



# Housing Application Packet

Dear Applicant,

Thank you for your interest in Habitat for Humanity Burlington County, New Jersey's Affordable Homeownership Program. The mission of Habitat for Humanity is to end overcrowded and substandard housing through affordable homeownership. **Please read the entire application packet before turning in your application.**

Applicants to the program must meet the following four criteria:

1. **Need:** An applicant's current housing is overcrowded, structurally unsafe or exceeds 35% of the applicant's monthly gross income.
2. **Willingness to Partner:** An applicant must be willing to work with Habitat. This means the applicant must complete up to 400 hours of volunteer work, called sweat equity, building Habitat homes as well as attending homeownership classes.
3. **Ability to Pay:** Habitat is a hand up, not a hand out. We sell the homes we build to families whose gross income falls between 28.5%-60% of the area median income for their family size. The homes are sold for a no interest, 20 to 30 year fixed mortgage. Qualified applicants will fall within the following income guidelines:

Family Size	Minimum	Maximum
1 person	\$16,040	\$33,768
2 person	\$18,331	\$38,592
3 person	\$20,623	\$43,416
4 person	\$22,914	\$48,240
5 person	\$24,747	\$52,099
6 person	\$26,580	\$55,958
7 person	\$28,413	\$59,818
8 person	\$30,246	\$63,677

4. **Residency:** An applicant must be a US Citizen or legal resident, as well as work or live in Burlington, Camden or Gloucester Counties.

HFHBCNJ is an affordable housing organization. We must follow NJ's Council on Affordable Housing (COAH) requirements and we also have guidelines set by Habitat for Humanity International. We build homes to fit a family's need at the *current time, not for the possible needs of the future*. We offer homes that fit the family's current size. For example, we do not offer a two person family a four bedroom home, if a two bedroom home is available; they would be offered a two bedroom home. We are not a custom house builder; we will work with families accepted into our program to the best of our ability, and often ask the family for their input on a limited amount of choices in the home. Our homes are built with volunteer labor and we often have donated goods from corporations; we must be able to build within the volunteer's ability and the provided materials.

As mentioned in the beginning, part of the partnership with HFHBCNJ is that you must complete up to 400 hours of sweat equity. Sweat Equity is time spent building HFHBCNJ homes, working in our ReStore and taking homeowner education courses. A single adult family normally has to complete 250 hours of sweat equity; a multiple adult family must complete 400 hours of sweat equity. Of these hours, a minimum of 100 or 150 hours (depending on family size) must be completed on a construction site. Ordinarily, a family must complete half of their sweat equity hours before a lot/home is offered to them.

## How to Apply

In order to process your application, we require supporting documents that will help us determine your ability to meet the application criteria. We are requiring the documents at two different points in the application process.

When you turn in a completed application packet, **please provide copies of the following items:**

- Personal Identification in the form of a current driver's license, social security card, passport or birth certificate, permanent resident card or alien registration card (I551). Two sources are needed for each applicant, and one source for all other members of the household
- Four most recent consecutive paystubs for all employed household members
- Verification of SSI, Child Support, Alimony, Pension Fund, Worker's Compensation
- If you are currently married, but separated from your spouse, we need to count them as a co-applicant. All supporting documents (income verification, identification, etc.) as well as the spouse's consent on the application are required. If you are divorced, a divorce decree is required.

**In order to process the first part of your application, all applicable items from the above list must be dropped off, mailed, emailed or faxed to the Habitat office as soon as possible.** Our office hours are 8:30 am to 4 pm Monday thru Friday. You may bring your documents by at any time during regular business hours or drop them off in our ReStore. You may also mail or fax them to the address or fax number below.

As part of the application process, Habitat for Humanity of Burlington County will do a criminal background check through a third party service. This criminal background check will not necessarily disqualify you from our homeownership program.

If you meet the qualifications for the first part of the application, we will request that you provide the following documents for the second part of the process. Since some of these items may take time to gather, we recommend you start gathering them now:

- Checking Account Statements for the past 6 months
- Savings Account Statements (CDs, IRAs, Bonds, Stocks, etc) for the past 6 months
- 1040 Federal Tax Return (Last 2 years)
- State Tax Return (Last 2 years)
- Rental Lease or Rental Payment

**You can mail or drop off the application and the required documents at this address:**

**Ashley Griffiths, AmeriCorps National Family Services Coordinator  
Habitat for Humanity Burlington County, New Jersey Affiliate  
1702 Taylors Lane  
Cinnaminson, New Jersey 08077**

**Documents can be faxed to (856) 303-8099, with a coversheet with  
the applicant's name, to the attention of Ashley Griffiths.  
Scanned documents can be emailed to [ashleygriffiths@habitatbcnj.org](mailto:ashleygriffiths@habitatbcnj.org)  
If you have any questions, please call Ashley at (856) 303-8080 ext 216**

After the application is completed, turned in and processed, it will be reviewed by our volunteer Family Selection Committee. If they feel that a partnership is possible with your family, they will contact you and set up a Home Interview. This interview will be conducted by two members of the committee and they will meet with you at your home a convenient time. After the interview, they will report back to the Family Selections Committee, and if they still feel a partnership is possible, they will recommend you to the Board of Directors. The Board of Directors is the only group that can approve you for homeownership with our program.

