




Passaic County
Habitat
for Humanity®

New Construction 135 Summer Street, Passaic Two-Bedroom Condominium Unit

Passaic County Habitat for Humanity is offering an affordable homeownership opportunity of (1) two-bedroom condominium unit located in Passaic, NJ.
Applications open on March 1, 2024 and close on April 1, 2024.

Property Details

-  2-3 household members
-  2 Bedrooms
-  1 Bathroom

Additional Features:

- One Parking Space
- Elevator Access
- Central Air



Maximum Household Income Guidelines

FY23 AMI Limit
(HUD 80% of Median Income)

Number of persons in household	Household income from all sources may not exceed
2	\$76,500
3	\$85,800

The sales price for this two-bedroom condominium is \$125,000

Affordable Homeownership Opportunity

Eligibility Requirements:

- The applicant(s) must make a total minimum annual income of at least \$51,500.
- Total household annual income must not exceed the Maximum Household Income Guidelines.
- The applicant(s) credit score must be 620 or above.
- The applicant(s) must be willing to partner with Passaic County Habitat and complete 150 hours of sweat equity.
- See our website for a full list of requirements.

Although any income-eligible households may apply, preference will be given in this order:

1. Applicant(s) or household member has served in the military.
2. Applicant(s) are Passaic residents and/or employees.
3. All others.

Applications Open: March 1, 2024 to April 1, 2024

www.habitatpc.org/homeownership



Passaic County
Habitat
for Humanity®



Passaic County Habitat for Humanity is pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunities throughout the nation. We encourage and support affirmative advertising and marketing programs in which there are no barriers to obtaining housing because of race, sex, marital status, physical or mental disability, color, religion, national origin, ancestry, presence of children, source of income, sexual orientation, gender identity, age, and family responsibilities.



Passaic County
Habitat
for Humanity®

New Construction Homeownership Opportunity Two-Bedroom Condominium Unit C

INCOME REQUIREMENTS

- The applicant(s)* must make a total minimum annual income of at least \$51,500.
- The maximum household annual income for a 2-person household must not exceed \$76,500.
- The maximum household annual income for a 3-person household must not exceed \$85,800.
 - Your household annual income is the total income from all sources (before taxes) of all employed household members living with you.
- The applicant(s)* must be U.S. citizens or legal residents.
- The applicant(s)* credit score(s) must be 620 or above.
- The applicant(s)* must meet our credit guidelines:
 - Overall payment history is considered.
 - Medical bills are not considered unless there is a judgement.
 - Bankruptcy must be 3 years past discharge before applying.
 - Total past due non-medical debts cannot exceed \$1,000.
- The applicant(s)* cannot have owned a home for at least 3 years or be in bankruptcy.
- The applicant(s)* cannot have been foreclosed upon in the past 7 years.
- The applicant(s)* must occupy the home as their primary residence.
- The applicant(s)* can cover or save an estimate of \$10,000 for down payment and closing costs.
 - The applicant(s)* may apply for and/or be eligible for a First-Time Homebuyer Grant to assistance with costs.

* Includes co-applicant if applicable



Application Deadline: April 1, 2024
 PO Box 2585, Paterson NJ 07509
 146 North 1st Street, Paterson NJ 07522
 www.habitatpc.org (973) 595-6868

Application

Passaic County Habitat for Humanity Homeownership Program



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.

Dear Applicant: Please complete this application for the Passaic County Habitat for Humanity homeownership program truthfully, completely and accurately. All information you include on this application will be kept confidential in accordance with the Gramm-Leach-Bliley Act.

Please print **clearly** in blue or black ink. Be sure to complete each section in full.

1A. APPLICANT INFORMATION

Applicant	Co-applicant																																			
Applicant's name: _____ Alternative and former names: _____ _____	Co-applicant's name: _____ Alternative and former names: _____ _____																																			
Social Security number _____ Phone _____ Email _____ Date of Birth _____ Have your or a household member served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) (Fill out Section 14.)	Social Security number _____ Phone _____ Email _____ Date of Birth _____ <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed, civil union, domestic partnership, registered reciprocal beneficiary relationship) (Fill out Section 14.)																																			
Household members (dependents and others who will live with you):																																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Name</th> <th style="width: 10%;">DOB</th> <th style="width: 5%;">Male</th> <th style="width: 5%;">Female</th> <th style="width: 40%;">Relationship to Applicant(s)</th> <th style="width: 10%;">Student</th> <th style="width: 10%;">Employed</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Name	DOB	Male	Female	Relationship to Applicant(s)	Student	Employed	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Name	DOB	Male	Female	Relationship to Applicant(s)	Student	Employed																														
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Present address (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of years: _____	Present address (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of years: _____																																			
If you have lived at your present address for less than two years, complete the following, for all addresses during the past two years:																																				
Previous address(es) (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of years: _____	Previous address(es) (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ _____ Number of years: _____																																			
FOR OFFICE USE ONLY — DO NOT WRITE IN THIS SPACE																																				
Date received: _____ Date of notice of incomplete application letter: _____ Date of adverse action letter: _____	Date of scan: _____ Date of board approval: _____ Date of partnership agreement: _____																																			

