



Passaic County
Habitat
for Humanity®

New Construction Homeownership Opportunity 45 Auburn Street, Paterson

Passaic County Habitat for Humanity is constructing
a new single-family home located at 45 Auburn Street, Paterson.
Applications are accepted from August 4, 2025 to October 3, 2025.
Waitlist applications are accepted from October 4 to December 3, 2025.

Property Details



3-6 household
members*



3 bedrooms



2 bathrooms

Sales price: \$165,000

Additional Features:

- Garage
- Driveway
- Fenced backyard
- Bonus room
- Laundry hook-up

UHAC 2025 Affordable Housing Regional Income Limits (80% AMI)

Number of persons in household:	Household income from all sources may not exceed:
3	\$91,600
4	\$101,760
5	\$109,920
6	\$118,080

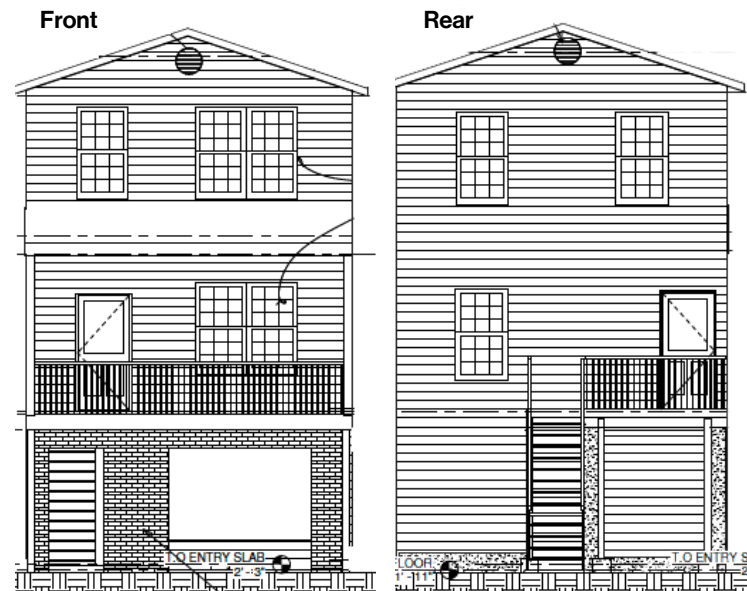
Want to become a Habitat homeowner?

Habitat's Eligibility Requirements:

- Homebuyer's minimum income is \$64,000.
- Homebuyer's credit score is 620 or above.
- Household income must not exceed the income limits.
- Must be willing to partner with Passaic County Habitat & complete 200 hours of sweat equity.
- See our website for a full list of requirements.

For more information:

www.habitatpc.org/homeownership
to download an application and learn more.



*see website for household size determination

Application will be accepted from August 4, 2025 to October 3, 2025.

Random Selection will be held on October 9, 2025.

Waitlist application will be accepted from October 4, 2025 to December 3, 2025.



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.



New Single-Family Home | 45 Auburn Street, Paterson, NJ

Who is Passaic County Habitat for Humanity?

Passaic County Habitat for Humanity is a nonprofit organization that helps families and individuals build and improve places to call home. We believe affordable housing plays a critical role in strong and stable communities. Habitat homeowners help build their own homes, alongside volunteers, and pay an affordable mortgage. With our help, Habitat homeowners achieve the strength, stability, and independence they need to build a better life for themselves and their families.

Application Period:

Applications received between August 4 and October 3, 2025, will be entered into a computer-generated random selection on October 9, 2025. Applications submitted between October 4 and December 3, 2025, will be placed on a waitlist and will only be considered if there are no eligible applicants from the initial application period.

- ☐ **Step 1:** Determine whether you meet the **income requirements** using the chart.

Household Size (# of adults & children)	3	4	5	6
Minimum Income for Applicant(s)	\$64,000	\$64,000	\$64,000	\$64,000
Income Limits for Household	\$91,600	\$101,760	\$109,920	\$118,080

- Minimum Income for Applicant(s): The applicant and co-applicant (if applicable) must make a minimum gross income (before taxes) of \$64,000.
- Maximum Income for Household: Your household size includes anyone who will be living with you in your home. The income of all household members 18 years old and older (before taxes) must be counted towards the maximum income for the household.

- ☐ **Step 2:** Determine whether you meet the **eligibility criteria** on page 2.