\*Please note: by completing and turning in this application you are specifically applying for 330 York Street in Burlington City, New Jersey. No other homes will be offered to you.

## Application for Housing



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 homeownership program, in which you would purchase a house from HFHBCNJ. Please check all that apply:

I am interested in a house in the following areas:

- North Burlington County
- South Burlington County
- East Burlington County

### 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? <input type="checkbox"/> Yes <input type="checkbox"/> No      Birth date:    /    /      Social Security #:				

**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? <input type="checkbox"/> Yes <input type="checkbox"/> 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):

1.					Who?
Previous Address	Apt/Lot No.	City	State	Zip Code	<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
2.					Who?
Previous Address	Apt/Lot No.	City	State	Zip Code	<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant

### 2. WILLINGNESS TO PARTNER

To be considered for a Habitat home, you and your household must be willing to complete up to 500 "sweat equity" hours. This means you will be required to help build the homes of others, and attend trainings to help you transition to becoming a homeowner. Persons unable to work on an active construction site because of a physical condition will be provided other opportunities to fulfill the Sweat Equity requirement.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS:      Applicant      Co-Applicant  
 Yes  No       Yes  No

### 3. HOUSING

**What is your current housing need?**

- Please check all the boxes that describe the problems where you live now.
- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Temporary                                | <input type="checkbox"/> Too small  | <input type="checkbox"/> Government subsidized | <input type="checkbox"/> Plumbing/electrical problems  |
| <input type="checkbox"/> Structural problems                      | <input type="checkbox"/> Roof problems  | <input type="checkbox"/> Unsafe                | <input type="checkbox"/> Handicap accessibility needed |
| <input type="checkbox"/> Living in same house with another family | <input type="checkbox"/> Paying more than 40% of your monthly income for rent |  |  |

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: \$ \_\_\_\_\_ Unpaid mortgage balance (if applicable): \$ \_\_\_\_\_

**IMPORTANT:** Please describe what is wrong with your current housing, and why you need a Habitat home.

**Landlord Contact Information (if applicable)**

Name	Address	Phone Number
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**Other people who live with you:** List the names and ages of people who currently live with you **AS WELL AS** people who plan on living in your Habitat home at least half (50%) of the time.

Please explain any shared child custody arrangements on the back of Page 3 or on a separate sheet of paper, and include a copy of court judgments.

Name	Birth Date	Gender	Relationship to Applicant (child, mother, friend, etc.)	Will this person live in Habitat house at least 50% (half) of the time?
1.		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N
2.		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N
3.		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N
4.		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N
5.		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N
6.		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N
7.		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N
8.		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N

#### 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.

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Food Stamps           | <input type="checkbox"/> Military Allotment | <input type="checkbox"/> Railroad Benefits    | <input type="checkbox"/> Retirement/Pension |
| <input type="checkbox"/> Roomer/Boarder        | <input type="checkbox"/> Social Security    | <input type="checkbox"/> SSI                  | <input type="checkbox"/> Tribal Money       |
| <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Veterans Benefits  | <input type="checkbox"/> Workers Compensation | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Alimony               | <input type="checkbox"/> Child Support      | <input type="checkbox"/> Disability Benefits  |   |

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

Person receiving income	Type of income	Amount	Frequency (weekly/monthly)	Will this income end? If yes, when?
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?

#### 5. EMPLOYMENT

**You do not need to be employed to qualify for a Habitat house.** If you or anyone in your household (age 18 or above) is currently employed, please tell us about money received for work (full or part-time, temporary, seasonal, or self-employment) including money from wage, salary, tips, and/or commission **for the last 2 years**. If you work(ed) for more than one employer, complete a box for each employer. If you need to list more than 3 employers, please use an additional sheet of paper.