1B. MILITARY SERVICE

Did you (or your deceased spouse) serve, or are you currently serving, in the United States Armed Forces?
(Army, Marine Corps, Navy, Air Force, Space Force, Coast Guard, Reserve or National Guard) Yes No

If yes, check all that apply:

- Currently serving on active duty with projected expiration date of service/tour ____/____/____ (mm/dd/yyyy)
- Currently retired, discharged, or separated from service
- Only period of service was as a non-activated member of the Reserve or National Guard
- Surviving spouse

Is anyone else in your household serving, or did they serve, in the United States Armed Forces? Yes No

If yes, check all that apply:

- Currently serving on active duty with projected expiration date of service/tour ____/____/____ (mm/dd/yyyy)
- Currently retired, discharged, or separated from service
- Only period of service was as a non-activated member of the Reserve or National Guard

Note: Discharge status of Dishonorable will not be given preference.

2. WILLINGNESS TO PARTNER

To be considered for the Habitat homeownership program, you and your household members must be willing to complete 150 "sweat-equity" hours, which may include hours spent helping to build your home and the homes of others, attending homeownership classes, and/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"/>

3. PRESENT HOUSING CONDITIONS (optional)

Currently, are you: Renting Rent-free Own

Number of bedrooms (please circle): 1 2 3 4 5

Other rooms in the place where you are currently living: Kitchen Bathroom Living room Diningroom

Other (please describe): _____

In the space below, describe the condition of the house or apartment where you live. Why you are applying for a Habitat home?

Name, address and phone number of current landlord: _____

4. PROPERTY INFORMATION

I do not own any real estate (move to Section 5).

If you own your residence, what is your monthly mortgage payment (including taxes, insurance, etc.)?
 \$ _____/month Unpaid balance \$ _____

Do you own land other than your residence? No Yes
 Monthly payment (including taxes, insurance, etc.)
 \$ _____

I plan to use this home as my primary residence for the duration of my ownership.

Applicants initials _____ Co-applicants initials _____

5. EMPLOYMENT INFORMATION

Applicant		Co-applicant	
<input type="checkbox"/> Does not apply.		<input type="checkbox"/> Does not apply.	
Name and address of CURRENT employer:	Years on this job:	Name and address of CURRENT employer:	Years on this job:
	Annual gross wages: \$		Annual gross wages: \$
Your position:	Business phone:	Your position:	Business phone:
If working at current job less than two years, complete the following information.			
Name and address of LAST employer:	Years on this job:	Name and address of LAST employer:	Years on this job:
	Annual gross wages: \$		Annual gross wages: \$
Your position:	Business phone:	Your position:	Business phone:
<input type="checkbox"/> Check if you are the business owner or are self-employed. <input type="checkbox"/> I have an ownership share of less than 25%. <input type="checkbox"/> I have an ownership share of 25% or more. Monthly income (or loss) \$ _____			PLEASE NOTE: Self-employed applicants will be required to provide additional documents such as tax returns and financial statements.

6. MONTHLY INCOME

Income source	Applicant	Co-applicant	Others in household	Total
Salary/wages (gross)	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Unemployment benefits	\$	\$	\$	\$
VA compensation	\$	\$	\$	\$
Housing voucher (e.g., Section 8)	\$	\$	\$	\$
Retirement (e.g., pension)	\$	\$	\$	\$
Military entitlements	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Total	\$	\$	\$	\$

HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE

Name	Income source	Monthly income	Date of birth

7. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

Where will you get the money to make the down payment or pay for closing costs (for example, savings or gifts from family member or others; any grants for which you have or intend to apply)? If you borrow the money, whom will you borrow it from, and how will you pay it back?

