tribal Money
* Unemployment Benefits □ Veterans Benefits □ Workers Compensation □ Other
* Alimony □ Child Support □ Disability Benefits

For each box checked above, complete the following information (use additional sheet of paper if needed):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Person Receiving Income** | **Type of Income** | **Amount ($)** | **Frequency (weekly/monthly)** | **Will the income end?** |
|  |  |  |  | □ Yes □ No If yes, when? |
|  |  |  |  | □ Yes □ No If yes, when? |
|  |  |  |  | □ Yes □ No If yes, when? |
|  |  |  |  | □ Yes □ No If yes, when? |
|  |  |  |  | □ Yes □ No If yes, when? |

|  |
| --- |
| **5. EMPLOYMENT** |

If you or anyone in your household (age 18 or above) is currently employed, please provide information about salaries received for work (full or part-time, temporary, seasonal, or self-employment) including money from wage, salary, tips, and/or commission from the past two years. If you worked for more than one employer, complete a box for each employer. If you need to list more employers, please use an additional sheet of paper.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Household Member** | **Employer** | **Income Earned (wages, tips, commissions, etc.)** | **Frequency (weekly, bi-weekly, monthly, etc.)** | **Employment Dates** |
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|  |
| --- |
| **6. EXPENSES** |
| IMPORTANT: How much money do you spend every month on household expenses? You do not need to include rent or mortgage payments. Please check all the items for which payments are required. Include all monthly bills and provide verification.□ Alimony □ Auto Payment □ Child Care □ Child Support□ Credit Card Payment □ Insurance □ Loan Payment □ Medical Bills□ Phone Bill □ Television/Internet Bill □ Utility Bill (gas, electric) □ Other |

**For each box checked above, complete the following information.** (Use an additional sheet of paper, if needed.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Expense** | **Paid to Whom** | **Who Pays** | **Amount Paid** | **How Often Paid (weekly/ monthly)** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |
| 7. |  |  |  |  |
| 8. |  |  |  |  |
| 9. |  |  |  |  |
| 10. |  |  |  |  |

|  |
| --- |
| **7. ASSETS** |
| Tell us about your household assets. An asset is cash, money in the bank, anything that can be sold, or can be converted into cash. An asset does not include personal property such as jewelry, furniture, electronics, etc. Check all that apply.□ Bank Account (Checking/Debit) □ Bank Account (Savings) □ Inherited Property□ Houses/ Buildings □ Land □ Stocks/ 401K/ IRA□ Savings Bonds □ Vehicle (Car, Truck, Boat) □ Other |

**For each box checked above, complete the following information.** (Use an additional sheet of paper, if needed.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Owner** | **Type of Asset (describe)** | **Value** | **Where is the asset located?**(include name of bank or company where it is held, address of property, etc.) |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |
| 10. |  |  |  |

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| --- |
| **8. DEBTS** |

|  |
| --- |
| **Debt Source Debt Amount**□ Credit Card (Visa, Mastercard, Discover, American Express) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Limited Purpose Credit Card (Lowes, Sears, Home Depot, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Medical Debt \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Student Loan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

List all debts of the applicant and/or co-applicant. Check all that apply.

|  |
| --- |
| **9. REQUIRED FINANCIAL DOCUMENTATION** |

**SECTION 2**

**PLEASE ATTACH THE FOLLOWING REQUIRED DOCUMENTS**

1. Last three years of 1040 Federal Income Tax Returns, including w-2’s or 1099 forms.
2. Last three years of State Tax Returns.
3. Last three months of paystubs.
4. Last six months of detailed checking account statements.
5. Last six months of detailed savings account statements (if applicable).
6. Last six months of detailed statements for all assets stated in Section # 7.
7. Business financial statements and year-to-date profit and loss statements, if self-employed.
8. Statements for any unearned income stated in Section # 4.
9. Property settlement (if applicable).
10. Copies of bills and expenses for the last three months stated in Section # 6.

I/ WE HAVE ATTACHED ALL OF THE ABOVE APPLICABLE DOCUMENTATION. I/ WE UNDERSTAND THAT FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN THE DENIAL OF MY/ OUR APPLICATION

|  |  |
| --- | --- |
| Applicant’s Signature | Co-Applicant’s Signature |
| Print Full Name | Print Full Name |

**THIS PAGE IS INTENTIONALLY LEFT BLANK.**

**PLEASE ATTACH THE ITEMS LISTED ON PAGE 23 HERE.**

|  |
| --- |
| 1. **WILLINGNESS TO PARTNER**
 |

To be considered for a Habitat home, you and those who will reside in the Habitat home must agree to the **Partnership Requirements** listed below. These requirements must be fulfilled after your selection as a Homeowner Partner and prior to the closing on your home.

