

Date:										
Full Name(s) of Homeowner(s):										
Address:										
Phone Number:										
Email Address:										
Do you live in one of the towns listed on the back of this form?									No	
Do you own your home and is it your only residence?						Yes		No		
If yes, how long have you lived in this re	sidence as	s your onl	y and prim	nary home	?					
How many adults live in the home?		(Children?							
Does the total income of the residents living at this address fit the income guidelines? (see chart below)						Yes		No		
	Hous	sehold Incol	me Guideline	es						
2024 INCOME LIMIT CATEGORY	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON P		۶ PER	3 SON
MAXIMUM INCOME LIMIT	\$68,500	\$78,250	\$88,050	\$97,800	\$105,650	\$113,450	13,450 \$121,300 \$129,100		,100	
	with on ho	noroblo di	o chorgo?	(not noon		ualify for				
Are you a veteran, currently serving, or with an honorable discharge? (not necessary to qualify for assistance)							Yes		No	
Do you receive PAAD, SNAP, or Medicaid?					Yes		No			
Do you have homeowners insurance? (required)					Yes		No			
Do you pay a homeowner's association fee?				Yes		No				
Is your home for sale (by broker or by owner)?					Yes		No			
While payment is not required in order to volunteering <i>to the best of your ability</i> is best of your ability) to perform simple ac volunteering at the Habitat ReStore, writi possible, distributing Habitat information community organizations, etc.?	required. ts of kind ng thank	. Are you v ness in yo you notes	willing to p our commu to the peo	partner wi unity? This ople that n	th Habitat s can be nade your	repairs	Yes		No	
Do you have any pets? Type?							Yes		No	

Do you want assistance completing the full application?	Yes		No	
Briefly describe the requested repairs (attach additional sheet if necessary):	II		I	
Please provide some context for why you need Habitat to assist you in making the requested repair	s:			
NOTE: This is a preliminary application for general contact information only. Northern Ocean Habi form if a full application is not received within 3 months of the date of the application.	tat will	file	this	
Municipalities served by NOHFH in Northern Ocean County: Bay Head, Beachwood, Berkeley(Bayvi Heights, Jackson, Lakehurst, Lakewood, Lavallette, Manchester (Whiting) Mantoloking, Ocean Gate Point Pleasant Beach, Pine Beach, Plumstead,(New Egypt), Seaside Heights, Seaside Park, South T River	, Point	Plea	asan	t,
Please note: In rare instances, home repairs exceed \$20,000. Repairs totaling more than \$20,000 will require a lien on the with Northern Ocean Habitat for Humanity's Policy effective 2/22/24	home i	n acc	ordar	ce

SEND APPLICATION TO:

Northern Ocean Habitat for Humanity 1620 Route 37 East, Toms River, NJ 08753