8. ASSETS

LIST APPLICANT(S) CHECKING, SAVINGS AND RETIREMENT ACCOUNTS (IF ANY):		
Name of banking institution	Last 4 digits of account number	Last statement balance
		\$
		\$
		\$
		\$
		\$
		\$
		\$

9. LIABILITIES AND EXPENSES

LIST WHO APPLICANT(S) OWE MONEY TO:	Applicant			Co-applicant		
	Creditor Name	Monthly payment	Unpaid balance	Creditor Name	Monthly payment	Unpaid balance
Auto loan		\$	\$		\$	\$
Personal Loan		\$	\$		\$	\$
Lease (e.g., furniture, appliances — includes rent-to-own)		\$	\$		\$	\$
Child support		\$	\$		\$	\$
Student Loan		\$	\$		\$	\$
Medical debt		\$	\$		\$	\$
Credit card(s)		\$	\$		\$	\$
Credit card(s)		\$	\$		\$	\$
Other		\$	\$		\$	\$
Other		\$	\$		\$	\$
Other		\$	\$		\$	\$
Total		\$	\$	\$	\$	\$

MONTHLY EXPENSES

Account	Applicant	Co-applicant	Total
Rent	\$	\$	\$
Utilities (electricity, water, gas)	\$	\$	\$
Insurance (rental, car, health, etc.)	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cell phone	\$	\$	\$

Land line	\$	\$	\$
Business expenses	\$	\$	\$
Union dues	\$	\$	\$
Transportation expense (gas, bus pass, vehicle upkeep, etc.)	\$	\$	\$
Food and essential supplies	\$	\$	\$
Entertainment	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$

10. DECLARATIONS

Please check the box beside the word that best answers the following questions for you and the co-applicant.	Applicant	Co-applicant
a. Are there any outstanding judgments 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 declared bankruptcy within the past seven years? If YES, identify the type(s) of bankruptcy: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had any property foreclosed upon in the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you party to a lawsuit in which you potentially have any personal financial liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Have you conveyed title to any property in lieu of foreclosure or completed a pre-foreclosure sale or short sale (where the lender agreed to accept less than the outstanding mortgage balance due) within the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are you currently delinquent or in default on any federal debt or any other loan, mortgage financial obligation or loan guarantee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Are you a co-signer or guarantor on any debt of loan that is not disclosed on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. 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
Note: If you answered "yes" to any question a through g, or "no" to Question h, please explain on a separate piece of paper.		

11. AUTHORIZATION, AGREEMENT AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for the Habitat homeownership program, my ability to repay an affordable { [; ç æ ^ and other expenses of homeownership, and my willingness to be a partner through sweat equity and otherwise according to Habitat for Humanity policy.

I understand that the evaluation will include a credit check and employment verification (if applicable). I have answered all the questions on this application truthfully and accurately, and if any of the information provided changes after I submit this application, I will supplement this application, as applicable. I understand that if I have not answered the questions truthfully, accurately or completely, or fail to supplement this application as necessary to maintain its accuracy and completeness, 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 and forfeit any rights or claims to a Habitat home. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

If this application is created as (or converted into) an "electronic application," I consent to the use of "electronic records" and "electronic signatures" as the terms are defined in and governed by applicable federal and/or state electronic transaction laws. I intend to sign and have signed this application either using my: (a) electronic signature or (b) a written signature and agree that if a paper version of this application is converted into an electronic application, the application will be an electronic record, and the representation of my written signature on this application will be my binding electronic signature.

I also understand that Habitat for Humanity screens all applicants on the sex offender registry. By completing this application, I am submitting myself to such an inquiry. I further understand that by completing this application, I am submitting myself 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.

12. RIGHT TO RECEIVE COPY OF APPRAISAL

This is to notify you that if you qualify for the homeownership program and complete the program requirements, we may order an appraisal to determine the value of a home that you may be eligible to purchase, and we may charge you for this appraisal. Upon completion of the appraisal, we will promptly provide a copy to you, even if the loan does not close.

Applicant's name _____ **Co-applicant's name** _____

13. DEMOGRAPHIC INFORMATION

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
<p>Ethnicity (check one or more):</p> <p><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></p> <p><input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information</p>	<p>Ethnicity (check one or more):</p> <p><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></p> <p><input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information</p>
<p>Sex:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information</p>	<p>Sex:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information</p>
<p>Race (check one or more):</p> <p><input type="checkbox"/> American Indian or Alaska Native — <i>Name of enrolled or principal tribe:</i> _____</p> <p><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></p> <p><input type="checkbox"/> Black or African American</p> <p><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></p> <p><input type="checkbox"/> White <input type="checkbox"/> I do not wish to provide this information</p>	<p>Race (check one or more):</p> <p><input type="checkbox"/> American Indian or Alaska Native — <i>Name of enrolled or principal tribe:</i> _____</p> <p><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></p> <p><input type="checkbox"/> Black or African American</p> <p><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></p> <p><input type="checkbox"/> White <input type="checkbox"/> I do not wish to provide this information</p>

14. UNMARRIED ADDENDUM

FOR BORROWER SELECTING THE UNMARRIED STATUS

Lender instructions for using the Unmarried Addendum: The lender may use the Unmarried Addendum only when a borrower selected "Unmarried" in Section 1 and the information collected is necessary to determine how state property laws directly or indirectly affecting creditworthiness apply, including ensuring clear title. For example, the lender may use the Unmarried Addendum when the borrower resides in a state that recognizes civil unions, domestic partnerships or registered reciprocal beneficiary relationships or when the property is located in such a state. "State" means any state, the District of Columbia, the Commonwealth of Puerto Rico, or any territory or possession of the United States.

