



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 donation center, in Toms River. Through extensive home ownership and repair programs, Northern Ocean Habitat has partnered with over 350 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:** Learn about the qualifications, house information, FAQ, and disclosures. Go to **PAGE 2-4** in this packet.
- Step 2:** Complete the application starting on **PAGE 5** and attach all required supporting documents.
- Step 3:** Submit the application, signed forms, and all supporting documents with a nonrefundable application fee of \$50. The submission date and time is January 4, 2023, 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) 818-9510
Email: programservices@nohfh.com
Website: www.northernoceanhabitat.org

HOW DO I QUALIFY FOR A HABITAT HOME?

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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).

ELIGIBILITY CHECKLIST – OCEAN COUNTY

INCOME GUIDELINES based on 2022 Affordable Housing Regional Income Limits:

Family Size	Minimum (30%)	Maximum (50%)
3 persons	\$33,106	\$55,177
4 persons	\$36,785	\$61,308
5 persons	\$39,727	\$66,212
6 persons	\$42,670	\$71,117

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 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, approx. 1200 sq ft)

Frequently Asked Questions

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Q: Can I pay the application fee online?

A: The application fee can be paid in the form of cash, check, money order, or online. To pay online, visit: <https://northernoceanhabitat.org/programs/homeownership/?tab=application> and scroll to the bottom of the page to complete the application fee form.

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 selected? If so, will those hours be counted upon selection?

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

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 the 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: <https://northernoceanhabitat.org/programs/homeownership/?tab=application>

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

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VALUATION DISCLOSURE NOTICE

Northern Ocean Habitat for Humanity (whereas known as "NOHFH") 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, NOHFH 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. NOHFH 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.

NOHFH 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.

NOHFH will NOT disclose any nonpublic personal information about our applicants to anyone, except as permitted by law.

3. NOHFH restricts access to nonpublic personal information about you to:

- NOHFH'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. NOHFH maintains physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Affordable Housing and Other Resources

- Public Housing Authority: 202-708-1112 | https://www.hud.gov/states/new_jersey/working/ph/newark-staff
- Mercer County Board of Social Services: 609-989-4320 | www.mcboss.org 609-989-4320
- Ocean County Board of Social Services: 732-349-1500 | <http://www.co.ocean.nj.us/OC/SocialServices/>
- Monmouth County Division of Social Services: 800-662-3114 | www.co.monmouth.nj.us
- 2-1-1, NJ Help Hotline: Dial 211 | www.nj211.org
- USDA Loan: 732-389-2958 | <https://eligibility.sc.egov.usda.gov>
- Affordable Housing Alliance (AHA): 732-389-2958 | <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>
- Homes for all: 732-286-7929 | <https://homesforallnj.org/>
- Affordable Housing Online: <https://www.lowincomehousing.us/>
- Affordable Housing Professionals of New Jersey: 609-310-6070 | <https://ahpni.org/>
- New Jersey Housing and Mortgage Finance Agency: <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>
 - State Rental Assistance Program
 - <https://www.state.nj.us/dca/divisions/dhcr/offices/srap.html>
 - <https://www.state.nj.us/dca>
- New Jersey Housing Resource Center: <https://www.njhrc.gov/>
- Individual Development Accounts: 202-419-1440 | www.caab.org (matched savings account program)

Northern Ocean Habitat for Humanity
 1620 Route 37 East, Toms River, NJ 08753
 732-818-9500

Application

Habitat Homeownership Program



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.

Dear Applicant: Please complete this application to determine if you qualify for the Habitat for Humanity homeownership program. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential in accordance with the Gramm-Leach-Bliley Act.

1. APPLICANT INFORMATION

Applicant	Co-applicant
Applicant's name	Co-applicant's name
Social Security number _____ Phone _____ Age _____	Social Security number _____ Phone _____ Age _____
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)
Dependents and others who will live with you (not listed by co-applicant)	Dependents and others who will live with you (not listed by co-applicant)
Name _____ Age _____ Gender _____	Name _____ Age _____ Gender _____
_____	_____
_____	_____
_____	_____
_____	_____
Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent	Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent
Number of years _____	Number of years _____
If you have lived at your present address for less than two years, complete the following:	
Last address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent	Last address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent
Number of years _____	Number of years _____

2. REQUIRED PERSONAL INFORMATION

YOUR 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?

