

Applicant Name(s): _____ Address of Property Applying for: _____

Address of Property Previously Applied for (if applicable): _____



NeighborWorks®
HomeOwnership Center

Affordable Housing Administration Disclosure

By initialing and signing this disclosure form, I/we acknowledge that I/we have read, understand, and agree to the policies and procedures of the Affordable Housing Administration as defined below.

_____ I/We certify that all income sources for all individuals, 18 years and older, who will reside in the household have been disclosed.

_____ I/We understand that any changes to income or household size during the certification and closing process of an affordable home must be disclosed to the Housing Partnership immediately.

_____ I/We agree to submit all applications and documentation by the specified deadline and understand that any incomplete or late applications will not be considered for the affordable unit.

_____ I/We agree to complete the homebuyer education course and conduct at least one counseling session when my application is in the process of being reviewed for eligibility.

_____ I/We agree to obtain mortgage financing through any lender of my choosing as long as lender agrees to finance deed restricted properties.

_____ I/We authorize the Housing Partnership to verify information on this application and to obtain or share any other information as needed to evaluate this application through the use of third-party verifications.

_____ I/We understand that the income guidelines based on household size and income level of the affordable unit are published by the Affordable Housing Professionals of New Jersey, where low income is considered to be **30-49%** of the Area Median Income and moderate income is considered to be **50-79%** of the Area Median Income for specified regions.

_____ I/We understand that if my income is above the income threshold for the specified region and income level for the specified unit depending on my household size, then I do not qualify for this unit and will not be certified as income eligible.

_____ I/We understand that the lottery will determine the order applications will be reviewed and the submission of my application does not guarantee a result in homeownership or tenancy.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

2 E. Blackwell St., Suite 12, Dover, NJ 07801
Phone: 973-659-9222 Fax 973-659-9220
www.hpnj.us



NeighborWorks®

HomeOwnership Center

Affordable Housing Application
Documentation Checklist

HOUSEHOLD COMPOSITION

- | | | |
|-----------------------------------|------------------------------|---|
| ☐ Included | ☐ N/A | Copy of official birth certificate for all household members |
| ☐ Included | ☐ N/A | Copy of marriage certificate |
| ☐ Included | ☐ N/A | Copy of Divorce Decree including settlement agreement |
| ☐ Included | ☐ N/A | Copy of social security card for all household members |
| ☐ Included | ☐ N/A | Copy of Permanent Resident Alien Card |
| ☐ Included | ☐ N/A | Copy of Driver's License or Government official ID for all household members over age of 18 |
| ☐ Included | ☐ N/A | Verification of custody of all minor children not claimed on Federal Tax Returns |
| ☐ Included | ☐ N/A | Verification of full-time student status if over the age of 18 |
| ☐ Included | ☐ N/A | Copy of current lease agreement |

INCOME VERIFICATION for ALL household members age 18 or older

- | | | |
|-----------------------------------|------------------------------|---|
| ☐ Included | ☐ N/A | Pre-Approval from a mortgage lender who will finance deed restricted homes. |
| ☐ Included | ☐ N/A | Four (4) current consecutive paystubs for all employment, including bonuses, overtime or tips, (<i>Please note: If new employment, submit an Employment Verification Letter from the Human Resources department detailing the number of hours worked weekly, the rate of pay, and the anticipated annual gross wages</i>) |
| ☐ Included | ☐ N/A | Pension letter that verifies current gross amount |
| ☐ Included | ☐ N/A | Social Security or SSI award letter for ALL household members including minors |
| ☐ Included | ☐ N/A | Copy of court order for alimony |
| ☐ Included | ☐ N/A | Copy of court order, divorce decree or probation letter for child support |
| ☐ Included | ☐ N/A | Signed affidavit of child support |
| ☐ Included | ☐ N/A | TANF current award letter |
| ☐ Included | ☐ N/A | Unemployment benefit verification |
| ☐ Included | ☐ N/A | Workers compensation letter |
| ☐ Included | ☐ N/A | If Self-Employed, Year-to-Date Profit & Loss Statement |
| ☐ Included | ☐ N/A | Participants required consent to release information signed (Page 6) |