If you selected "Unmarried" in Section 1:

Is there a person who is not your legal spouse but who currently has real property rights similar to those of a legal spouse? No Yes

If YES, indicate the type of relationship and the state in which the relationship was formed. For example, indicate if you are in a civil union, domestic partnership, registered reciprocal beneficiary relationship, or other relationship recognized by the state in which you currently reside or where the property is located.

Civil union Domestic partnership Registered reciprocal beneficiary relationship

Other (explain): _____

State: _____

Equal Credit Opportunity Act Notice

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that monitors compliance with this law concerning this company is the Federal Trade Commission, with offices at [FTC Regional Office for the Northeast region, 1 Bowling Green #318, New York City, NY 10004

or Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

You need not disclose income from alimony, child support or separate maintenance payment if you choose not to do so. However, because we operate a Special Purpose Credit Program, we may request and require, in order to determine an applicant's eligibility for the program and the affordable mortgage amount, information regarding the applicant's marital status; alimony, child support and separate maintenance income; and the spouse's financial resources.

Accordingly, if you receive income from these sources and do not provide this information with your application, your application will be considered incomplete, and we will be unable to invite you to participate in the Habitat program.

Applicant:

X _____

Print name: _____

Date: _____

Co-Applicant:

X _____

Print name: _____

Date: _____



New Construction Homeownership Opportunity Two-Bedroom Condominium Unit C

SUPPORTING DOCUMENTS

If submitting paper, please do not submit originals – copies only

If submitting by email, please attach PDFS only – no images

For applicant, co-applicant*, and all household members 18 years & older:

- Valid driver's license or state identification card.
- Social Security Card.
- Permanent Residency Card*.
- DD Form 214* (if you have served in the military).
- Four (4) most recent pay stubs from all employers.
- W-2(s) or 1099 form for 2023.
- Tax Returns for 2022.
- Tax Returns for 2023 (if you have already filed).
- For self-employment we require the following:
 - Must show a two-year self-employment history.
 - Copies of two (2) years of tax returns.
 - Copies of Profit & Loss statement (P&L).
 - Must file a form 1040 schedule C to report income and expenses.
- Verification or Award letter* for any benefits your household receives (child support, social security, etc.) Forms must be dated within the last 60 days.
- If Child Support has been ordered for any children in the household, we will need a copy of the Child Support Order as well as the most recent 12-month payment history from the State.

For applicant and co-applicant* only:

- Two (2) most recent checking account statements.
- Two (2) most recent savings account statements.

We may request additional documents as we process your application. Applications and supporting documents cannot be returned to you. Application processing may take 4-8 weeks. If your contact information changes at any time, please let us know as soon as possible.

* if applicable



New Construction Homeownership Opportunity Two-Bedroom Condominium Unit C

HOW TO SUBMIT YOUR APPLICATION & SUPPORTING DOCUMENTS

All pages of the application are required. Please double check that you have completed all sections and have signed pages 4, 7, and 10.

- Application
- Supporting Documents

Please submit complete application packet in a sealed envelope no later than **April 1, 2024, 3pm** by mail, email, or drop-off at the Passaic County Habitat office.

- **Mail:** Passaic County Habitat for Humanity, PO Box 2585, Paterson NJ 07509
- **Drop-off:** 146 North 1st Street, Paterson NJ 07522
 - During office hours Monday – Friday 9am to 3pm
 - Anytime in our secure mailbox in the front of our building
- **Email:** apply@habitatpc.org - Please submit PDFs only, no images

APPLICATION PROCESSING

- Your income will be verified by Passaic County Habitat using the support documents provided with your application.
- Applicants who meet the minimum income of \$51,500, but don't exceed the maximum household income, will be review for their creditworthiness.
- Applicants who meet the credit requirements will have a background check performed.
 - Background checks include household members 18 years old and older.
- The number of Qualified Applicants may exceed the number of available units for this application (one unit). In that case, Qualified Applicants, in order of preference, will be placed into a computer-generated random order.
- Preference will be given in this order:
 1. Applicants and/or household member has served in the military.
(Discharged status of dishonorable will not be given preference)
 2. Applicant/Co-Applicant are Passaic residents and/or employees.
 3. All Others.

We will contact you by **email and mail** regarding your application. Make sure your email address on the application is correct. Please check your junk and spam folders regularly. If your contact information changes, please let us know as soon as possible.