



Now More Than Ever.
Help Build It!

Dear Applicant,

Thank you for your interest in becoming a homeowner with Greater Plainfield Habitat for Humanity. We are a Christian housing ministry financed through private donations and utilizing volunteer labor. Our purpose is to build homes with families and sell the houses at no profit and no interest to families who could not otherwise afford a home. This opportunity is a “hand up” to you, not a “hand out.”

Please read the following items to see if you have an interest in our ministry AND to see if you meet our general guidelines:

1. To qualify you must demonstrate a need for affordable housing. *For example: inadequate electricity or plumbing, poor heating, leaks in the roof, overcrowding (three to a bedroom), unsafe or unsanitary conditions.*
2. You need to have lived in our service area for a year (Plainfield, North Plainfield, South Plainfield, Scotch Plains, Fanwood, Dunellen, Piscataway, Westfield, or Green Brook).
3. You need to have a minimum steady, total household income of \$45,000 per year.
4. We will verify employment and other income, verify checking and savings account balances, get a statement from your current and previous landlords, have a credit check done, and ask you for credit references.
5. If you are approved for a Habitat home, we ask that you be willing to join in educational programs to learn and practice budgeting, home repair, and maintenance. We ask that you attend the periodic Habitat for Humanity homeowners' meetings.
6. If approved for a Habitat home, we require that all adult (18 years and older) members in your household be willing to work 250 hours of sweat equity, with a maximum of 500 hours per household. The sweat equity must be completed before you are permitted to move into your home.
7. If approved for a Habitat home, about \$3,500 will be needed for closing costs. You will have some time to save this money before closing if your family is selected.
8. If you are approved for a home and if you meet the sweat-equity and financial requirements, then Habitat will sell you a home at cost with no profit. The house payments include taxes and insurance and will cost approximately \$1,200 a month (*only an estimate). The house payments are used by Habitat to build more houses with other families. This requires that you make these payments on time.

If you are interested in Plainfield Habitat and if you believe you qualify for a home according to the above guidelines, we encourage you to fill out and return the enclosed application. All information is considered confidential and is to be used only for family selection. **We are very willing to help you fill out this application.** Periodically we also host a partner family application orientation; please call our office if interested.

We look forward to receiving your application and the wonderful possibility of partnering with you!

Very truly yours,

Greater Plainfield Habitat for Humanity



2 Randolph Road
Plainfield, New Jersey 07060
(908) 769-5292
home@gphabitat.org
www.gphabitat.org

APPLICANT INSTRUCTIONS

1. **Complete the application** -- fill in all blanks. If a question does not apply to you, mark "N/A". Incomplete applications cause delays. Attach additional sheets as needed.
2. **Sign and date the "Accurate Information Services" General Release Form** to authorize a credit check. If there are co-applicants, all must sign.
3. **To avoid delays and ensure that your application is complete, please prepare to submit copies of the following documents** (do not send originals!):
 - **Copy of your most recent Income Tax Return.** If applicant and co-applicant DO NOT file a joint tax return, a full individual tax return must be submitted by both applicants.
 - **Copy of your last two (2) Paycheck Stubs**, or other proof of recent income.
 - **Copy of your last two (2) bank statements** showing all checking, savings, and loan balances. If you do not have a bank account, please write that on your application.
 - **Copy of Utility Bills:** PSE&G, Cable, Telephone, Cell phone, etc.
 - **Copy or Proof of Child Support and/or Public Assistance** if you receive them (such as SSI, TANF, Social Security, disability, food stamps, etc.).
 - **Copy of Insurance Premium Bill** (auto, life, etc.), if applicable.
 - **Proof of Rent** – copy of lease or payment
 - **Proof of Car Loan, Student Loan Program, etc.** – provide recent statement.
 - **Copy of Credit Card Bill(s)**
 - **Copy of Proof of U.S. Citizenship or Residency** (NOT SOCIAL SECURITY CARD). Example- Birth Certificate, Passport, Notice of Action Letter to Verify Residency Status, etc.
4. **Please read and complete the Information for Government Monitoring Purposes form.**

NOTICE: If you need any assistance with this application, either call our office or one of our Family Selection Committee members. Ted Weeks – (908) 232-0330; Janet Kurtter – (908) 403-2684. We're happy to help!



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.



GREATER PLAINFIELD Habitat for Humanity www.gphabitat.org
2 Randolph Road Plainfield, NJ 07060
(908) 769-5292

Application FOR HOUSING



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Dear Applicant: We need you to complete this application to determine if you qualify for a Habitat for Humanity house. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential.

1. APPLICANT INFORMATION	
Applicant	Co-applicant
Applicant's Name	Co-applicant's Name
Social Security Number _____ Home Phone _____ Age _____	Social Security Number _____ Home 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) Name _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	Dependents and others who will live with you (not listed by applicant) Name _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
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 Living at 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. FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Date Received: _____

More Information Requested? Yes No

Date Application Completed: _____

Accepted Denied

Date Letter Sent: _____

Date of Home Visit: _____

Date Letter Sent: _____

3. WILLINGNESS TO PARTNER

To be considered for a Habitat home, you and your family must be willing to complete a certain number of "sweat-equity" hours. Your help in building your home and the homes of others is called "sweat equity," and may include clearing the lot, painting, helping with construction, working in the Habitat office, attending homeownership classes or other approved activities.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:

	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. PROPERTY INFORMATION

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

Do you own land? No Yes (If yes, please describe, including location) _____

Is there a mortgage on the land? No Yes If yes: Monthly Payment \$ _____ Unpaid Balance \$ _____

If you are approved for a Habitat home, how should your name(s) appear on the legal documents?