LETTERS OF REFERENCE

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. 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 hours (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.

AFTER READING THE REQUIREMENTS, I AM WILLING TO PARTNER WITH NORTHERN OCEAN HABITAT FOR HUMANITY:

	Yes	No
Applicant	<input type="checkbox"/>	<input type="checkbox"/>
Co-Applicant	<input type="checkbox"/>	<input type="checkbox"/>

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.

HOMEOWNER READINESS CHECK

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

I AND MY FAMILY ARE READY, WILLING, AND ABLE:

	Yes	No
Applicant	<input type="checkbox"/>	<input type="checkbox"/>
Co-Applicant	<input type="checkbox"/>	<input type="checkbox"/>

4. PRESENT HOUSING CONDITIONS

Number of bedrooms (please circle) 1 2 3 4 5

Other rooms in the place where you are currently living:

- Kitchen Bathroom Living room Dining room
- Other (please describe) _____
- _____

If you rent your residence, what is your monthly rent payment? \$ _____/month

(Please supply a copy of your lease or a copy of a money order receipt or canceled rent check.)

Name, address, and phone number of current landlord:

In the space below, describe the condition of the house or apartment where you live. Why do you need a Habitat home?

5. EMPLOYMENT INFORMATION

Applicant		Co-applicant	
Name and address of CURRENT employer	Years on the job	Name and address of CURRENT employer	Years on the job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone
If working at current job less than one year, complete the following information:			
Name and address of LAST employer	Years on the job	Name and address of LAST employer	Years on the job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone

6. MONTHLY INCOME

Please complete the sections that are applicable to the applicant, co-applicant, or others in the household. If not received, leave N/A.

Income source	Applicant	Co-applicant	Others in household	Total
Wages	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Section 8 housing	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Total	\$	\$	\$	\$

PLEASE NOTE: Self-employed applicants may be required to provide additional documentation such as tax returns and financial statements.	HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE			
	Name	Income source	Monthly income	Date of birth

7. SOURCE OF CLOSING COSTS

Where will you get the money to pay for closing costs (for example, savings or parents)? If you borrow the money, whom will you borrow it from, and how will you pay it back?

8. ASSETS

Name of bank, savings and loan, credit union, etc.	Address	City, state	ZIP	Account number	Current balance
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$

9. PROPERTY INFORMATION

If you own your residence, what is your monthly mortgage payment? \$ _____ / month Unpaid balance \$ _____

Do you own land? No Yes Monthly payment \$ _____ Unpaid balance \$ _____

10. DEBT

Please complete the sections that are applicable to the applicant, co-applicant, or others in the household. If not received, please put N/A.

Account	TO WHOM DO YOU AND THE CO-APPLICANT(S) OWE MONEY?					
	APPLICANT			CO-APPLICANT		
	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Other motor vehicle	\$	\$	\$	\$	\$	\$
Boat	\$	\$	\$	\$	\$	\$
Furniture, appliances, TVs (includes rent-to-own)	\$	\$	\$	\$	\$	\$
Alimony	\$	\$	\$	\$	\$	\$
Child support	\$	\$	\$	\$	\$	\$
Credit card	\$	\$	\$	\$	\$	\$
Credit card	\$	\$	\$	\$	\$	\$
Credit card	\$	\$	\$	\$	\$	\$
Total medical	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$

MONTHLY EXPENSES			
Account	Applicant	Co-applicant	Total
Rent	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cell phone	\$	\$	\$
Land line	\$	\$	\$
Business expenses	\$	\$	\$
Union dues	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$

11. DECLARATIONS

Please check the box beside the word that best answers the following questions for you and the co-applicant:

