



## Refurbished Condominiums for Sale 22 Belle Avenue & 85 North 1<sup>st</sup> Street, Paterson

### 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 are accepted from November 10, 2025, to December 10, 2025.

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

Household Size (# of adults & children)	3	4
Minimum Income for Applicant(s)	\$41,000	\$41,000
Income Limits for Household	\$61,700	\$68,550

- Minimum Income for Applicant(s): The applicant and co-applicant (if applicable) must make a minimum gross income (before taxes) of \$41,000.
- 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**.
- ☐ **Step 3:** Complete the **application**, including providing the mortgage pre-approval letter.
- ☐ **Step 4:** Provide all **supporting documents** (copies only, no originals or images).
- ☐ **Step 5:** **Apply** with all supporting documents.

If you have any questions, please email us at [apply@habitatpc.org](mailto:apply@habitatpc.org).

**Passaic County Habitat for Humanity is offering two refurbished condominium units for sale located at 22 Belle Avenue and 85 North 1<sup>st</sup> Street in Paterson, NJ. Applications are accepted from November 10, 2025 to December 10, 2025.**

## **85 North 1st Street Paterson, NJ**

### **Specifications**

Sales Price: \$120,000

- 3-4 Household Members
- 3 Bedrooms 1 & ½ Bathrooms
- 2<sup>nd</sup> Floor Condo Unit

### **Renovations**

New roof, windows, and flooring.  
Central air conditioning, upgraded kitchen, and renovated bathrooms.

## **22 Belle Avenue Paterson, NJ**

### **Specifications**

Sales Price: \$120,000

- 3-4 Household Members
- 3 Bedrooms & 2 Bathrooms
- 2<sup>nd</sup> Floor Condo Unit

### **Renovations**

New flooring and water heater.  
Central air conditioning, upgraded kitchen, and renovated bathrooms.

### **All interested buyers must:**

- Have a minimum annual gross income of \$41,000 to be eligible for the home.
- Secure a mortgage pre-approval from a lender of your choice.
- Complete an application and be income-qualified by Passaic County Habitat for Humanity.
- Stay within the maximum income limits based on household size (see chart).
- Once you are income-qualified by Habitat, you will be placed into the random selection process on December 17, 2025.
- In random order, applicants will be submitted to the City of Paterson for approval to purchase.

**HUD Maximum Household Income Limits  
FY2025 - 50% Income Category**

Number of persons in household	3	4
Minimum Homebuyer Income	\$41,000	\$41,000
Maximum Household Income	\$61,700	\$68,550

### **For more information and to download an application:**

- Visit: [www.habitat.org/homeownership](http://www.habitat.org/homeownership)



## **Step 2: Eligibility Criteria**

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

Applicant Email \_\_\_\_\_

Co-Applicant Email \_\_\_\_\_

A = Applicant    C= Co-Applicant

<b>A</b>	<b>C</b>	<b>Eligibility Criteria</b>
<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"/>	The applicant/co-applicant's income meets the minimum income (before taxes) of \$41,000.
<input type="checkbox"/>	<input type="checkbox"/>	We are a household of three to four members.
<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 do not have liquid assets that exceed \$39,999.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

## **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.

<b>For the APPLICANT &amp; CO-APPLICANT</b>	
<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"/>	Mortgage Pre-Approval Letter.
<input type="checkbox"/>	Two months of most recent pay stubs. <ul style="list-style-type: none"><li>▪ If paid bi-weekly: 4 most recent pay stubs from all employers</li><li>▪ If paid weekly: 8 most recent pay stubs from all employers</li></ul>
<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.

<b>For EVERY household member 18 years and older who will be living in the home</b>	
<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"><li>▪ If paid bi-weekly: 4 most recent pay stubs from all employers</li><li>▪ If paid weekly: 8 most recent pay stubs from all employers</li></ul>
<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 that 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.



PO Box 2585, Paterson NJ 07509  
146 North 1st Street, Paterson NJ 07522  
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 or your application will be marked incomplete.

Application for: ☐ 22 Belle Avenue ☐ 85 North 1st Street

### 1A. APPLICANT INFORMATION

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 _____			
<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.)			
<b>Household members</b> (dependents and others who will live with you):							
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, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent				Present address (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent			
_____				_____			
Number of years: _____				Number of years: _____			
<b>If you have lived at your present address for less than two years, complete the following, for all addresses during the past two years:</b>							
Previous address(es) (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent				Previous address(es) (street, city, state, ZIP code): <input type="checkbox"/> Own <input type="checkbox"/> Rent			
_____				_____			
Number of years: _____				Number of years: _____			
<b>FOR OFFICE USE ONLY — DO NOT WRITE IN THIS SPACE</b>							
Date received: _____				Date of file scanned: _____			
Date of notice of incomplete application letter: _____				Date of board approval: _____			
Date of adverse action letter: _____				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

### 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 are applying for a Habitat home?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you rent your current residence, please supply a copy of your lease and a copy of the most recent money order receipt, bank statement or canceled rent check to evidence rent payment.**

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 <b>CURRENT</b> employer:	Years on this job:	Name and address of <b>CURRENT</b> 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 <b>LAST</b> employer:	Years on this job:	Name and address of <b>LAST</b> 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) \$ _____			<b>PLEASE NOTE:</b> 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: _____	\$	\$	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$ (A)</b>

## HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE

Name	Income source	Monthly income	Date of birth

### Estimated Yearly Household Income

Total Monthly Income (A) \_\_\_\_\_ (x) 12 months = \_\_\_\_\_

## 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		
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		\$	\$		\$	\$
<b>Total</b>		\$	\$	\$	\$	\$

## 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	\$	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

## 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 { [ ] } 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.

<b>Applicant signature</b>	<b>Date</b>	<b>Co-applicant signature</b>	<b>Date</b>
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
<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

## 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: \_\_\_\_\_

**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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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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## **Step 5: Submitting Your Application & Supporting Documents**

Please submit your complete application and supporting documents by **December 10, 2025**.

- **By Mail:** Passaic County Habitat for Humanity, PO Box 2585, Paterson NJ 07509
- **By Email:** [apply@habitatpc.org](mailto:apply@habitatpc.org) - *PDFs only. Do not submit screenshots, images or photos.*
- **Hand Deliver:** 146 North 1<sup>st</sup> 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**

- Applications are reviewed to ensure applicants meet the minimum annual gross income of \$41,000 and do not exceed the maximum income limits based on household size.
- Applicants must submit a mortgage pre-approval letter along with their application.
- Applicants who meet the income requirements will be entered into a random selection process on December 17, 2025.
- In random order, applicants will be submitted to the City of Paterson for approval to purchase the home.
- Applicants will be kept informed of their application status throughout the process.

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**