1.				
Who in the household works at this job?	Start Date	Job Title	Employer's Name	
Employer's Address	City	State	Zip Code	Employer's Phone Number
Wage: \$ _____ per month		Average monthly earnings before tax (including tips & commission): \$ _____		
Is this job temporary? <input type="checkbox"/> Yes <input type="checkbox"/> No    If so, what date do you expect this job to end?				
2.				
Who in the household works at this job?	Start Date	Job Title	Employer's Name	
Employer's Address	City	State	Zip Code	Employer's Phone Number
Wage: \$ _____ per month		Average monthly earnings before tax (including tips & commission): \$ _____		
Is this job temporary? <input type="checkbox"/> Yes <input type="checkbox"/> No    If so, what date do you expect this job to end?				
3.				
Who in the household works at this job?	Start Date	Job Title	Employer's Name	
Employer's Address	City	State	Zip Code	Employer's Phone Number
Wage: \$ _____ per month		Average monthly earnings before taxes (including tips & commission): \$ _____		
Is this job temporary? <input type="checkbox"/> Yes <input type="checkbox"/> No    If so, what date do you expect this job to end?				

## 6. EXPENSES

**IMPORTANT:** We need to know how much money you spend every month on household expenses. You do not need to include rent or mortgage payments, as they are included above. Please check all the boxes that you pay every month.

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Alimony             | <input type="checkbox"/> Auto Payment             | <input type="checkbox"/> Child Care                   | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Credit Card Payment | <input type="checkbox"/> Insurance                | <input type="checkbox"/> Loan Payment                 | <input type="checkbox"/> Medical Bills |
| <input type="checkbox"/> Phone Bill          | <input type="checkbox"/> Television/Internet Bill | <input type="checkbox"/> Utility Bill (gas, electric) | <input type="checkbox"/> Other         |

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

Who Pays	Type of Expense	Paid to Whom	Amount Paid	How Often Paid (Weekly, Monthly)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

## 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.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Bank Account (Checking/Debit) | <input type="checkbox"/> Bank Account (Savings)          | <input type="checkbox"/> Inherited Property |
| <input type="checkbox"/> Houses/Buildings              | <input type="checkbox"/> Land                            | <input type="checkbox"/> Stocks/401K/IRA    |
| <input type="checkbox"/> Savings Bonds                 | <input type="checkbox"/> Vehicle (Car, Truck, ATV, Boat) | <input type="checkbox"/> 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 asset located? (Include name of bank or company where it is held, address of property, etc.)
1.			
2.			
3.			
4.			

## 8. DEBTS

Tell us about debts held by you (applicant and/or co-applicant). Check all that apply.

- |   |  |                                       |                                       |
|---|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Credit Card (Visa, MasterCard, Discover, American Express) | <input type="checkbox"/> Limited Purpose Credit Card (Sears, Lowes, Stage, Conn's, etc.) | <input type="checkbox"/> Medical Debt | <input type="checkbox"/> Student Loan |
| <input type="checkbox"/> Utility Company  | <input type="checkbox"/> Vehicle Loan (Car, Truck, ATV, Boat)                            | <input type="checkbox"/> Other        |                                       |

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

Whose name is on account?	Type of Debt	Company	Unpaid Balance	Is account in good standing?
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No

## 9. DECLARATIONS

	Applicant	Co-Applicant
Do you have any debt because of a court decision against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been declared bankrupt within the past 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had property foreclosed on in the past 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there currently a lawsuit filed <u>against</u> you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a legal US citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Answering "yes" to these questions does not automatically disqualify you. If you answered "yes" to any question, however, please explain on a separate sheet of paper.

## 10. MARKETING INFORMATION

How did you hear about Burlington County Habitat for Humanity's homeownership program?

## 11. AUTHORIZATION AND RELEASE OF INFORMATION

I understand that by filing an application for housing with Burlington County Habitat for Humanity, I am authorizing Burlington County Habitat for Humanity to evaluate my 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 family. I understand that **Habitat for Humanity screens all potential staff (whether paid or unpaid), board members, and applicant families on applicable sex offender registries, as well as run a criminal background check.** I understand that **the evaluation will include, but is not limited to, personal visits, credit checks, landlord reference checks, 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. 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 Burlington County Habitat for Humanity, and certifying that all information submitted on this application is accurate and complete.

X		X	
Applicant Signature	Date	Co-applicant Signature	Date

**Please return this application along with supporting documents** to the Burlington County Habitat for Humanity office located at the address below. If you have questions, please call the office at (856) 303-8080.

1702 Taylors Lane  
Cinnaminson, NJ 08077

**If this application was completed by someone other than the applicant/co-applicant, please supply the following information:**

This information was taken by:  Face-to-face interview    Mail    Telephone  
 Internet    Other (please specify)

Interviewer's Name	Organization	Phone Number	Email Address
X			
Interviewer's Signature	Date		