	Applicant	Co-applicant
a. My gross annual household income (before taxes) falls within the income guidelines above.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. I am a United States citizen or legal resident.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. If I am employed, I have been employed at the same job for a minimum of six months.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. My current housing is overcrowded, unaffordable, dangerous, unhealthy, temporary, and/or otherwise substandard.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. I have a stable source of income that I do not expect to end within the next three years.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. I have a credit score of 550 or higher.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. I have NOT declared bankruptcy within the past seven years. I have declared bankruptcy, it has been discharged over two years ago.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. I have NOT been directly or indirectly obligated on any loan which resulted in foreclosure or transfer of title in lieu of foreclosure or judgment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. I have NOT been evicted within the past two years.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. I am NOT currently involved in a lawsuit.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. I am NOT a co-signer or endorser on any loan.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. I am NOT currently delinquent or in default on any federal debt, mortgage, or any other financial obligation or loan.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
m. I do NOT have any outstanding judgments against me.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Checking "no" on any of these declarations MAY impact your eligibility for this program. **If you checked off "no" to any of these declarations, please provide a written statement with an explanation of the circumstances on an additional sheet of paper.** Your explanation will be subject to proof of verification. If you have any questions, please contact 732-818-9500 x 102 or email programservices@nohfh.com.

I/we confirm all the boxes checked are accurate and true.

Applicant signature _____ Date _____ Co-applicant signature _____ Date _____
 X _____ X _____

12. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Northern Ocean Habitat for Humanity to evaluate my actual need for the Habitat homeownership program, my ability to repay an affordable loan and other expenses of homeownership, and my willingness to be a partner through sweat equity.

I understand that the evaluation will include personal visits, 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 receive a Habitat home, I may be disqualified from the program and forfeit any rights or claims to a Habitat home. The original or a copy of this application will be retained by Northern Ocean Habitat for Humanity even if the application is not approved.

I also understand that Northern Ocean Habitat for Humanity screens all applicants on the sex offender registry. By completing this application, I am submitting myself to such an inquiry. I further understand that by completing this application, I am submitting myself to a criminal background check.

Applicant signature _____ Date _____ Co-applicant signature _____ Date _____
 X _____ X _____

PLEASE NOTE: 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 mark your additional comments with "A" for applicant or "C" for co-applicant.

13. RIGHT TO RECEIVE COPY OF APPRAISAL

This is to notify you that we may order an appraisal in connection with your loan and we may charge you for this appraisal. Upon completion of the appraisal, we will promptly provide a copy to you, even if the loan does not close.

Applicant's name _____ Co-applicant's name _____

14. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW: We are requesting the following information to monitor our compliance with the federal Equal Credit Opportunity Act, which prohibits unlawful discrimination. You are not required to provide this information. We will not take this information (or your decision not to provide this information) into account in connection with your application or credit transaction. The law provides that a creditor may not discriminate based on this information, or based on whether or not you choose to provide it. If you choose not to provide the information, we may note it by visual observation or surname

Applicant	Co-applicant
<p><input type="checkbox"/> I do not wish to furnish this information</p> <p>Race (applicant may select more than one racial designation):</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> Black/African-American</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Asian</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino</p> <p>Gender: _____</p> <p>Birthdate: _____ / _____ / _____</p> <p>Marital status:</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Unmarried (single, divorced, widowed)</p>	<p><input type="checkbox"/> I do not wish to furnish this information</p> <p>Race (applicant may select more than one racial designation):</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> Black/African-American</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Asian</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino</p> <p>Gender: _____</p> <p>Birthdate: _____ / _____ / _____</p> <p>Marital status:</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Unmarried (single, divorced, widowed)</p>

To be completed only by the person conducting the interview	
<p>This application was taken by:</p> <p><input type="checkbox"/> Face-to-face interview</p> <p><input type="checkbox"/> By mail</p> <p><input type="checkbox"/> By telephone</p>	<p>Interviewer's name (print or type)</p>
	<p>Interviewer's signature _____ Date _____</p>
	<p>Interviewer's phone number _____</p>

15. FAIR CREDIT REPORTING ACT

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.
- **You may 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.

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

16 . EQUAL CREDIT OPPORTUNITY ACT NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that monitors compliance with this law concerning this company is the Federal Trade Commission, with offices at the **Southeast Region, 225 Peachtree St. NE, Suite 1500, Atlanta GA 30303**, or Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

You need not disclose income from alimony, child support, or separate maintenance payment if you choose not to do so. However, because we operate a Special Purpose Credit Program, we may request and require, in order to determine an applicant's eligibility for the program and the affordable mortgage amount, information regarding the applicant's marital status; alimony, child support, and separate maintenance income; and the spouse's financial resources.