- ☐ **Step 3:** Complete the **application** (8 pages).

- ☐ **Step 4:** Provide all **supporting documents** (copies only, no originals or images).

- ☐ **Step 5:** **Apply** with all supporting documents. See instructions on page 12.

If you have any questions, please email us at apply@habitatpc.org.

Step 2: Eligibility Criteria

Please verify that you meet ALL listed eligibility criteria and sign below.

Applicant Name _____ Co-Applicant Name _____

Applicant Email _____ Co-Applicant Email _____

A = Applicant C= Co-Applicant

A	C	Eligibility Criteria
<input type="checkbox"/>	<input type="checkbox"/>	I am a/We are United States citizen(s) or legal resident(s).
<input type="checkbox"/>	<input type="checkbox"/>	I/We have a credit score of 620 or higher.
<input type="checkbox"/>	<input type="checkbox"/>	The applicant / co-applicant's income meets the minimum income (before taxes) of \$64,000.
<input type="checkbox"/>	<input type="checkbox"/>	My/Our household income (before taxes) does not exceed the income limits on page 1.
<input type="checkbox"/>	<input type="checkbox"/>	I am/We are employed.
<input type="checkbox"/>	<input type="checkbox"/>	I/We have been employed for at least 2 years.
<input type="checkbox"/>	<input type="checkbox"/>	I/We have a stable source of income that I/we do not expect to end within the next 3 years.
<input type="checkbox"/>	<input type="checkbox"/>	I/We have not declared bankruptcy. If I /we have it has been discharged for 3 years or more.
<input type="checkbox"/>	<input type="checkbox"/>	I/We have not been foreclosed upon in the last 7 years.
<input type="checkbox"/>	<input type="checkbox"/>	I/We have not owned a home in the last 3 years.
<input type="checkbox"/>	<input type="checkbox"/>	I/We plan to use this home as my/our primary residence for the duration of ownership.
<input type="checkbox"/>	<input type="checkbox"/>	I/We am willing to partner with Habitat for Humanity by volunteering 200 hours on a construction site, participating in homeowner preparation classes, and attending meetings.
<input type="checkbox"/>	<input type="checkbox"/>	I/We am willing to save an estimate of \$8,600 for the downpayment and closing costs.
<input type="checkbox"/>	<input type="checkbox"/>	I/We do not have any unpaid non-medical collections or if I/we have any medical collections, they are on a payment plan and current.
<input type="checkbox"/>	<input type="checkbox"/>	I/We do not have any recent credit card debit or bills in collections, which includes judgments and liens. If I/we have any accounts in collections, they are less than \$2,000 and are on a payment plan.

Applicant Signature _____

Date _____

Co-Applicant Signature _____

Date _____



Mailing: PO Box 2585, Paterson NJ 07509
Office: 146 North 1st Street, Paterson NJ 07522
www.habitatpc.org (973) 595-6868 apply@habitatpc.org

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. Complete required sections in full.

1A. APPLICANT INFORMATION (required)							
Applicant				Co-applicant			
Applicant's name: _____				Co-applicant's name: _____			
Alternative and former names: _____				Alternative and former names: _____			
Social Security number _____				Social Security number _____			
Phone _____				Phone _____			
Email _____				Email _____			
Date of Birth _____				Date of Birth _____			
Have you 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.)				<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 in the home):							
Name	Birth Date	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"/>	
Present address (street, unit or apartment #, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent							

Number of years at this address: _____							
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 (street, unit or apt#, city, state, ZIP): <input type="checkbox"/> Own <input type="checkbox"/> Rent				Previous address (street, unit or apt#, city, state, ZIP): <input type="checkbox"/> Own <input type="checkbox"/> Rent			
_____				_____			
_____				_____			
Number of years: _____				Number of years: _____			
FOR OFFICE USE ONLY — DO NOT WRITE IN THIS SPACE							
Date received: _____				Date of scan: _____			
Date of notice of incomplete application letter: _____				Date of board approval: _____			
Date of adverse action letter: _____				Date of partnership agreement: _____			

1B. MILITARY SERVICE (required)

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

2. WILLINGNESS TO PARTNER (required)

To be considered for the Habitat homeownership program, you and your household members must be willing to complete 200 "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 (required)

☐ 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 (required)

Applicant		Co-applicant	
<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed
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.		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 (required)