* Perform at least 300 of sweat equity (volunteer labor) per adult in household. One hundred (100) of these hours must be on the construction site of your home. (Persons unable to work on an active construction site due to a disability will be provided with other opportunities to fulfill this requirement.)
* Attend training and education classes in home/ lawn maintenance and finances to prepare you for homeownership.
* Pay $3,000 toward closing costs for your home. (Payments in $500 installments for six consecutive months beginning the first month after you have been selected will be required.)
* Avoid new consumer debt (purchase of a car, appliances, etc.)
* Be available for fundraising events.
* Agree to have you and your family photographed for sharing on social media, materials for donors, volunteers, etc. You will also be required to share your story and personal Habitat journey and may be required to provide interviews. (Note: Only first names and the municipality will be shared publicly.)
* Act as an ambassador on behalf of Northern Ocean Habitat for Humanity, which includes but is not limited to, attending events where donors are present.

I/ WE ARE WILLING TO PARTICIPATE IN ALL OF THE HOMEOWNER(S) PARTNERSHIP REQUIREMENTS.

|  |  |
| --- | --- |
| Applicant’s Signature | Co-Applicant’s Signature |
| Print Full Name | Print Full Name |

If the Selection Committee has determined that you meet the requirements of **financial eligibility, willingness to partner,** and **housing need**; a home visit will be schedule. Everyone listed on your application must be present during the one-hour home visit. This typically occurs six to eight weeks after submission of your application.

**Please provide your preferred visit days/times:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Choice # 1 | Choice # 2 | Choice # 3 |
| Day of the Week |  |  |  |
| Time Frame |  |  |  |

|  |
| --- |
| 1. **AUTHORIZATION AND RELEASE OF INFORMATION**
 |
| I understand that by applying for housing with Northern Ocean Habitat for Humanity, I am authorizing Northern Ocean Habitat for Humanity to evaluate the actual need for a Habitat home, my ability to repay the no-interest loan and other expenses of homeownership, and my willingness to be a partner individual/family. I understand that Habitat for Humanity screens all potential staff (whether paid or unpaid), board members, and applicant individuals/families on applicable sex offender registries, as well as a criminal background check. I understand that the evaluation will include, but is not limited to, home visits, credit checks, landlord reference checks, and employment verification. I understand that my personal information will be shared with the designated Qualified Loan Originator and Affordable Housing Agent. 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, even if I have already been selected to receive a Habitat home. The original or a copy of this application will be retained by Habitat for Humanity, even if the application is not approved.By signing this statement, I am submitting to such inquiries, allowing the release of my personal information to Northern Ocean Habitat for Humanity, and certifying that all information submitted on this application is accurate, truthful, and complete. |
| Submit this application packet and all supporting documents with a nonrefundable application fee of $50 per applicant. **The submission date and the time is April 4, 2022 at 4 pm. No application will be accepted after this deadline and no exceptions will be permitted.** |
| If this application was completed by someone other than the applicant/ co-applicant, please supply the following information:The information was provided via: □ Face-to-Face Interview □ Mail □ Phone □ Internet □ Other |
| Interviewer’s Name/ Position (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Interviewer’s Signature Date of Interview |

|  |  |
| --- | --- |
| Applicant’s Signature | Co-Applicant’s Signature |
| Print Full Name | Print Full Name |

|  |
| --- |
| 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 based on this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish this information, under federal regulations this lender is required to note race and sex based on visual observation or surname.This information will be anonymous and separated from your application before the application is reviewed. |

|  |  |
| --- | --- |
| **APPLICANT**□ I do not wish to furnish this information.**Race/National Origin** (check all that apply):□ American Indian or Alaskan Native □ Native Hawaiian or Other Pacific Islander□ Black/African American□ Caucasian□ Asian□ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Ethnicity:**□ Hispanic□ Non-Hispanic**Birthdate** (MM/DD/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Gender:**□ Female□ Male**Marital Status:** □ Married□ Widowed□ Divorced□ Married but Separated | **CO-APPLICANT**□ I do not wish to furnish this information.**Race/National Origin** (check all that apply):□ American Indian or Alaskan Native □ Native Hawaiian or Other Pacific Islander□ Black/African American□ Caucasian□ Asian□ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Ethnicity:**□ Hispanic□ Non-Hispanic**Birthdate** (MM/DD/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Gender:**□ Female□ Male**Marital Status:** □ Married□ Widowed□ Divorced□ Married but Separated |

