



Warren County Habitat for Humanity  
31 Belvidere Avenue  
Washington, NJ 07882  
Questions? Call 908-835-1300 Ext: 10

# Information Sheet

## HOME REPAIR PROGRAM

Thank you for your interest in the Warren County Habitat for Humanity Home Repair Program. Our home repair program helps low income homeowners alleviate health and safety issues in and around their home.

**FOR ADDITIONAL INFORMATION, PLEASE VISIT OUR WEBSITE:**  
**[www.warrenhabitat.org](http://www.warrenhabitat.org)**

### GENERAL ELIGIBILITY CRITERIA

- You must reside within Warren County.
- You must occupy the home as your primary residence and be current with your property taxes.
- Your household income must fall between 0%- 80% of AMI (Area Median Income). *See income guidelines listed on page 2.*
- **Applicant(s) must demonstrate willingness to partner (*sweat equity*) and an ability to pay for the project cost based on a sliding scale.**
- Applicant(s) must have a need for the repair(s) requested.

### Important to Understand:

- Homeowner(s) will be responsible for Home Repair costs based on a sliding scale determined by their household income and applicable program.
- Warren County Habitat for Humanity reserves the right not to complete any project deemed too large, or additional repairs absent from the original scope of work.
- Depending on the scope of work and the cost, the applicant will either make a full payment of costs prior to the start of the project, or the applicant will receive a 0% interest loan payable over a maximum period of 48 months.
- Minimum loan amounts range from \$1,250 to \$3,000 depending on household income. Projects below that level must be paid in full prior to the start of the project.
- Applicant(s) will receive a 10% discount on the payment amount required if full payment is received before the project begins.
- Maximum Project Cost is \$20,000 for most repairs, or \$25,000 for roof replacement.
- For projects with loans, a promissory note will be signed to ensure promise to pay. A mechanic's lien MAY be placed on the mortgage to ensure repayment.
- Homeowner(s) must be current on the following:
  1. Mortgage loan payment
  2. Homeowner's insurance
  3. Property taxes
- Veterans with proof of an honorable discharge will receive a 10% discount on services, however this cannot be combined with prepayment discount if applicable.



WCHFH complies with the Equal Housing Opportunity Act. 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.



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Warren County Habitat for Humanity is not an emergency repair program. Average time from application through our process is 6-12 months. In certain cases, you may qualify for the Touch of Kindness (TOK) program which has a maximum benefit of \$500 for smaller projects up to \$2500 for projects resulting from Disaster Relief. A personal visit by our Project Manager will be able to determine qualification and Response Time.

## HOME REPAIR PROGRAM INCOME GUIDELINES

### (0-80% of Area Median Income)

#### Monthly Gross Household Income (before taxes)

HOUSEHOLD SIZE	INCOME IS NO GREATER THAN:
1	\$5,425
2	\$6,200
3	\$6,975
4	\$7,746
5	\$8,367
6	\$8,988
7	\$9,608
8	\$10,225

#### Yearly Gross Household Income (before taxes)

HOUSEHOLD SIZE	INCOME IS NO GREATER THAN:
1	\$65,100
2	\$74,400
3	\$83,700
4	\$92,950
5	\$100,400
6	\$107,850
7	\$115,300
8	\$122,700



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## Application for Home Repair Program

**For Office Use Only – Do Not Write in This Space:**

Date Application Received: \_\_\_\_\_

Credit Check Completed?  Yes  No  Accepted  Rejected

Application No. \_\_\_\_\_

HR \_\_\_\_\_ TOK \_\_\_\_\_

Date of Letter/MOU: \_\_\_\_\_

Date of HR Agreement: \_\_\_\_\_

**Please note that all information must be completed. Please check  the appropriate  where choices are indicated. If you require assistance with this application, please call our office at (908)835-1300 Ext. 10**

### 1. Applicant Information

Applicant	Co-Applicant
Name <span style="float: right;"><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other</span>	Name <span style="float: right;"><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other</span>
<input type="checkbox"/> Veteran <input type="checkbox"/> United States Citizen <input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Veteran <input type="checkbox"/> United States Citizen <input type="checkbox"/> Permanent Resident
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Home Phone Number: _____	Home Phone Number: _____
Cell Phone Number: _____	Cell Phone Number: _____
Email Address: _____	Email Address: _____
Address (street, city, state, zip code)	Present Address (street, city, state, zip code)

### 2. Questions for Applicant and Co-Applicant

What year was your home built? \_\_\_\_\_

Are you current on your property taxes?  Yes  No

Do you have a current mortgage?  Yes  No

**Combined Assets:** Name of Bank \_\_\_\_\_

**Total Balance:** \$ \_\_\_\_\_

Monthly mortgage payment if any - \$ \_\_\_\_\_

Annual Property Taxes **Paid Directly** - \$ \_\_\_\_\_

Have you filed for bankruptcy in the past 7 years?  Yes  No

Do you have homeowners' insurance?  Yes  No

Does anyone in your home have a disability?  Yes  No

### 3. Dependents In Household

**Dependents (people who live with you, but are not listed as a co-applicant). Attach additional sheets if necessary.**

Name	Age	Male	Female	Name	Age	Male	Female
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

### 4. Employment/Income Information

Applicant		Co - Applicant/Other Household Member	
Name and Address of <b>CURRENT</b> Employer or Source of Income:		Name and Address of <b>CURRENT</b> Employer or Source of Income:	
Type of Business/Position	Years at job:	Type of Business/Position	Years at job:
Business Phone Number:	Monthly Gross Income	Business Phone Number:	Monthly Gross Income

### 5. Additional Income Information

Please provide information on additional monthly income that you, or any adults (18 years or older) in the household get from other sources such as another job, pension, social security, supplemental social security, disability, alimony, child support, investments, rental income, etc.