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	\$	\$	\$	\$

*LIST DETAILS FOR OTHER HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE

Name	Income source	Monthly income	Date of birth

7. SOURCE OF DOWN PAYMENT AND CLOSING COSTS (required)

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 (required)

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 (required)

LIST WHO APPLICANT(S) OWE MONEY TO:

Applicant

Co-applicant

Account	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 (required)

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 (required)

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 (required)

I understand that by filing this application, I am authorizing Passaic County Habitat for Humanity to evaluate my actual need for the Habitat homeownership program, my ability to repay an affordable mortgage and other expenses of homeownership, and my willingness to be a partner through sweat equity and otherwise according to Passaic County 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 purchase 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. I understand that I will not receive this application back nor any documentation I submit with it.

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 Passaic County 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 (required)

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 (optional)

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
Ethnicity (check one or more): <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	Ethnicity (check one or more): <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
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information
Race (check one or more): <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	Race (check one or more): <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

14. UNMARRIED ADDENDUM (if applicable)

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: _____

**Disclosure and Authorization for Background Check
for Household Members over 18 years old**

By signing below, I hereby authorize Passaic County Habitat for Humanity and its designated agents and representatives (hereinafter individually and collectively referred to as PCHFH) to conduct a comprehensive review of my background causing a Criminal Background Investigation (including Sexual Offender Registry) to be generated and used as part of my application to become a potential Habitat homeowner. The background check will include:

- County Criminal Records Search
- State Criminal Court Search
- Federal Criminal Records Search
- National Criminal Including Sex Offender Search

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me to PCHFH. I further authorize the complete release of any records or data pertaining to me whom the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release PCHFH, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. You may contact me as indicated below.

I understand this authorization automatically expires 90 days from the date executed below and that I have the right to revoke the authorization at any time, providing I do so in writing.

Adult Household Member:

LAST:	FIRST:	MIDDLE:	SUFFIX:
Alias/Maiden Name(s)			
Current Address:			

Phone number:	Date of Birth:
Email:	Social Security Number:
Driver's License Number:	

Adult Household Members Signature

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- County Criminal Records Search
- State Criminal Court Search
- Federal Criminal Records Search
- National Criminal Including Sex Offender Search

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me to PCHFH. I further authorize the complete release of any records or data pertaining to me whom the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release PCHFH, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. You may contact me as indicated below.

I understand this authorization automatically expires 90 days from the date executed below and that I have the right to revoke the authorization at any time, providing I do so in writing.

Adult Household Member:

LAST:	FIRST:	MIDDLE:	SUFFIX:
Alias/Maiden Name(s)			
Current Address:			

Phone number:	Date of Birth:
Email:	Social Security Number:
Driver's License Number:	

Adult Household Members Signature

Step 4: Supporting Documents

The following information must be provided to Passaic County Habitat with your completed application. **Do not** submit original documents, copies only. **Do not** submit screenshots or photos of your documents.

For the APPLICANT & CO-APPLICANT	
<input type="checkbox"/>	Government issued photo identification card (i.e. driver's license, state ID).
<input type="checkbox"/>	Permanent residency card (if applicable).
<input type="checkbox"/>	Two months of most recent pay stubs. <ul style="list-style-type: none">▪ If paid bi-weekly: 4 most recent pay stubs from all employers▪ If paid weekly: 8 most recent pay stubs from all employers
<input type="checkbox"/>	W2's and signed Tax Returns for 2022, 2023 & 2024.
<input type="checkbox"/>	Three most recent bank statements for every bank account held jointly and individually. Cash and non-payroll deposits will require further explanation.
<input type="checkbox"/>	If self-employed, three years of self-employment history.
<input type="checkbox"/>	If self-employed, profit and loss statement.
<input type="checkbox"/>	Signed Disclosure and Authorization for Background Check (Form 1-C).
<input type="checkbox"/>	Marriage Certificate or Divorce Decree (if applicable).
<input type="checkbox"/>	Most recent quarterly retirement statement (i.e. 401k, 403b).
<input type="checkbox"/>	Documentation to support other income received (pension statement, social security award letter, child support statement, unemployment or worker's compensation benefits letter).
<input type="checkbox"/>	Verification of custody of all children <i>not</i> claimed on Tax Returns (if applicable). Children who are listed on your Tax Returns must be listed on the application.