ASSET VERIFICATION for ALL household members age 18 or older

- | | | |
|-----------------------------------|------------------------------|--|
| ☐ Included | ☐ N/A | Complete copies of signed Federal & State Income Tax Returns and W-2 forms, including all filed schedules, for the last three (3) years (<i>Please note: If there is an adult household member who did not file, they must submit a letter from the IRS that stated there was "no record" found</i>) |
| ☐ Included | ☐ N/A | Bank statements, copies of passbooks, certificate of deposits, or other accounts for the past three (3) months |
| ☐ Included | ☐ N/A | Stock or bond statements showing current value |
| ☐ Included | ☐ N/A | Evidence or reports of income from real estate or business assets |
| ☐ Included | ☐ N/A | Copy of latest mortgage balance and proof of market value, if property owner |
| ☐ Included | ☐ N/A | Copy of latest tax bill, if applicant is property owner |

Missing items: _____

PLEASE NOTE: RETURN THIS PAGE WITH YOUR APPLICATION.
AN INCOMPLETE APPLICATION WILL NOT BE REVIEWED.
INCOMPLETE AND COMPLETE APPLICATIONS WILL NOT BE RETURNED TO THE APPLICANT.

HOUSING PARTNERSHIP

NeighborWorks®

HomeOwnership Center

2 East Blackwell Street, Suite 12 – Dover, New Jersey 07801

AFFORDABLE HOUSING APPLICATION

Completed applications must be RECEIVED at the above address by the date indicated on your letter in order to maintain your position on the wait list.

No faxed or emailed applications will be accepted.

The Housing Partnership for Morris County, a nonprofit corporation, is the Administrative Agent responsible for administering the re-sales of affordable housing units for the municipality and/or developer. Such units may be purchased by households meeting applicable low or moderate-income standards. Re-sales of such units are made in accordance with the municipalities' Affirmative Marketing Manual and without discrimination to race, religious principles, color, national origin, ancestry, age, sex, marital status, or any other basis prohibited by law.

1. HOUSEHOLD COMPOSITION

The Term "Applicant" means the person(s) who desire(s) to become the legal owner(s) of the real property consisting of an affordable housing condominium unit and who will execute any necessary purchase money mortgage.

Applicant No. 1 _____

Applicant No. 2 (if any) _____

☐ Check if you have medical need for an accessible unit

Other members of the household:

The term "Household" means all persons who intend to live together in an affordable housing unit. Furnish the following information as to all persons (other than the Applicant(s) listed above) who would be members of the household occupying the affordable housing condominium unit and indicate whether such persons are dependents of the Applicant(s) for Federal Income Tax purposes.

Name: _____ Male___ Female ___ Dependent: Yes___ No___ Age ___ DOB: _____

Name: _____ Male___ Female ___ Dependent: Yes___ No___ Age ___ DOB: _____

Name: _____ Male___ Female ___ Dependent: Yes___ No___ Age ___ DOB: _____

Name: _____ Male___ Female ___ Dependent: Yes___ No___ Age ___ DOB: _____

☐ Yes ☐ No Are there any absent household members who under normal conditions would live with you? If yes, explain: _____

☐ Yes ☐ No Do you expect any additions to the household within the next twelve months? If yes, explain: _____

2. APPLICANT:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address, if different: _____

Home Phone: (____) _____ Cell: (____) _____ DOB: _____

Social Security #: ____ - ____ - ____ Email: _____

JOINT APPLICANT:

Name: _____ Social Security Number: ____ - ____ - ____

DOB: _____ Cell: (____) _____ Email: _____

3. CURRENT INCOME: Be sure to completely list ALL sources of income for all persons and attach verification (wages, pensions, social security, student aid, unemployment, annuities, business, public assistance). All individuals aged 18 and over must be included unless enrolled full-time at a college or university. Full Time Students must include documentation from educational institution of current full-time status.

Income Source and Proof Needed	Applicant	Co-appl.	Other 1	Other 2
Total annual gross wages (including OT) from primary employment.	\$	\$	\$	\$
Alimony/Child Support	\$	\$	\$	\$
Business Income/Self Employment Income	\$	\$	\$	\$
Annual wages from additional employment.	\$	\$	\$	\$
Annual Interest & Dividends	\$	\$	\$	\$
Other taxable & any non-taxable income	\$	\$	\$	\$
Unemployment/Workers Comp	\$	\$	\$	\$
Pension	\$	\$	\$	\$
Social Security/Disability Income – Award letter and proof of receipt.	\$	\$	\$	\$
Public Support – TANF, etc. Attach proof of receipt.	\$	\$	\$	\$
Other Income (1099) and/or Rental Income	\$	\$	\$	\$
TOTAL ANNUAL INCOME FOR EACH PERSON	\$	\$	\$	\$
TOTAL GROSS HOUSEHOLD INCOME =	\$		\$	\$

3. EMPLOYMENT

List ALL sources of income/employment for all persons who will live in the home and attach verification (wages, pensions, social security, student aid, unemployment, annuities, business, public assistance).