Accordingly, if you receive income from these sources and do not provide this information with your application, your application will be considered incomplete, and we will be unable to invite you to participate in the Habitat program.

Applicant(s)

Signature

Print name

Date

Signature

Print name

Date



SECTION 1 – Personal Document Checklist

Please attach **copies** of the following required documents

<p>1.) Personal identification for the Applicant and Co-Applicant (two forms of ID required). COPIES ONLY.</p> <ul style="list-style-type: none"> • <u>First form of identification:</u> <ul style="list-style-type: none"> ○ 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. • <u>Second form of identification may include:</u> <ul style="list-style-type: none"> ○ Passport, social security card, birth certificate, school, or employment ID. 	
<p>2.) Personal identification for all other household members (two forms of ID required). COPIES ONLY.</p> <ul style="list-style-type: none"> • Birth certificate. • Social security card, school, or employment ID. 	
<p>3.) If you are a veteran, submit a DD214 form or driver license with a veteran's sticker and/or county veteran ID card.</p>	
<p>4.) Include three reference letters for applicant and three reference letters for co-applicant.</p>	
<p>5.) Include verification of Section 8 or any other housing benefit, if applicable.</p>	
<p>6.) Fully executed lease for current housing.</p>	

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



SECTION 2 – Financial Document Checklist

Please attach **copies** of the following required documents for all adults in the home

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

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



SECTION 3 – Verification Forms Checklist

Please attach the following required documents

1.) Form 1A: Disclosure and Authorization for Background Check for Applicant Form 1B: Disclosure and Authorization for Background Check for Co-Applicant Form 1C: Disclosure and Authorization for Background Check for Residents over 18 years old	
2.) Form 2A: Current Employment Verification for Applicant Form 2B: Current Employment Verification for Co-Applicant	
3.) Form 3A: Previous Employment Verification for Applicant Form 3B: Previous Employment Verification for Co-Applicant	
4.) Form 4A: Current Landlord Verification for Applicant Form 4B: Current Landlord Verification for Co-Applicant	
5.) Form 5A: Previous Landlord Verification for Applicant Form 5B: Previous Landlord Verification for Co-Applicant	
6.) Form 6A: Verification of Public Assistance for Applicant Form 6B: Verification of Public Assistance for Co-Applicant	

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



Form 1A: 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 homeownership 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



Form 1B: 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 homeownership 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



Form 1C: 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



Form 2A: Current Employment Verification for Applicant

***Make sure to mark "Not Applicable" if this form does not apply to you**

Top Portion to be Completed by the APPLICANT

Applicant's Name:			
LAST:	FIRST:	MIDDLE:	SUFFIX
Applicant's Address:			
Applicant's <u>Current</u> Company/ Employer Name and Address:			
<u>Current</u> Company/Employer Number:		<u>Current</u> 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 by faxing form to 732-818-9510 (Attention: Homeowner Selection) OR via email to programservices@nohfh.com.

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 _____



Form 2B: Current Employment Verification for Co-Applicant

***Make sure to mark "Not Applicable" if this form does not apply to you**

Top Portion to be Completed by the CO-APPLICANT

Co-Applicant's Name:			
LAST:	FIRST:	MIDDLE:	SUFFIX
Co-Applicant's Address:			
Co-Applicant's <u>Current</u> Company/ Employer Name and Address:			
<u>Current</u> Company/Employer Number:		<u>Current</u> 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 by faxing form to 732-818-9510 (Attention: Homeowner Selection) OR via email to programservices@nohfh.com.

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 _____



Form 3A: Previous Employment Verification for Applicant

***Make sure to mark "Not Applicable" if this form does not apply to you**

Top Portion to be Completed by the APPLICANT

Applicant's Name:			
LAST:	FIRST:	MIDDLE:	SUFFIX
Applicant's Address:			
Applicant's <u>Previous</u> Company/ Employer Name and Address:			
<u>Previous</u> Company/Employer Number:		<u>Previous</u> 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 by faxing form to 732-818-9510 (Attention: Homeowner Selection) OR via email to programservices@nohfh.com.