**SECTION 3**

**VERIFICATION FORMS FOR AFFORDABLE HOMEWONERSHIP PROGRAM**

THE FOLLOWING FORMS MUST BE RETURNED ALONG WITH THE NEW HOME APPLICATION AND APPLICATION FEE FOR A COMPLETE SUBMISSION FOR THE HOMEOWNERSHIP PROGRAM.

**APP. NO. \_\_\_\_\_\_\_**

FORM 1A: MARITAL STATUS DOCUMENT FOR APPLICANT

**APPLICANT**

If you are married, your spouse must be listed on the new home application as a Co-Applicant. New Jersey is a community property state which means all property purchased while you are married is shared. Therefore, whether you are married and living with your spouse or married and separated from your spouse, it is required that your spouse be listed as a Co-Applicant. The Co-Applicant will be the co-owner of the Habitat home and will share responsibility for the mortgage. **Please check your current marital status:**

\_\_\_\_\_\_ Married \_\_\_\_\_\_ Divorced \_\_\_\_\_\_ Single \_\_\_\_\_\_ Widowed \_\_\_\_\_\_ Married but separated

COMPLETE THE FOLLOWING TABLES AS APPLICABLE (Please provide information on any additional divorces. Use a separate sheet of paper, if necessary):

|  |  |
| --- | --- |
| **IF MARRIED** | **IF ENGAGED OR SIGNIFICANT OTHER IS LISTED AS A CO-APPLICANT** |
| Name of spouse: | Name of partner: |
| Date of marriage: | Date of birth: |

|  |
| --- |
| **IF DIVORCED** |
| FIRST DIVORCE | SECOND DIVORCE |
| Name of ex-spouse: |  |
| Date of marriage: |  |
| Place of marriage: |  |
| Date of divorce: |  |
| Place of divorce: |  |

|  |
| --- |
| **IF WIDOWED** |
| Name of deceased spouse: |
| Date of marriage: |
| Date of death: |

All the information I have provided on this Marital Status document is truthful. I understand if I have not answered the questions truthfully, my application may be denied at any point prior to taking ownership of the home. I understand that any misrepresentation of my marital status is fraudulent and may result in criminal and civil charges.

|  |  |
| --- | --- |
| Applicant’s Signature | Print Full Name |

**APP. NO. \_\_\_\_\_\_\_**

FORM 1B: MARITAL STATUS DOCUMENT FOR CO-APPLICANT

**CO-APPLICANT**

If you are married, your spouse must be listed on the new home application as a Co-Applicant. New Jersey is a community property state which means all property purchased while you are married is shared. Therefore, whether you are married and living with your spouse or married and separated from your spouse, it is required that your spouse be listed as a Co-Applicant. The Co-Applicant will be the co-owner of the Habitat home and will share responsibility for the mortgage. **Please check your current marital status:**

\_\_\_\_\_\_ Married \_\_\_\_\_\_ Divorced \_\_\_\_\_\_ Single \_\_\_\_\_\_ Widowed \_\_\_\_\_\_ Married but separated

COMPLETE THE FOLLOWING TABLES AS APPLICABLE (Please provide information on any additional divorces. Use a separate sheet of paper, if necessary):

|  |  |
| --- | --- |
| **IF MARRIED** | **IF ENGAGED OR SIGNIFICANT OTHER IS LISTED AS A CO-APPLICANT** |
| Name of spouse: | Name of partner: |
| Date of marriage: | Date of birth: |

|  |
| --- |
| **IF DIVORCED** |
| FIRST DIVORCE | SECOND DIVORCE |
| Name of ex-spouse: |  |
| Date of marriage: |  |
| Place of marriage: |  |
| Date of divorce: |  |
| Place of divorce: |  |

|  |
| --- |
| **IF WIDOWED** |
| Name of deceased spouse: |
| Date of marriage: |
| Date of death: |

