



"Working together works for everyone."

HOMEOWNERSHIP APPLICATION (Rev. 11/15/2022)

✍ = Submit a copy of each requested item to the application
\$25 non-refundable application fee (money order/cashier's check ONLY)

PART 1: Applicant(s) Information

<p>APPLICANT (Head of Household – owner of new house) a. Name: _____ First MI Last</p> <p>b. Birth Date: mo/day/yr ____/____/____</p> <p>c. Social Security #: _____ - _____ - _____</p> <p>d. Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated <input type="checkbox"/></p> <p>e. US Citizen <input type="checkbox"/> Permanent Resident Alien* <input type="checkbox"/> <i>*(If Permanent Resident Alien, ✍ submit copy of your green card)</i></p> <p>f. Telephone #: Home: (____) _____ - _____ Work: (____) _____ - _____ Cell: (____) _____ - _____ Email: _____</p> <p>g1. Current Address: _____ Apt #: ____ City: _____ ST: ____ Zip Code: _____</p> <p>g2. How long at this address? ____ yrs and ____ mos.</p> <p>g3. If less than 1 year, previous address: Previous Address: _____ Apt #: ____ City: _____ ST: ____ Zip Code: _____</p>	<p>CO-APPLICANT (Co-Owner of new house, if applicable) a. Name: _____ First MI Last</p> <p>b. Birth Date: mo/day/yr ____/____/____</p> <p>c. Social Security #: _____ - _____ - _____</p> <p>d. Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated <input type="checkbox"/></p> <p>e. US Citizen <input type="checkbox"/> Permanent Resident Alien* <input type="checkbox"/> <i>*(If Permanent Resident Alien, ✍ submit copy of your green card)</i></p> <p>f. Telephone #: Home: (____) _____ - _____ Work: (____) _____ - _____ Cell: (____) _____ - _____ Email: _____</p> <p>g1. Current Address: _____ Apt #: ____ City: _____ ST: ____ Zip Code: _____</p> <p>g2. How long at this address? ____ yrs and ____ mos.</p> <p>g3. If less than 1 year, previous address: Previous Address: _____ Apt #: ____ City: _____ ST: ____ Zip Code: _____</p>
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Current housing situation

- h. Own** **Rent** **Share** **Other**
- i. Circle Number of bedrooms:** 1 2 3 4
- j. If rented, amount of rent per month \$** _____
- k. Is heat/cooling included?** Yes NO
- l. Is water included?** Yes NO
- m. Is electricity included?** Yes NO
- n. Cost of monthly utilities (if not included) Heat/Cooling \$** _____ **Water \$** _____ **Electric \$** _____
- o. Landlord Name:** _____
- p. Landlord Phone:** (____) _____ - _____
- q. Landlord Mailing Address:** _____ **City:** _____ **ST:** ____ **Zip:** _____

PART 2: Family Information

a. Name, age, sex, relationship of **ALL** persons who will be living in your new home (including yourself).

	Name (include last name if different than applicant)	Date of Birth (month/day/year)	Sex M or F	Relationship (yourself, son, daughter, etc.)	Working or in School, or Other* (see below for other)?
1		___/___/___			
2		___/___/___			
3		___/___/___			
4		___/___/___			
5		___/___/___			
6		___/___/___			
7		___/___/___			
8		___/___/___			

If *Other, please put down the name of the person and a brief explanation of their situation, such as “on disability, or not old enough for school yet,” etc.

b. Understanding that CCHH typically rehabilitates 3 bedroom houses, with the occasional 2 bedroom house, as well 4 bedroom houses when available...

How many bedrooms are **necessary** for your family? _____

c. Number of people currently living in your current residence. _____

d. Monthly expenses. Please fill in the boxes that pertain to you.

	Per Month		Per Month		Per month
Car Insurance	\$	Child Support	\$	Home Phone	\$
Car Payment	\$	Clothing	\$	Hospital Payment	\$
Cable	\$	Credit Card Bills	\$	Internet	\$
Cell phone	\$	Food	\$	Private School	\$
Child Care	\$	Health Care	\$	Student loan	\$







Other _____ \$ _____

_____ \$ _____











PART 3: Income

Fill in the monthly income amounts for all sources that apply to your family. If multiple people receive income from the same source, please list each name and amount in the appropriate box.