For EVERY household member 18 years and older who will be living in the home	
<input type="checkbox"/>	Government issued photo identification card (i.e. driver's license, state ID).
<input type="checkbox"/>	Permanent residency card (if applicable).
<input type="checkbox"/>	Two months of most recent pay stubs. <ul style="list-style-type: none">▪ If paid bi-weekly: 4 most recent pay stubs from all employers▪ If paid weekly: 8 most recent pay stubs from all employers
<input type="checkbox"/>	W2's and signed Tax Returns for 2022, 2023 & 2024.
<input type="checkbox"/>	If self-employed, three years of self-employment history.
<input type="checkbox"/>	If self-employed, profit and loss statement.
<input type="checkbox"/>	Signed Disclosure and Authorization for Background Check (Form 1-C).

We will contact you by email requesting any documents which were not provided with your application. If the missing documents are not received within 72 hours, your application will be marked as incomplete and subsequently closed.

Step 5: Submitting Your Application & Supporting Documents

Please submit your complete application and supporting documents by **October 3, 2025**.
Applications received after October 3rd will be waitlisted.

- **By Mail:** Passaic County Habitat for Humanity, PO Box 2585, Paterson NJ 07509
- **By Email:** apply@habitatpc.org - *PDFs only. Do not submit screenshots, images or photos.*
- **Hand Deliver:** 146 North 1st Street, Paterson NJ 07522
Tuesday to Thursday – 9am to 3pm
OR Anytime in our secure mailbox in the front of our office building

Application Processing

- **Initial Application Period** (August 4 – October 3): Applications received during this time will be entered into a computer-generated random selection first.
- **Waitlist Period** (October 4 – December 3): Applications submitted during this period will be placed on a waitlist and will only be considered if no eligible applicants are selected from the initial application period.
- **Review Process:** Applications will be reviewed in the order determined by the random selection. Passaic County Habitat will verify your income using the supporting documents you submit with your application.
 - Applicants must have a minimum household income of \$64,000 and must not exceed the maximum income limit based on household size.
 - Applicants who meet the income criteria will be evaluated for their ability to pay.
 - Those who qualify will then undergo a background check for all household members aged 18 and older.
- **Next Steps for Qualified Applicants:** Applicants selected through the random order will be contacted by Habitat staff to review the program requirements and submit any additional documentation required by the project's grant funder.
- **Waitlist Applications:** If no approved applicant is selected from the initial application period, only then will applications received from the waitlist period (October 4 – December 3) be processed.

We will contact you by **email** regarding your application. Make sure your email address on page 2 and on the application is correct and printed clearly. Please check your junk and spam folders regularly. If your contact information changes, please let us know as soon as possible.

KEEP FOR YOUR RECORDS

Frequently Asked Questions (FAQ) & For Your Information (FYI)

Frequently Asked Questions (FAQs)

- **Who should I list on my application?**

All individuals who will be living in the home **MUST** be listed on the application. The income of household members 18 years old and older must be listed on the application and calculated in the maximum income for the household. If you are married, spouses must be included on the application and apply as co-applicant. We cannot accept your application if you are separated, but not legally divorced.

- **If I am not approved, do I get put on a future waiting list?**

- You will be placed on a notification list. This means you will be notified when we begin to accept applications for future homes.

- **Can I resell the home?**

Passaic County Habitat houses are deed-restricted, meaning there is a maximum resale value, and they must be sold to those who are income-qualified by Habitat.

For Your Information (FYI)

- The review of your application can take up to 30 days. If there are missing documents, you will be notified by email and will have 72 hours to provide the documents. Please make sure that you have listed your email address where required. Application updates will be provided by email.
- Do not leave any pages on the application blank. Be sure that you and the co-applicant (if applicable) have signed and dated all pages that require one. Blank parts of the application will cause a delay in your application being processed and may result in an incomplete then closed application.
- Please do not submit screenshots, photos, or images of your documents. When emailing your application and supporting documents, send PDFs only.
- Please be prepared to explain any of the following non-payroll deposits into your bank accounts: Cash App, Zelle, Cash, Apple Pay, Venmo, PayPal, etc.
- If your credit file has a freeze on it, please lift the freeze for 60 days.
- If selected, the timeframe for completing the homeownership program is 9-12 months, after which the purchase process begins. The timeframe depends on a variety of factors, including how long it takes to complete all requirements and other considerations.

KEEP FOR YOUR RECORDS