All the information I have provided on this Marital Status document is truthful. I understand if I have not answered the questions truthfully, my application may be denied at any point prior to taking ownership of the home. I understand that any misrepresentation of my marital status is fraudulent and may result in criminal and civil charges.

|  |  |
| --- | --- |
| Applicant’s Signature | Print Full Name |

**DATE SENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APP. NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

FORM 2A: DISCLOSURE AND AUTHORIZATION FOR BACKGROUND CHECK FOR APPLICANT

**APPLICANT**

By signing below, I hereby authorize Northern Ocean Habitat for Humanity to subcontract a qualified outside agency to perform a complete background check on me for the purpose of participation in its home ownership program. This background check will include:

* Credit check including liens, suits, and judgements
* Social security trace
* Statewide criminal history searches, including criminal conviction records as permitted by law
* Sex offender search
* Multi-state database search
* Foreign assets control list
* Eviction search

I also hereby authorize the qualified outside agency and their agencies to release any and all information requested on behalf of this volunteer organization. I further release this volunteer organization, the qualified outside agent and their agencies, employees, successors and assigns and all other parties involved in this background check from any claims or actions for any liability whatsoever related to the process of this background check.

|  |
| --- |
| Applicant’s Name:LAST: FIRST: MIDDLE: SUFFIX: |
| Alias/Maiden Name(s) |
| Current Address: |

|  |  |
| --- | --- |
| Phone Number: | Date of Birth: |
| Email: | Social Security Number: |
| Driver’s License Number: State of Issuance: |

|  |
| --- |
| Applicant’s Signature |

**DATE SENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APP. NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

FORM 2B: DISCLOSURE AND AUTHORIZATION FOR BACKGROUND CHECK FOR CO-APPLICANT

**CO-APPLICANT**

By signing below, I hereby authorize Northern Ocean Habitat for Humanity to subcontract a qualified outside agency to perform a complete background check on me for the purpose of participation in its home ownership program. This background check will include:

* Credit check including liens, suits, and judgements
* Social security trace
* Statewide criminal history searches, including criminal conviction records as permitted by law
* Sex offender search
* Multi-state database search
* Foreign assets control list
* Eviction search

I also hereby authorize the qualified outside agency and their agencies to release any and all information requested on behalf of this volunteer organization. I further release this volunteer organization, the qualified outside agent and their agencies, employees, successors and assigns and all other parties involved in this background check from any claims or actions for any liability whatsoever related to the process of this background check.

|  |
| --- |
| Co-Applicant’s Name:LAST: FIRST: MIDDLE: SUFFIX: |
| Alias/Maiden Name(s) |
| Current Address: |

|  |  |
| --- | --- |
| Phone Number: | Date of Birth: |
| Email: | Social Security Number: |

|  |
| --- |
| Driver’s License Number: State of Issuance: |
| Co-Applicant’s Signature |

**DATE SENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APP. NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

FORM 2C: DISCLOSURE AND AUTHORIZATION FOR BACKGROUND CHECK FOR RESIDENTS OVER 18 YEARS OLD

**ADULT RESIDENT**

By signing below, I hereby authorize Northern Ocean Habitat for Humanity to subcontract a qualified outside agency to perform a complete background check on me for the purpose of participation in its’ home ownership program. This background check will include:

* Credit check including liens, suits, and judgements
* Social security trace
* Statewide criminal history searches, including criminal conviction records as permitted by law
* Sex offender search
* Multi-state database search
* Foreign assets control list
* Eviction search

I also hereby authorize the qualified outside agency and their agencies to release any and all information requested on behalf of this volunteer organization. I further release this volunteer organization, the qualified outside agent and their agencies, employees, successors and assigns and all other parties involved in this background check from any claims or actions for any liability whatsoever related to the process of this background check.

|  |
| --- |
| Adult Resident’s Name:LAST: FIRST: MIDDLE: SUFFIX: |
| Alias/Maiden Name(s) |
| Current Address: |

|  |  |
| --- | --- |
| Phone Number: | Date of Birth: |
| Email: | Social Security Number: |

|  |
| --- |
| Driver’s License Number: State of Issuance: |
| Adult Resident’s Signature |