Employment Start Date: _____ Previous 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 _____



Form 3B: Previous Employment Verification for Co-Applicant

***Make sure to mark "Not Applicable" if this form does not apply to you**

Top Portion to be Completed by the CO-APPLICANT

Co-Applicant's Name:			
LAST:	FIRST:	MIDDLE:	SUFFIX
Co-Applicant's Address:			
Co-Applicant's <u>Previous</u> Company/ Employer Name and Address:			
<u>Previous</u> Company/Employer Number:		<u>Previous</u> 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 by faxing form to 732-818-9510 (Attention: Homeowner Selection) OR via email to programservices@nohfh.com.

Employment Start Date: _____ Previous Position: _____

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: _____

Employer Name _____ Title _____

Employer Signature _____ Date _____



Form 4A: Current Landlord Verification for Applicant

***Make sure to mark "Not Applicable" if this form does not apply to you**

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 landlord: please return to Northern Ocean Habitat for Humanity by faxing form to 732-818-9510 (Attention: Homeowner Selection) OR via email to programservices@nohf.com.

Payment History (circle one): Excellent Satisfactory Unsatisfactory

Rental Period Dates – From: _____ To: _____

Amount of Monthly Rent: \$ _____

Additional Comments: _____

Landlord Name: _____

Landlord Signature: _____ Date: _____



Form 4B: Current Landlord Verification for Co-Applicant

***Use this form if Co-applicant lives separately from applicant. Make sure to mark "Not Applicable" if this form does not apply to you.**

Top Portion to be Completed by the CO-APPLICANT

Co-Applicant's Name:			
LAST:	FIRST:	MIDDLE:	SUFFIX
Co-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 co-applicant's landlord: please return to Northern Ocean Habitat for Humanity by faxing form to 732-818-9510 (Attention: Homeowner Selection) OR via email to programservices@nohfh.com.

Payment History (circle one): Excellent Satisfactory Unsatisfactory

Rental Period Dates – From: _____ To: _____

Amount of Monthly Rent: \$ _____

Additional Comments: _____

Landlord Name: _____

Landlord Signature: _____ Date: _____



Form 5A: Previous Landlord Verification for Applicant

***Make sure to mark "Not Applicable" if this form does not apply to you**

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:			
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 landlord: please return to Northern Ocean Habitat for Humanity by faxing form to 732-818-9510 (Attention: Homeowner Selection) OR via email to programservices@nohf.com.

Payment History (circle one): Excellent Satisfactory Unsatisfactory

Rental Period Dates – From: _____ To: _____

Amount of Monthly Rent: \$ _____

Additional Comments: _____

Landlord Name: _____

Landlord Signature: _____ Date: _____



Form 5B: Previous Landlord Verification for Co-Applicant

***Use this form if Co-applicant lives separately from applicant. Make sure to mark "Not Applicable" if this form does not apply to you.**

Top Portion to be Completed by the CO-APPLICANT

Co-Applicant's Name:			
LAST:	FIRST:	MIDDLE:	SUFFIX
Co-Applicant's Previous 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 co-applicant's landlord: please return to Northern Ocean Habitat for Humanity by faxing form to 732-818-9510 (Attention: Homeowner Selection) OR via email to programservices@nohfh.com.

Payment History (circle one): Excellent Satisfactory Unsatisfactory

Rental Period Dates – From: _____ To: _____

Amount of Monthly Rent: \$ _____

Additional Comments: _____

Landlord Name: _____

Landlord Signature: _____ Date: _____



Form 6A: Verification of Public Assistance for Applicant

***Make sure to mark "Not Applicable" if this form does not apply to you**

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

This portion is to be completed by applicant's case manager: please return to Northern Ocean Habitat for Humanity by faxing form to 732-818-9510 (Attention: Homeowner Selection) OR via email to programservices@nohfh.com.

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

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: _____



Form 6B: Verification of Public Assistance for Co-Applicant

***Make sure to mark "Not Applicable" if this form does not apply to you**

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

This portion is to be completed by Co-applicant's case manager: please return to Northern Ocean Habitat for Humanity by faxing form to 732-818-9510 (Attention: Homeowner Selection) OR via email to programservices@nohfh.com.

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

If the co-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: _____