Name of Person with Income	Income Source (fill-in)	Monthly Income
		\$
		\$
		\$

### 6. Other Monthly Expenses

Utilities: \$	Average Credit Card Payments: \$
Car Payments (total): \$	Alimony and Child Support: \$
Insurance (all types) \$	Student or Other Loans: \$

### 7. Specific Home Repairs Requested (Describe in Detail)

### 8. Supporting Documentation

**In order for your application to be complete, you must submit copies of all of the following support documentation, as applicable. (Please provide photocopies, not original documents. Documents will not be returned.) Indicate which documents have been provided by checking yes, no, or not applicable to EACH, as appropriate.**

Required Documentation	Applicant	Co-Applicant
Copies of Birth Certificates, Driver's License or New Jersey ID for all adult family members (18 years, or older)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Divorce decree or legal separation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Veterans - submit a copy of their DD214	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Proof of mortgage payments for the 2 most recent months. (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Proof of Homeowners Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Copy of Your Current Year Property Tax Bill	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Federal and State Tax Returns with W-2 forms for the last two (2) years.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Pay stubs for four (4) most recent pay periods for each job held.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Proof of pension, social security, TANF, and disability income (award letter or most recent statement for all benefits received). Proof of alimony and child support income (court decree)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Bank statements for each account for the two (2) most recent months.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Statement for each loan (e.g. car, student, medical, etc.) for the 2 most recent months.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

## 9. Authorization and Release

Applicant Name			Co-Applicant Name		
Social Security Number	Birth Date	Age	Social Security Number	Birth Date	Age

I understand that by filing this application, I am authorizing Warren County Habitat for Humanity to evaluate my actual need for repairs to my home, my ability to repay any no interest loan and other expenses of homeownership, and my willingness to be a partner family. I understand that the evaluation may include a home assessment, verification of certain payments, 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 part of the program, I may be disqualified from the program. The original or a copy of this application will be retained by Warren County Habitat for Humanity even if the application is not approved.

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 sex offender and criminal background check.

Applicant Signature	Date	Co-Applicant Signature	Date
X _____		X _____	

## 10. Notice of Incomplete Application

For projects that involve a home improvement loan, the loan qualification process is not complete until (a) Application has been completed and reviewed, (b) **all supporting documentation as noted on page 2 has been gathered by and furnished**, (c) A credit check is complete, (d) a Site Assessment has been completed, (e) construction cost proposals are obtain, (f) a Home Repair Agreement has been executed, and (g) the down payment is received.

**Please mail this application, along with a check/money order for the \$15 Application Fee, to:**

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TURN OVER – APPLICATION CONTINUES ON BACK



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<b>Applicant Name:</b>	<b>Co-Applicant Name:</b>
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### 11. Information for Government Monitoring Purposes

**PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:**

The purpose of collecting this information is to help ensure that all applicants are being treated fairly, that the housing needs of communities and neighborhoods are being fulfilled, and to otherwise evaluate our programs and report to our funders. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, sex and race) in order to monitor our compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to provide this information but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race." **The law provides that we may not discriminate** on the basis of this information or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, federal regulations require us to note your ethnicity, sex and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

Applicant	Co-applicant
<b>Ethnicity (check one or more):</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino – <i>Origin:</i> _____ <i>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i>  <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information	<b>Ethnicity (check one or more):</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino – <i>Origin:</i> _____ <i>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i>  <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information
<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information	<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information
<b>Race (check one or more):</b> <input type="checkbox"/> American Indian or Alaska Native — <i>Name of enrolled or principal tribe:</i> _____  <input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian — <i>race:</i> _____ <i>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i>  <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander — <i>race:</i> _____ <i>For example: Fijian, Tongan, and so on.</i>  <input type="checkbox"/> White <input type="checkbox"/> I do not wish to provide this information	<b>Race (check one or more):</b> <input type="checkbox"/> American Indian or Alaska Native — <i>Name of enrolled or principal tribe:</i> _____  <input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian — <i>race:</i> _____ <i>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i>  <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander — <i>race:</i> _____ <i>For example: Fijian, Tongan, and so on.</i>  <input type="checkbox"/> White <input type="checkbox"/> I do not wish to provide this information

To be completed only by the person conducting the interview		
Was the ethnicity of the Borrower collected on the basis of visual observation or surname?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the sex of the Borrower collected on the basis of visual observation or surname?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the race of the Borrower collected on the basis of visual observation or surname?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
This application was taken by: <input type="checkbox"/> Face-to-face interview (included electronic media w/video component) <input type="checkbox"/> By mail <input type="checkbox"/> By telephone	Interviewer's name (print or type)	Interviewer's phone number
	Interviewer's signature	Date

END OF APPLICATION