**APP. NO. \_\_\_\_\_\_\_**

FORM 3: PHOTOGRAPHIC RELEASE FOR APPLICANT, CO-APPLICANT, AND ADULT RESIDENTS

**APPLICANT, CO-APPLICANT, AND ADULT RESIDENTS**

I/we grant Northern Ocean Habitat for Humanity and Partners full authorization and the absolute right and permission to record my appearance, performance, and voice to use in edited or unedited form whereas the results and proceeds in connection with the photographing, filming, videotaping, and/or audio taping of my activities with Habitat for Humanity and Partners. I/we understand that a photograph, film, video, audio tape, or other recording in which I/we appear will become the sole property of Habitat for Humanity and Partners. I/we grant Habitat for Humanity and Partners the absolute, worldwide, irrevocable, royalty-free right in perpetuity to adapt, annotate, assign, convey, copyright, display, distribute, modify, publish, release, reproduce, sell, transfer, or use photographic reproductions of me/us, and/or videotape pictures of me/us, in any manner, in any media, including electronic computer media; in which may be included in whole, in part, or in composite, in conjunction with my/our own or any other picture, produced, person or reproduction, in color or otherwise, made through any media at the studios of Habitat and Partners or elsewhere, for art, advertising, commerce, business, promotional, or trade or any other lawful purpose whatsoever.

I/we also grant Habitat for Humanity and Partners all rights, title, and interest in any and all royalties, proceeds, or other benefits derived from such photographs, films, videos, audio tapes, or other recordings. I/we hereby waive any right that I/we may have to inspect or approve of the finished product or the advertising copy which may be used in connection therewith, or the use to which it may be applied. I/we hereby release, discharge and agree to hold harmless Habitat for Humanity and Partners from any and all liability of any nature or description which arises in connection with any use whatsoever of any image or audio recording of me/us, whether intentional or otherwise, and from any damage or injury that may result from any type of recoding process or other action take in furtherance of completion of the finished product, unless said use, recording or other action is solely for the purpose of subjecting me/us to conspicuous ridicule, scandal, reproach, scorn, and indignity. I/we agree that in the event of any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining clauses or provisions of this Release, which shall continue to be enforceable.

|  |  |
| --- | --- |
| Applicant’s Signature | Co-Applicant’s Signature |
| Applicant’s Full Name (Print) | Co-Applicant’s Full Name (Print) |
| Adult Resident’s Signature | Adult Resident’s Signature |
| Adult Resident’s Full Name (Print) | Adult Resident’s Full Name (Print) |

**DATE SENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APP. NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

FORM 4A: PRESENT EMPLOYMENT VERIFICATION FOR APPLICANT

**Top Portion to be Completed by the APPLICANT**

|  |
| --- |
| **Applicant’s Name:**LAST: FIRST: MIDDLE: SUFFIX  |
| **Applicant’s Address:** |
| **Applicant’s Current Company/ Employer Name and Address:** |
| **Current Company/Employer Number: Current Company/Employer Email:** |

I authorize the release of the following information to Northern Ocean Habitat for Humanity for use in determining eligibility for the Habitat for Humanity new home ownership program. All information will be kept confidential in conjunction with the Gramm-Leach-Bliley Act.

|  |
| --- |
| **Applicant’s Signature** |

THIS PORTION IS TO BE COMPLETED BY APPLICANT’S EMPLOYER: PLEASE RETURN TO Northern Ocean Habitat for Humanity **no later than** April 4, 2022, by faxing form to 732-818-9510 (Attention: Homeowner Selection) OR via email to programservices@nohfh.com (Subject Line: Homeowner Selection).

Employment Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Present Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current base pay – Amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period (circle one): Annually / Per Hour

Earnings – Calendar year-to-date: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last calendar year: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this person regularly receive overtime or bonuses? (circle one): Yes / No

* If yes, average number of overtime hours per month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* If yes, bonus type, payment schedule, and average amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE SENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APP. NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

FORM 4B: PRESENT EMPLOYMENT VERIFICATION FOR CO-APPLICANT

**Top Portion to be Completed by the CO-APPLICANT**

|  |
| --- |
| **Co-Applicant’s Name:**LAST: FIRST: MIDDLE: SUFFIX  |
| **Co-Applicant’s Address:** |
| **Co-Applicant’s Current Company/ Employer Name and Address:** |
| **Current Company/Employer Number: Current Company/Employer Email:** |

I authorize the release of the following information to Northern Ocean Habitat for Humanity for use in determining eligibility for the Habitat for Humanity new home ownership program. All information will be kept confidential in conjunction with the Gramm-Leach-Bliley Act.

|  |
| --- |
| **Co-Applicant’s Signature** |

THIS PORTION IS TO BE COMPLETED BY CO-APPLICANT’S EMPLOYER: PLEASE RETURN TO Northern Ocean Habitat for Humanity **no later than** April 4, 2022, by faxing form to 732-818-9510 (Attention: Homeowner Selection) OR via email to programservices@nohfh.com (Subject Line: Homeowner Selection).

