

Date Application Received



CRITICAL REPAIR PROGRAM APPLICATION 2025

- ☐ Northside Critical Repair Program
- ☐ Passaic County Critical Repair Program
- ☐ Rosa Parks Critical Roof Repair

APPLICANT INFORMATION:

Owner (Last Name, First) _____ Social Security Number _____

Co-Owner (Last Name, First) _____ Social Security Number _____

Street Address _____ City _____ State _____ Zip Code _____

Telephone Number _____ Email Address _____

HEAD OF HOUSEHOLD STATISTICAL DATA: *(Optional. For statistical purposes only.)*

Age 65 or over? ☐ Yes ☐ No

Handicapped/Disabled? ☐ Yes ☐ No

Are you a female Head of Household? ☐ Yes ☐ No

Have you or anyone in your home ever served in the military? ☐ Yes ☐ No

Racial Description (check all that apply):

☐ White ☐ Black ☐ Asian/Pacific Islander

☐ American Indian/Alaskan Native ☐ Other ☐ 2 or more Races

Ethnicity:

☐ Hispanic ☐ Non-Hispanic

Number of People in Household _____

HOUSEHOLD INFORMATION: Please name all household members including the owner(s).

Full Name	Relationship to Owner	Social Security Number	Date of birth
1.	Self		
2.			
3.			
4.			
5.			
6.			
7.			
8.			

LIABILITY INFORMATION:

Are there presently any liens on your property or any outstanding municipal assessments or outstanding taxes due?

☐No

☐Yes, If Yes please explain:

PROPERTY INFORMATION:

Name of Owner(s) as it appears on the Property Title

Year the home was built, if known

Is there a mortgage on the property?

☐Yes

☐No

Do you have Homeowner's insurance on your property? ☐Yes

☐No

Do you have a survey on the property?

☐Yes

☐No

Do you have Flood Hazard Insurance on your property? ☐Yes

☐No

CRITICAL REPAIRS:

Repairs shall be limited to items necessary to ensure the safe and continued occupancy of the property, including items needed to secure the property against weather, such as a roof replacement. Accessibility improvements such as safety bars, modified bathroom fixtures and cabinets, and ramps may be performed.

Work items that may trigger the need for lead-based paint hazard control such as windows and doors will not be undertaken.

Work items that may not be undertaken include general property improvements, luxury items, garage repairs or driveway resurfacing.

Please list the repairs that you wish to address through this Program:

INCOME INFORMATION:

BEFORE PROCEEDING WITH THIS PAGE, PLEASE READ THE FOLLOWING:

Complete this form for all household members 18 years or older who receive income of any kind. Please make additional copies as necessary, or, contact Passaic County Habitat for additional copies.

Income verification must be attached to the Application and available for review in your project file.

Name of Household Member	Social Security Number
--------------------------	------------------------

A. Please state the annual amount of income received from each applicable source:

Source	Annual
Gross Salary or Wage:	
Pension:	
Social Security:	
Unemployment Compensation:	
Disability Payment:	
Welfare:	
State the amount of any additional income:	
TOTAL ANNUAL INCOME FROM WAGES, SALARY AND OTHER SOURCES:	

Please list all checking and savings accounts including CDs, Money Market Funds, Mutual Funds, Stocks, Bonds and other assets held by financial institutions:

Name & Address of Financial Institution	Account Number	Current Value	Annual Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
Total Annual Income:			

Do you own a business or other income-producing real estate? ☐Yes ☐No

Do you receive income (rent/receipts) from this asset? ☐Yes ☐No

INCOME INFORMATION:

BEFORE PROCEEDING WITH THIS PAGE, PLEASE READ THE FOLLOWING:

Complete this form for all household members 18 years or older who receive income of any kind. Please make additional copies as necessary, or, contact Paterson Habitat for additional copies.

Income verification must be attached to the Application and available for review in your project file.

Name of Household Member

Social Security Number

A. Please state the annual amount of income received from each applicable source:

	Annual
Gross Salary or Wage:	
Pension:	
Social Security:	
Unemployment Compensation:	
Disability Payment:	
Welfare:	
State the amount of any additional income:	
TOTAL ANNUAL INCOME FROM WAGES, SALARY AND OTHER SOURCES:	

Please list all checking and savings accounts including CDs, Money Market Funds, Mutual Funds, Stocks, Bonds and other assets held by financial institutions:

Name & Address of Financial Institution	Account Number	Current Value	Annual Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
Total Annual Income:			

Do you own a business or other income-producing real estate? ☐Yes ☐No

Do you receive income (rent/receipts) from this asset? ☐Yes ☐No

ENCLOSURE CHECKLIST:

Please provide one (1) copy of each of the following (please do NOT provide original documents or photos):

- ☐ IRS 1040 form for the past year for each household member who receives income from employment and is 18 years of age or over. If Federal Income Tax is not filed, 1099 statement(s) showing Social Security/pension income for the past year must be provided.
- ☐ Two months of pay stubs are required for each household member aged 18 or older who receives income from employment
- ☐ Copies of Social Security, Pension, Disability, Welfare and Unemployment Statements, as applicable.
- ☐ Proof of current homeowners' insurance (insurance declarations page not the policy or receipt).
- ☐ Deed to the property intended for rehabilitation.
- ☐ Latest mortgage statement.
- ☐ Current Real Estate Tax Statement and Proof of Payment.
- ☐ Copy of Photo Identification for each household member 18 years of age or older.
- ☐ Letter from Employer documenting employment for all employed household members 18 years of age or older.
- ☐ Property Survey (if required for approved repair)
- ☐ Signed Application Release and Certification (see below).

APPLICATION RELEASE AND CERTIFICATION:

I hereby grant permission of entrance by appointment for the purpose of inspection of my property by Passaic County Habitat for Humanity Representatives to determine eligibility to the Passaic County Habitat Critical Repairs Program. I also understand that inspections of items that can potentially be improved via this program will be made, as per my request. I will schedule inspections within 2 weeks upon request and will be present for the inspection.

I understand approved repairs are provided at no cost. However, if a property survey is required, the homeowner is responsible for obtaining and submitting it at their own expense.

This is to certify that all statements made in my Application for the **Passaic County Habitat for Humanity Critical Repairs Program** are true to the best of my knowledge. I make this statement willingly and with full knowledge of the penalties under federal and state laws should false information be given. I understand that false or misleading information provided on my application may result in my termination from the program.

Signature of Applicant

Date

Signature of Co-applicant, if applicable

Date