Employer Name / Source of Income	For Whom	Phone Number for direct supervisor	Email or Fax # for HR or Direct Supervisor	Dates of Employment

4. ASSETS

Furnish full information regarding all assets of each applicant and each member of the household for Federal Income Tax purposes. Identify each asset, state its present value and indicate ownership by the initials of the owner. Such information shall include but not be limited to:

- Bank Accounts (Checking & Savings)
- Certificates of Deposit
- IRA(s)
- Stocks, bonds or other investment holdings
- Government Bonds
- Trust Benefits

Attach your most recent statement for each account. YOU MUST COMPLETE THE CHART BELOW.

Financial institution name and address, phone and fax:	Account is in this name:	Account Number	Balance
			\$

(If needed, use other side of this page)

5. OWNERSHIP OF ANY REAL PROPERTY OWNED ANYWHERE. *Non-interest-bearing assets will be calculated at 2% of the total value and that amount will be added to your gross household income.*

Do you own any real property? _____. If yes, please attach following requested information:

A market analysis from a realtor or an executed contract with closing date stipulated for each real property owned. *

For each property owned, list the address with block and lot numbers.

1. _____ ☐ analyses attached

2. _____ ☐ analyses attached

- **Sales of real estate must be within two months of signing of contract.**
- **The affordable unit must be your primary residence for nine months of the year.**

6. HOMEBUYER EDUCATION CERTIFICATE OF COMPLETION

☐ I understand that homebuyer education and a 1:1 counseling session is required prior to signing a sales contract.

7. FINANCING

☐ I understand that I may use one of the following banks below or another financing entity of my choosing to obtain a mortgage as long as the financial entity provides financing for a deed-restricted property.

Bank of America	Ercan Bulakbasi	201-874-5924	Ercan.bulakbasi@bofa.com
Columbia Bank	Paula Matias	201-726-2214	pmatias@columbiabankonline.com
Fulton Bank	Robert "Bob" Davis	973-945-6609-	RDavis@fultonmortgagecompany.com
M&T Bank	Benjamin Codjoe	732-801-4276	bcodjoe@mtb.com
Peapack-Gladstone Bank	Amaro Pereira	908-334-8789 609-807-5559	apereira@pgbank.com
Provident Bank	Jennifer Piro	201-306-8445	jennifer.piro@provident.bank
TD Bank			
Valley National Bank	Dave Debonis	973-207-6500	ddebonis@valley.com

8. CERTIFICATION

I hereby certify that the statements and information made in this application are accurate, true and complete to the best of my knowledge. I am aware that providing willfully false or misleading information or statements may subject me to sanctions as permitted by law and may disqualify me from this assistance.

(initial) _____

I authorize the Housing Partnership for Morris County to verify the information on this application and to obtain or share any other information as needed to evaluate this application using third-party verifications.

(initial) _____

I understand that the Housing Partnership may ask for additional information to determine my status and eligibility.

(initial) _____

I also understand that the Housing Partnership may share information from this application and any of the supporting information required to be submitted with this application with third parties involved in the home purchasing and financing process. I hereby authorize the Housing Partnership to share my information with third parties for the purposes set for the above.

(initial) _____

The applicant and all joint applicants must sign below.

Failure to sign this application and provide verification where requested will mean disqualification.

Applicant: _____
(Signature) (Print name) (Date)

Co-Applicant: _____
(Signature) (Print Name) (Date)

- **Note: The completion of this application does not guarantee that you will receive certification, guarantee your application will result in homeownership nor does it guarantee your application will result in homeownership.**

I also consent that the Housing Partnership may obtain one or more **credit reports and scores**, as necessary, in connection with this application.

Applicant: _____
(Signature) (Print name) (Date)

Co-Applicant: _____
(Signature) (Print Name) (Date)