Employment Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Present Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current base pay – Amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period (circle one): Annually / Per Hour

Earnings – Calendar year-to-date: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last calendar year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this person regularly receive overtime or bonuses? (circle one): Yes / No

* If yes, average number of overtime hours per month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* If yes, bonus type, payment schedule, and average amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE SENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APP. NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

FORM 5A: PAST EMPLOYMENT VERIFICATION FOR APPLICANT

**Top Portion to be Completed by the APPLICANT**

|  |
| --- |
| **Applicant’s Name:**LAST: FIRST: MIDDLE: SUFFIX  |
| **Applicant’s Address:** |
| **Applicant’s Previous Company/ Employer Name and Address:** |
| **Previous Company/Employer Number: Previous Company/Employer Email:** |

I authorize the release of the following information to Northern Ocean Habitat for Humanity for use in determining eligibility for the Habitat for Humanity new home ownership program. All information will be kept confidential in conjunction with the Gramm-Leach-Bliley Act.

|  |
| --- |
| **Applicant’s Signature** |

THIS PORTION IS TO BE COMPLETED BY APPLICANT’S PREVIOUS EMPLOYER: PLEASE RETURN TO Northern Ocean Habitat for Humanity **no later than** April 4, 2022, by faxing form to 732-818-9510 (Attention: Homeowner Selection) OR via email to programservices@nohfh.com (Subject Line: Homeowner Selection).

Employment Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current base pay – Amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period (circle one): Annually / Per Hour

Earnings – Calendar year-to-date: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last calendar year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did this person regularly receive overtime or bonuses? (circle one): Yes / No

If yes, average number of overtime hours per month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, bonus type, payment schedule, and average amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Employer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Employer Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE SENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APP. NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

FORM 5B: PAST EMPLOYMENT VERIFICATION FOR CO-APPLICANT

**Top Portion to be Completed by the CO-APPLICANT**

|  |
| --- |
| **Co-Applicant’s Name:**LAST: FIRST: MIDDLE: SUFFIX  |
| **Co-Applicant’s Address:** |
| **Co-Applicant’s Previous Company/ Employer Name and Address:** |
| **Previous Company/Employer Number: Previous Company/Employer Email:** |

I authorize the release of the following information to Northern Ocean Habitat for Humanity for use in determining eligibility for the Habitat for Humanity new home ownership program. All information will be kept confidential in conjunction with the Gramm-Leach-Bliley Act.

|  |
| --- |
| **Co-Applicant’s Signature** |

THIS PORTION IS TO BE COMPLETED BY CO-APPLICANT’S PREVIOUS EMPLOYER: PLEASE RETURN TO Northern Ocean Habitat for Humanity **no later than** April 4, 2022, by faxing form to 732-818-9510 (Attention: Homeowner Selection) OR via email to programservices@nohfh.com (Subject Line: Homeowner Selection).

Employment Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current base pay – Amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period (circle one): Annually / Per Hour

Earnings – Calendar year-to-date: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last calendar year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did this person regularly receive overtime or bonuses? (circle one): Yes / No

If yes, average number of overtime hours per month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, bonus type, payment schedule, and average amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Employer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Employer Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE SENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APP. NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

FORM 6A: PRESENT LANDLORD REFERENCE FOR ALL APPLICANTS: USE THIS FORM IF CO-APPLICANT RESIDES AT THE SAME ADDRESS

**Top Portion to be Completed by the ALL APPLICANTS (APPLICANT AND CO-APPLICANT)**

|  |
| --- |
| **Applicant’s Name:**LAST: FIRST: MIDDLE: SUFFIX |
| **Co-Applicant’s Name:**LAST: FIRST: MIDDLE: SUFFIX  |
| **Co-Applicant and Applicant’s Present Address:** |
| **Landlord Name and Address:** |
| **Landlord Phone Number: Landlord Email:** |

I authorize the release of the following information to Northern Ocean Habitat for Humanity for use in determining eligibility for the Habitat for Humanity new home ownership program. All information will be kept confidential in conjunction with the Gramm-Leach-Bliley Act.

|  |  |
| --- | --- |
| **Applicant’s Signature** | **Co-Applicant’s Signature** |

THIS PORTION IS TO BE COMPLETED BY ALL APPLICANTS’ LANDLORD: PLEASE RETURN TO Northern Ocean Habitat for Humanity **no later than** April 4, 2022, by faxing form to 732-818-9510 (Attention: Homeowner Selection) OR via email to programservices@nohfh.com (Subject Line: Homeowner Selection).