6. EMPLOYMENT INFORMATION

Applicant				Co-applicant			
Name and Address of Current Employer		Years on This Job		Name and Address of Current Employer		Years on This 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 This Job		Name and Address of Last Employer		Years on This Job	
		Monthly (Gross) Wages \$				Monthly (Gross) Wages \$	
Type of Business		Business Phone		Type of Business		Business Phone	

7. MONTHLY INCOME AND COMBINED MONTHLY BILLS

Gross Monthly Income	Applicant	Co-Applicant	²Others in Household	³Monthly Bills	Monthly Amount
¹ Base Employment Income	\$	\$	\$	Rent	\$
TANF				Utilities	
Food Stamps				Car Payments	
Social Security				Insurance	
SSI				Child Care	
Disability				School Lunch	
Alimony				Average Credit Card Payment	
Child Support				Student Loans	
Other				Alimony/Child Support	
Total	\$	\$	\$	Total	\$

¹Self-employed applicant(s) may be required to provide additional documentation such as tax returns and financial statements.

³Please attach copies of last month's bills.

²List additional household members over 18 who receive income:

Name	Age	Monthly Income
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

8. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

Where will you get the money to make the down payment (for example, savings or parents)? If you borrow the money, who will you borrow it from, and how will you pay it back?

9. ASSETS

List Checking and Savings Accounts Below

Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number: Balance \$	Account Number: Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number: Balance \$	Account Number: Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number: Balance \$	Account Number: Balance \$

Do you own a:	Yes	No	Do you own a:	Yes	No
Boat	<input type="checkbox"/>	<input type="checkbox"/>	Car (#1)	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Home	<input type="checkbox"/>	<input type="checkbox"/>	Make and Year _____		
Washer	<input type="checkbox"/>	<input type="checkbox"/>	Car (#2)	<input type="checkbox"/>	<input type="checkbox"/>
Dryer	<input type="checkbox"/>	<input type="checkbox"/>	Make and Year _____		

10. DEBT

To Whom Do You and the Co-applicant Owe Money?

COLUMN 1			COLUMN 2		
Car	Monthly Payment \$	Unpaid Balance \$	Cell Phone Contracts	Monthly Payment \$	Unpaid Balance \$
	Mos. left to pay:			Mos. left to pay:	
Furniture, Appliances and Televisions	Monthly Payment \$	Unpaid Balance \$	Other Money You Owe		
	Mos. left to pay:		Name and Address of Company	Monthly Payment \$	Unpaid Balance \$
Credit Card	Monthly Payment \$	Unpaid Balance \$		Mos. left to pay:	
	Mos. left to pay:		Alimony/Child Support	\$	/month
Medical	Monthly Payment \$	Unpaid Balance \$	Job-related Expenses	\$	/month
	Mos. left to pay:		(Child Care, Union Dues, etc.)	\$	/month
Column 1: Subtotal of Payments	\$	/month	Column 2: Subtotal of Payments	\$	/month
			Column 1: Subtotal of Payments	\$	/month
			Total Monthly Expenses	\$	/month

11. DECLARATIONS

Please Check the Box That Best Answers the Following Questions for You and the Co-applicant.

	Applicant		Co-applicant	
a. 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
b. Have you been declared bankrupt within the past seven years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Have you had property foreclosed on in the past seven years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Are you paying alimony or child support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "yes" to any question **a** through **e**, or "no" to question **f**, please explain on a separate piece of paper.

12. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing 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 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. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

I also understand that Habitat for Humanity screens all potential staff (whether paid or unpaid), board members and applicant families on the sex offender registry, and that by completing this application, I am submitting myself and all persons listed on the first page of the application to such an inquiry. I further understand that by completing this application, I am submitting myself and all persons listed on the first page of the application to a 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.



ACCURATE INFORMATION SERVICES

121 Hawkins Place #331 Boonton, NJ 07005
(973)257-3515 Fax: (973) 257-3511

General Release Form

Applicant

Co-Applicant

Name (First / MI /Last)

Present Street Address

City/State/Zip Code

Previous Street Address

City/State/Zip Code

Telephone #

Date of Birth / Social Security #

Driver's License # / State of Issue

Name (First / MI / Last)

Present Street Address

City/State/Zip Code

Previous Street Address

City/State/Zip Code

Telephone #

Date of Birth / Social Security #

Driver's License # / State of Issue

Authorization

By signing below I hereby voluntary authorize the undersigned organization to secure a credit, tenancy, background / criminal history and /or motor vehicle history check in my name through Accurate Information Services. I further authorize the release of any and all information found in reference to my name to the undersigned organization now or in the future and to consider this information when making decisions regarding my tenancy or employment with the undersigned organization. I am also aware that any inaccurate information on this form may be reason for an automatic denial to rent or employ.

I agree to hold harmless the undersigned organization and Accurate Information Services for any incorrect or misleading information that may be provided to the undersigned organization and Accurate Information Services in connection with or as a result of any credit, tenancy, background / criminal history and / or motor vehicle history check.

Signature / Date

Signature / Date

CRIMINAL CHECKS ONLY: I do/do not have a criminal record. If so please provide details: _____

Nature of Offense / Date / State / County

Agency/Company Information

GREATER PLAINFIELD HABITAT FOR HUMANITY

Company / Name / Account Number

908.769.5292

Phone Number / Fax Number

Credit Card Information

Account Holder / Card Type

Card Number / Expiration Date / V-code

Authorized Signature