You MUST include a copy of each of the documents that pertain to your family:

-  **Copy of identification**
-  **One month of most recent pay stubs (per job) for each person currently working in your family.**
-  **Two months of recent bank statements per person with bank account**
-  **Federal tax return for each applicant for 2020 & 2021**
-  **W-2 forms for all jobs held by all applicants within the past 2 years**
-  **Copy all letters stating assistance grants or other sources of income.**

Your application will NOT be processed without proof of ALL sources of income.

Income Source	Amount per month (before taxes, if applicable)	Name(s) of person to whom this source of income applies to	How long has this person been receiving this source of income?
Employment -If more than one, please list all amounts separately  <i>Submit 1 month's worth of pay stubs for each job, for each person working in the family.</i>	\$		
 Child Support - If more than one source, please list all amounts separately. <i>Submit court ordered letter (if applicable)</i> - <i>If received by direct deposit, submit a copy of bank account statement showing automatic deposits.</i>	\$		
 SSI -If more than one, please list all amounts separately. <i>Include copy of grant letter(s) (proof of income)</i>	\$		
 Disability <i>Include copy of grant letter (proof of income)</i>	\$		
 Social Security <i>Include copy of grant letter (proof of income)</i>	\$		
 TANF <i>Include copy of grant letter (proof of income)</i>	\$		
 Food Stamps <i>Include copy of grant letter (proof of income)</i>	\$		
 Retirement <i>Include copy of proof of income</i>	\$		
 Alimony <i>Include copy of proof of income</i>	\$		
 Other <i>Must explain below or on back if necessary</i>	\$		

*Explanation of "Other": _____

PART 3 continued: Employment

For EACH FAMILY MEMBER CURRENTLY WORKING, please give the following information:

JOB 1

Worker's Name	Employer or Company name	Worker's Job Title	Date Started Job	Full-time or Part-time
Supervisor's Name	Supervisor's Phone #	Pay Period	Amount paid per hour	If Salary, how much per check?
	(____) ____ - _____	Every week <input type="checkbox"/> Every-other week <input type="checkbox"/> Other <input type="checkbox"/> _____		

JOB 2

Worker's Name	Employer or Company name	Worker's Job Title	Date Started Job	Full-time or Part-time
Supervisor's Name	Supervisor's Phone #	Pay Period	Amount paid per hour	If Salary, how much per check?
	(____) ____ - _____	Every week <input type="checkbox"/> Every-other week <input type="checkbox"/> Other <input type="checkbox"/> _____		

JOB 3

Worker's Name	Employer or Company name	Worker's Job Title	Date Started Job	Full-time or Part-time
Supervisor's Name	Supervisor's Phone #	Pay Period	Amount paid per hour	If Salary, how much per check?
	(____) ____ - _____	Every week <input type="checkbox"/> Every-other week <input type="checkbox"/> Other <input type="checkbox"/> _____		

✍ Make sure to include copies of your most recent W-2 forms for all jobs worked, federal tax return for each person employed within the past 2 years, and most recent pay stub (per job) for each person working in your family

✍ If you worked multiple jobs in the past 12 months, please submit any financial information you have on each of those jobs as well. This also applies to receiving unemployment, Workman's Comp, welfare, etc.

PART 4: Assets & Possessions

a. Please list all assets, or things you own of value (Include autos, property (land or house), bank accounts (savings & checking), collectibles, etc.) *Continue on back of this page if you need more room.*



Asset	Approximate Value
	\$
	\$
	\$
	\$
	\$



PART 5: Debts

a. To whom does your family owe money (credit cards, school loan, medical bills, etc.)?
Continue on back of this page if you need more time.

Company	Balance	Monthly Payment	For What?
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

b. Please answer the following questions. Use back of page if necessary for explanations

APPLICANT	CO-APPLICANT
<p>a. Have you ever filed for Bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Date filed: _____</p> <p>Explanation: _____</p> <p> Attach your discharge letter and schedule of creditors.</p>	<p>a. Have you ever filed for Bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Date filed: _____</p> <p>Explanation: _____</p> <p> Attach your discharge letter and schedule of creditors.</p>
<p>b. Have you had property foreclosed upon? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Date foreclosed upon: _____</p> <p>Explanation: _____</p>	<p>b. Have you had property foreclosed upon? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Date foreclosed upon: _____</p> <p>Explanation: _____</p>
<p>c. Have you any outstanding judgments? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please list above under “debts”</p>	<p>c. Have you any outstanding judgments? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please list above under “debts”</p>
<p>d. Are you a party in a lawsuit? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>d. Are you a party in a lawsuit? Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Date lawsuit filed: _____ Explanation: _____	Date lawsuit filed: _____ Explanation: _____
e. Are you <i>paying</i> alimony/child support? Yes <input type="checkbox"/> No <input type="checkbox"/>  Attach any documents relevant to payments.	e. Are you <i>paying</i> alimony/child support? Yes <input type="checkbox"/> No <input type="checkbox"/>  Attach any documents relevant to payments.