Payment History (circle one): Excellent Satisfactory Unsatisfactory

Rental Period Dates – From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Monthly Rent: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Landlord Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE SENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APP. NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

FORM 6B: PRESENT LANDLORD REFERENCE FOR CO-APPLICANT: USE THIS FORM IF CO-APPLICANT RESIDES AT A DIFFERENT ADDRESS

**Top Portion to be Completed by the CO-APPLICANT ONLY**

|  |
| --- |
| **Co-Applicant’s Name:**LAST: FIRST: MIDDLE: SUFFIX  |
| **Co-Applicant’s Present Address:** |
| **Co-Applicant’s Landlord Name and Address:** |
| **Landlord Phone Number: Landlord Email:** |

I authorize the release of the following information to Northern Ocean Habitat for Humanity for use in determining eligibility for the Habitat for Humanity new home ownership program. All information will be kept confidential in conjunction with the Gramm-Leach-Bliley Act.

|  |
| --- |
| **Co-Applicant’s Signature** |

THIS PORTION IS TO BE COMPLETED BY CO-APPLICANT’S LANDLORD: PLEASE RETURN TO Northern Ocean Habitat for Humanity **no later than** April 4, 2022, by faxing form to 732-818-9510 (Attention: Homeowner Selection) OR via email to programservices@nohfh.com (Subject Line: Homeowner Selection).

Payment History (circle one): Excellent Satisfactory Unsatisfactory

Rental Period Dates – From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Monthly Rent: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Applicant’s Landlord Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Applicant’s Landlord Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE SENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APP. NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

FORM 7A: PAST LANDLORD REFERENCE FOR ALL APPLICANTS: USE THIS FORM IF CO-APPLICANT RESIDED AT THE SAME PRIOR ADDRESS

**Top Portion to be Completed by the ALL APPLICANTS (APPLICANT AND CO-APPLICANT)**

|  |
| --- |
| **Applicant’s Name:**LAST: FIRST: MIDDLE: SUFFIX |
| **Co-Applicant’s Name:**LAST: FIRST: MIDDLE: SUFFIX  |
| **Co-Applicant and Applicant’s Previous Address:** |
| **Previous Landlord Name and Address:** |
| **Previous Landlord Phone Number: Previous Landlord Email:** |

I authorize the release of the following information to Northern Ocean Habitat for Humanity for use in determining eligibility for the Habitat for Humanity new home ownership program. All information will be kept confidential in conjunction with the Gramm-Leach-Bliley Act.

|  |  |
| --- | --- |
| **Applicant’s Signature** | **Co-Applicant’s Signature** |

THIS PORTION IS TO BE COMPLETED BY ALL APPLICANTS’ PREVIOUS LANDLORD: PLEASE RETURN TO Northern Ocean Habitat for Humanity **no later than** April 4, 2022, by faxing form to 732-818-9510 (Attention: Homeowner Selection) OR via email to programservices@nohfh.com (Subject Line: Homeowner Selection).

Payment History (circle one): Excellent Satisfactory Unsatisfactory

Rental Period Dates – From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Monthly Rent: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Landlord Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Landlord Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE SENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APP. NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

FORM 7B: PAST LANDLORD REFERENCE FOR CO-APPLICANT: USE THIS FORM IF CO-APPLICANT RESIDED AT A DIFFERENT PRIOR ADDRESS

**Top Portion to be Completed by the CO-APPLICANT ONLY**

|  |
| --- |
| **Applicant’s Name:**LAST: FIRST: MIDDLE: SUFFIX |
| **Co-Applicant Previous Address:** |
| **Previous Landlord Name and Address:** |
| **Previous Landlord Phone Number: Previous Landlord Email:** |

I authorize the release of the following information to Northern Ocean Habitat for Humanity for use in determining eligibility for the Habitat for Humanity new home ownership program. All information will be kept confidential in conjunction with the Gramm-Leach-Bliley Act.

|  |
| --- |
| **Co-Applicant’s Signature** |

THIS PORTION IS TO BE COMPLETED BY ALL CO-APPLICANT’S PREVIOUS LANDLORD: PLEASE RETURN TO Northern Ocean Habitat for Humanity **no later than** April 4, 2022, by faxing form to 732-818-9510 (Attention: Homeowner Selection) OR via email to programservices@nohfh.com (Subject Line: Homeowner Selection).

Payment History (circle one): Excellent Satisfactory Unsatisfactory

Rental Period Dates – From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Monthly Rent: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Landlord Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Landlord Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE SENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APP. NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

FORM 8A: VERIFICATION OF PUBLIC ASSISTANCE FOR APPLICANT

**Top Portion to be Completed by the APPLICANT ONLY**

|  |
| --- |
| **Applicant’s Name:** |
| **Applicant’s Address:** |
| **Applicant’s Date of Birth:** |
| **Case Manager’s Name:** |
| **Case Manager’s Phone Number: Email:** |

I authorize the release of the following information to Northern Ocean Habitat for Humanity for use in determining eligibility for the Habitat for Humanity new home ownership program. All information will be kept confidential in conjunction with the Gramm-Leach-Bliley Act.

|  |
| --- |
| **Applicant’s Signature** |

**TO BE COMPLETED BY CASE MANAGER:**

THIS PORTION IS TO BE COMPLETED BY ALL APPLICANT’S CASE MANAGER: PLEASE RETURN TO Northern Ocean Habitat for Humanity **no later than** April 4, 2022, by faxing form to 732-818-9510 (Attention: Homeowner Selection) OR via email to programservices@nohfh.com (Subject Line: Homeowner Selection).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Benefit Type** | **Recipient of Benefit** | **Benefit Start Date** | **Monthly Amount** | **Next Review Date** |
| **TANF** |  |  |  |  |
| **Food Stamps (SNAP)** |  |  |  |  |
| **Child Support** |  |  |  |  |
| **Other** |  |  |  |  |

Has the family faithfully represented its income to you since it began receiving these benefits? Yes \_\_\_\_ No \_\_\_\_

If the applicant(s) purchases a house from Habitat for Humanity’s homeownership program, will this asset (the house) affect these benefits? Yes \_\_\_\_ No \_\_\_\_

Will the home be subject to a lien by the state of New Jersey? Yes \_\_\_\_ No \_\_\_\_

Case Manager Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Manager Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE SENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APP. NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

FORM 8B: VERIFICATION OF PUBLIC ASSISTANCE FOR CO-APPLICANT

**Top Portion to be Completed by the CO-APPLICANT ONLY**

|  |
| --- |
| **Co-Applicant’s Name:** |
| **Co-Applicant’s Address:** |
| **Co-Applicant’s Date of Birth:** |
| **Case Manager’s Name:** |
| **Case Manager’s Phone Number: Email:** |

I authorize the release of the following information to Northern Ocean Habitat for Humanity for use in determining eligibility for the Habitat for Humanity new home ownership program. All information will be kept confidential in conjunction with the Gramm-Leach-Bliley Act.

|  |
| --- |
| **Co-Applicant’s Signature** |

**TO BE COMPLETED BY CASE MANAGER:**

THIS PORTION IS TO BE COMPLETED BY ALL CO-APPLICANT’S CASE MANAGER: PLEASE RETURN TO Northern Ocean Habitat for Humanity **no later than** April 4, 2022, by faxing form to 732-818-9510 (Attention: Homeowner Selection) OR via email to programservices@nohfh.com (Subject Line: Homeowner Selection).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Benefit Type** | **Recipient of Benefit** | **Benefit Start Date** | **Monthly Amount** | **Next Review Date** |
| **TANF** |  |  |  |  |
| **Food Stamps (SNAP)** |  |  |  |  |
| **Child Support** |  |  |  |  |
| **Other** |  |  |  |  |

Has the family faithfully represented its income to you since it began receiving these benefits? Yes \_\_\_\_ No \_\_\_\_

If the applicant(s) purchases a house from Habitat for Humanity’s homeownership program, will this asset (the house) affect these benefits? Yes \_\_\_\_ No \_\_\_\_

Will the home be subject to a lien by the state of New Jersey? Yes \_\_\_\_ No \_\_\_\_

Case Manager Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Manager Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_