PART 6: Need for housing (you may use the back of this page or additional paper if you need more room)

a. Describe your current living situation and why you feel you need Habitat for Humanity’s assistance to purchase a house:

b. Does anyone in your household have special medical or physical needs that may require special arrangements in the house?

c. Have you ever applied for a mortgage or tried to purchase a house? Yes No

d. If yes, what year? _____

e. Did you purchase a property? Yes No

f. If no, for what reason? Insufficient Income Lack of down payment Poor credit

Other _____

g. If yes, do you still own the property? Yes No

PART 7: Partnership

a. How did you learn about Camden County Habitat for Humanity?

b. What do you (and your family) think about helping to build your neighbors’ houses and your own house?

c. Are you (and co-applicant), as well as anyone in your household age 16 or older willing to take on the responsibility of working up to 500 hours to help Habitat build other families houses as well as your own? Yes No

d. Are you (and co-applicant) willing to attend classes to help you be a financially secure homeowner? Yes No

e. Are you (and co-applicant) and anyone in your household age 16 or older able to work on the worksite, helping to build the houses? Yes No If No, explain who and why:

PART 8: Agreement

Upon receipt of this completed application, Camden County Habitat for Humanity (CCHH) will notify me whether I (We) meet the initial requirements of the homeownership program, and if so, I(We) will be notified to schedule our first 8 hours of Sweat Equity. I(We) understand that my application will not be processed further until the 8 hours of Sweat Equity have been completed by the Applicant(Co-Applicant).

I certify that I have read and understood the above application and that the information I have provided is true and accurate. I authorize CCHH to obtain verification of these facts from any source named above. I also authorize CCHH to obtain a copy of my credit history from one or more credit reporting agencies. I further agree that CCHH may furnish any information regarding my past or present application to other agencies as CCHH deems appropriate.

I understand that deliberate falsification of responses to the questions may be grounds for rejection of my application. I understand that it is my responsibility to notify CCHH immediately of any changes in my family situation, living conditions or income.

Date: _____ Applicant Signature: _____

Date: _____ Co-Applicant Signature: _____

(Every person whose name would appear on the deed should sign above.)

Please return application and all required documents requested to:

**Camden County Habitat for Humanity
Attn: Partner Family Coordinator
1814 East Rt 70, Suite 350
Cherry Hill, NJ 08003**

ONCE YOU HAVE COMPLETED THIS APPLICATION, PLEASE MAIL TO ADDRESS ABOVE.

- * Any application that is incomplete will not be accepted after the deadline, so it is suggested to submit your application well before the deadline.*
- * If you have any questions about the application or require assistance, do not hesitate to contact CCHH.*
- * An incomplete application will not be accepted.*
- * You will have until the deadline to submit your completed application. **No exceptions.***



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 action 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.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Applicant's Name _____ Co-Applicant's Name _____

Please read this statement before completing the box below:

The following information is requested by the federal government for loans related to the purchase of homes, in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The laws provide that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

Applicant	Co-Applicant
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
Race/National Origin <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Other (specify) _____	Race/National Origin <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Other (specify) _____
<u>Sex</u> <input type="checkbox"/> Female <input type="checkbox"/> Male	<u>Sex</u> Female <input type="checkbox"/> Male
<u>Birth date</u> __/__/__	<u>Birth date</u> __/__/__
<u>Marital Status</u> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single, divorced, widowed)	<u>Marital Status</u> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single, divorced, widowed)

To be completed by the person conducting the interview	
This application was taken by: <input type="checkbox"/> Face-to-Face interview <input type="checkbox"/> By Mail	Interviewer's Name Interviewer's Signature

<input type="checkbox"/> By Telephone	Interviewer's Phone Number
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Mail: 1814 East Rt 70, Suite 350, Cherry Hill, NJ 08003

Phone: 856.963.8018 www.habitatcamden.org

Additional Comments: