



Habitat
for Humanity®
of South Central New Jersey

**Habitat for Humanity of
South Central New Jersey**
Homeownership Program
Application

Mail to: Habitat for Humanity of South Central New Jersey, 530
Route 38 E, Maple Shade, NJ 08052, Attention: Homeowner
Services Dept. Or call (856) 484-5615 to set-up a time to hand
deliver.

Deadline: July 24th, 2024

Questions: (856) 484-5615 or apply@habitatscnj.org



613 Clinton Street, Camden, NJ 08103

Application fee: \$25 for applicant/\$50 for applicant & co-applicant -cash, check or money order payable to Habitat for Humanity.

Home for which you are applying:			For Office Use Only
<u>Address</u>	<u># Beds/Baths</u>	Veteran Status:	Date Rec'd:
<input type="checkbox"/> 613 Clinton Street, Camden, NJ	2 Beds/1 Full Baths	<input type="checkbox"/> Applicant is a Veteran	Fee Paid:
		<input type="checkbox"/> Co-Applicant is a Veteran	Rec'd By: _____
		<input type="checkbox"/> N/A	

1. APPLICANT INFORMATION

Applicant			Co-Applicant (spouse must be Co-Applicant)		
Name _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Name _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Social Security Number _____	Birth Date _____	Age _____	Social Security Number _____	Birth Date _____	Age _____
<input type="checkbox"/> United States Citizen	<input type="checkbox"/> Permanent Resident		<input type="checkbox"/> United States Citizen	<input type="checkbox"/> Permanent Resident	
Primary Language spoken _____			Primary Language spoken _____		
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated (attach proof of marriage/divorce)			<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated (attach proof of marriage/divorce)		
Home Phone: _____	Cell Phone: _____		Home Phone: _____	Cell Phone: _____	
Email address: _____			Email address: _____		
Present Address: _____			Present Address: _____		
Number of Years there _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent			Number of Years there _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent		
Previous Address (if living at present address for less than two years) _____			Previous Address (if living at present address for less than two years) _____		
Number of Years there _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent			Number of Years there _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent		

Other Household Members (people not listed as co-applicant who will live with you) Attach additional sheets if necessary

Name _____	Name _____
Relationship _____	Relationship _____
<input type="checkbox"/> Male <input type="checkbox"/> Female Birth date _____ Age _____	<input type="checkbox"/> Male <input type="checkbox"/> Female Birth date _____ Age _____
Name _____	Name _____
Relationship _____	Relationship _____
<input type="checkbox"/> Male <input type="checkbox"/> Female Birth date _____ Age _____	<input type="checkbox"/> Male <input type="checkbox"/> Female Birth date _____ Age _____

Name _____

Relationship _____

Male Female Birth date _____ Age _____

Name _____

Relationship _____

Male Female Birth date _____ Age _____

2. WILLINGNESS TO PARTNER

Upon selection for a Habitat of Humanity of South Central New Jersey home, you and your family must complete hours of "sweat equity" helping to build Habitat homes and/or helping in other areas of the organization. The exact amount of hours will be determined once you are accepted into the Homeownership Program: 12.5 - 25 hours per month (depending on household size) while in the Homeownership Program. At no time will anyone performing these volunteer hours be provided with compensation by HFHSCNJ. Sweat equity hours will also include online financial education classes and in some cases acting as HFHSCNJ Partner Family representatives at events that help to promote the Habitat mission. If you anticipate a problem with completing the required hours of sweat equity, please explain the nature of the problem.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS: Applicant: Yes No See Explanation Above

Co-Applicant: Yes No See Explanation Above

3. PRESENT HOUSING CONDITIONS

Number of bedrooms in your current residence (please circle): 1 2 3 4 5 6 Number of bathrooms in your current residence: 1 2 3 4

Other rooms in your current residence:

Kitchen Living Room Dining Room Other (Please describe) _____

Check one: Rent Own Live with relatives or friends What is your current total monthly rental/house payment? \$ _____

Do you live in Public Housing? Y N Is your rent subsidized? Y N If yes, how much do you receive? \$ _____

Do you receive a Section 8 Rental Voucher? Y N If yes, how much do you receive? \$ _____

If you rent your residence, please provide the following information about your current landlord:

Landlord's Name: _____

Landlord's Address: _____

Landlord's Phone Number: _____

Why do you need a Habitat home? Include the condition of your current residence and why it does not meet your needs. Attach another sheet of paper if necessary.

Do you anticipate a change in your family/household size in the near future? Yes No If yes, please explain below.

4. EMPLOYMENT INFORMATION

Applicant		Co-Applicant	
Name and Address of Current Employer		Name and Address of Current Employer	
Position Held	Number of months worked per year:	Position Held	If seasonal, number of months worked per year:
Work Phone	Monthly Gross Wages \$	Work Phone	Monthly Gross Wages \$
Start Date	Hours/Week	Start Date	Hours/Week

If working at current job less than two years, or if you have more than one job, complete the following information. You must provide at least two years of work history. Attach additional sheets if necessary.

Name & Address of Employer <input type="checkbox"/> Previous <input type="checkbox"/> Additional		Name & Address of Employer <input type="checkbox"/> Previous <input type="checkbox"/> Additional	
Position Held	Number of months worked per year:	Position Held	If seasonal, number of months worked per year:
Work Phone	Monthly Gross Wages \$	Work Phone	Monthly Gross Wages \$
Start Date	Finish Date	Start Date	Finish Date

Name & Address of Employer <input type="checkbox"/> Previous <input type="checkbox"/> Additional		Name & Address of Employer <input type="checkbox"/> Previous <input type="checkbox"/> Additional	
Position Held	Number of months worked per year:	Position Held	If seasonal, number of months worked per year:
Work Phone	Monthly Gross Wages \$	Work Phone	Monthly Gross Wages \$
Start Date	Finish Date	Start Date	Finish Date

Additional Household Members With Income (income for any household member over the age of 18 must be listed. Include Social Security for everyone, including children)

Name of Household Member	Social Security #	Name of Household Member	Social Security #
Name and Address of Employer or Source of Income (e.g., pension, social security, etc.)		Name and Address of Employer or Source of Income (e.g., pension, social security, etc.)	
Monthly Gross Wages \$	Start Date	Monthly Gross Wages \$	Start Date
Name of Household Member	Social Security #	Name of Household Member	Social Security #
Name and Address of Employer or Source of Income (e.g., pension, social security, etc.)		Name and Address of Employer or Source of Income (e.g., pension, social security, etc.)	

5. MONTHLY INCOME

Provide information for all household members with income. Please fill in names as appropriate. Attach additional sheets if necessary.

Gross Monthly Income	Applicant	Co-Applicant	Other:	Other:	Other:
Primary Job	\$	\$	\$	\$	\$
Second Job	\$	\$	\$	\$	\$
Pension	\$	\$	\$	\$	\$
Social Security	\$	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$	\$
Supplemental Security (SSI)	\$	\$	\$	\$	\$
Disability	\$	\$	\$	\$	\$
Alimony / Spousal Support Income	\$	\$	\$	\$	\$
Child Support	\$	\$	\$	\$	\$
Food Stamps	\$	\$	\$	\$	\$
Other income (attach explanation)	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$

6. MONTHLY EXPENSES

Monthly Expenses	Paid To:	Applicant	Co-Applicant
Rent / Mortgage		\$	\$
Spousal Support / Alimony Payments		\$	\$
Child Support Payments		\$	\$
Car Payments		\$	\$
Medical Insurance		\$	\$
Automobile Insurance		\$	\$
Child Care		\$	\$
Water		\$	\$
Electric		\$	\$
Natural Gas / Heating Oil		\$	\$
Home Phone		\$	\$
Cell Phone		\$	\$
Cable/Satellite TV		\$	\$
Student Loan Payments		\$	\$
Other Loan Payments (e.g., Credit Union)		\$	\$
Credit Cards Payments (total minimum monthly payments)		\$	\$
Other: _____			
Total		\$	\$

7. LONG TERM DEBT

To whom do you owe money? Include all debt you owe. Attach additional sheets if necessary.

Applicant

Account	Lender/Creditor Name	Total Due	Monthly Payment
Alimony		\$	\$
Child Support		\$	\$
Car Loan / Lease		\$	\$
Credit Card #1		\$	\$
Credit Card #2		\$	\$
Credit Card #3		\$	\$
Credit Card #4		\$	\$
Student Loan #1		\$	\$
Student Loan #2		\$	\$
Personal Loan #1		\$	\$
Personal Loan #2		\$	\$
Medical Debt #1		\$	\$
Medical Debt #2		\$	\$
Medical Debt #3		\$	\$
Judgment #1		\$	\$
Judgment #2		\$	\$
Other:		\$	\$
Other:		\$	\$
Totals		\$	\$

Co-Applicant

Account	Lender/Creditor Name	Total Due	Monthly Payment
Alimony		\$	\$
Child Support		\$	\$
Car Loan / Lease		\$	\$
Credit Card #1		\$	\$
Credit Card #2		\$	\$
Credit Card #3		\$	\$
Credit Card #4		\$	\$
Student Loan #1		\$	\$
Student Loan #2		\$	\$
Personal Loan #1		\$	\$
Personal Loan #2		\$	\$
Medical Debt #1		\$	\$
Medical Debt #2		\$	\$
Medical Debt #3		\$	\$
Judgment #1		\$	\$
Judgment #2		\$	\$
Other:		\$	\$
Other:		\$	\$
Totals		\$	\$

8. ASSETS

List all financial accounts, such as checking, savings, CDs, IRAs, Pensions or other investment accounts. Attach additional sheets if necessary.

Applicant		Co-Applicant	
Name and Address of Bank, Savings & Loan, or Credit Union		Name and Address of Bank, Savings & Loan, or Credit Union	
Account Number	Balance \$	Account Number	Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union		Name and Address of Bank, Savings & Loan, or Credit Union	
Account Number	Balance \$	Account Number	Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union		Name and Address of Bank, Savings & Loan, or Credit Union	
Account Number	Balance \$	Account Number	Balance \$
Do you own any Real Estate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you own any Real Estate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide location & market value:		If yes, please provide location & market value:	
Do you own an automobile? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you own an automobile? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide year, make and model:		If yes, please provide year, make and model:	

9. SOURCE OF PAYMENT FOR CLOSING COSTS

You will be required to pay closing costs which are estimated at \$5500. Please tell us where you will get this money (e.g., savings, family, First Time Homebuyer grant funds). If you are borrowing money to pay these costs, explain how and from whom and how you plan to pay them back.

10. DECLARATIONS

	Applicant	Co-Applicant
a. Do you have any debt because of a court decision/judgment against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you ever been convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you been declared bankrupt within the past 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Have you had property foreclosed on in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are you paying alimony or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Are you a U.S. citizen or legal permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Answering 'yes' to questions a through e does not automatically disqualify you. However, if you did answer yes to these questions, please explain the circumstances on a separate sheet of paper.

11. SUPPORTING DOCUMENTATION

In order for your application to be evaluated, you must submit copies of ALL of the following supporting documentation, as applicable. (Please provide photocopies, not original documents. **Documents will not be returned.**) Indicate which documents have been provided by checking yes, no, or not applicable for each item. Incomplete applications will not be evaluated. **Make and keep a copy of everything that you include in your application packet.**

Required Documentation	Applicant	Co-Applicant	Other Household Members
Application Fee - \$25 if applicant/\$50 applicant & co-applicant - cash, check or money order	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Copy of all Drivers Licenses and/or State issued ID for household member 18ys and older	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Copies of all birth certificates in household	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Copy of all social security cards in household	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Proof of U.S. citizenship or legal permanent residency in the United States for ALL household members accepted: birth certificate, passport, naturalization papers, or green card	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Signed credit check/income verification/background check authorization form - (Page 8 of this application.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are you a veteran of the United States Armed Forces? (Army, Marine Corps, Navy, Air Force, Space Force, Coast Guard, Reserve or National Guard)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are you a veteran with a physical disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Do you have a DD214? Please provide a copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Divorce decree if applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Federal tax returns with W-2 forms for the last three years . All from ages 18ys and older	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Pay stubs - most recent pay periods for each job held showing 60 days income	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Proof of pension, social security and disability income (most recent statement for all benefits received).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Proof of alimony and child support income (court decree).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Bank statements for each account for the 6 most recent months. (Checking and/or savings account)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Receipts or cancelled checks for rent payment for the 3 most recent months.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Discharge documents for any bankruptcy occurring in the last 7 years.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Proof of full-time status for all students aged 18-24	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

12. AUTHORIZATION, AGREEMENT AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity of South Central New Jersey to evaluate my actual need for a Habitat home, my ability to repay an affordable loan and other expenses of homeownership, and my willingness to fully participate in the Habitat program. **I understand that the evaluation will include**, but is not limited to, a full review of my financial situation, personal visits from Habitat representatives, **employment and income verification, criminal background check and a credit check.** I further understand that if any information provided changes after I submit this application, I will supplement this document as applicable. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, 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 if my situation changes or any of the information I provided or Habitat obtains is false or misleading. The original or a copy of this application may be retained by Habitat for Humanity of South Central New Jersey even if the application is not approved. **I agree that Habitat for Humanity of South Central New Jersey, Inc. may obtain verification of my employment; my income; my credit report, including my credit scores; and my criminal background in connection with its review of this application.**

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.

Applicant - Print Name

Co-Applicant - Print Name

Applicant Signature

Date

Co-Applicant Signature

Date

PLEASE NOTE: All requested information must be provided in order for your application to be considered complete. 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 indicate whether additional information applies to applicant or co-applicant.) **Please be aware that incomplete applications or false statements may disqualify you from further consideration.**

Applicant's Name	Co-Applicant's Name
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13. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Please Read This Statement Before Completing the Box Below: The following information is requested by the Federal government for loans related to the purchase of homes, in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

Applicant	Co-Applicant
<p>Highest level of education obtained. Check one: <input type="radio"/> Less than H.S. Diploma <input type="radio"/> H.S. Diploma or equivalent <input type="radio"/> Some college <input type="radio"/> Associate Degree <input type="radio"/> Bachelor's Degree <input type="radio"/> Certification from vocational or technical training program <input type="radio"/> Master's Degree or other graduate degree</p> <p>Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> American Indian AND White <input type="checkbox"/> American Indian AND Black <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Asian AND white <input type="checkbox"/> Black or African American <input type="checkbox"/> Black or African American AND White <input type="checkbox"/> Hispanic <input type="checkbox"/> Hispanic AND White <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> I do not wish to furnish this information</p> <p>Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)</p> <p>Are you: serving in the U.S. Military? <input type="checkbox"/> Are you a Veteran of the U.S. Military? <input type="checkbox"/></p>	<p>Highest level of education obtained. Check one: <input type="radio"/> Less than H.S. Diploma <input type="radio"/> H.S. Diploma or equivalent <input type="radio"/> Some college <input type="radio"/> Associate Degree <input type="radio"/> Bachelor's Degree <input type="radio"/> Certification from vocational or technical training program <input type="radio"/> Master's Degree or other graduate degree</p> <p>Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> American Indian AND White <input type="checkbox"/> American Indian AND Black <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Asian AND white <input type="checkbox"/> Black or African American <input type="checkbox"/> Black or African American AND White <input type="checkbox"/> Hispanic <input type="checkbox"/> Hispanic AND White <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> I do not wish to furnish this information</p> <p>Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)</p> <p>Are you serving in the U.S. Military? <input type="checkbox"/> Are you a Veteran of the U.S. Military? <input type="checkbox"/></p>

**For Office Use Only
To Be Completed Only by Affiliate**

<p>This application was taken by: <input type="checkbox"/> Face-to-Face Interview <input type="checkbox"/> Mail</p>	<p>Interviewer's Name (print or type)</p> <hr/> <p>Interviewer's Signature Date</p>
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Habitat for Humanity of South Central New Jersey is pledged to the letter and spirit of U.S. and State of NJ policy for the achievement of equal housing opportunity throughout the nation. Habitat for Humanity of South Central New Jersey does not discriminate against any person on the basis of Race, Creed, Color, National Origin, Ancestry, Nationality, Marital or Domestic Partnership or Civil Union Status, Familial Status, Sex, Gender Identity or Expression, Affectional or Sexual Orientation, Disability, Source of Lawful Income or Source of Lawful Rent Payment (including Section 8), or any other protected class in any activity involving the selling, renting or leasing of housing accommodations.

Habitat for Humanity of South Central New Jersey

PRIVACY STATEMENT & NOTICE

At Habitat for Humanity of South Central New Jersey, we are committed to keeping your information private. We recognize the importance applicants, program families, tenants, and homeowners place on the privacy and confidentiality of their information. While new technologies allow us to more efficiently serve our customers, we are committed to maintaining privacy standards that are synonymous with our established and trusted name.

When collecting, storing, and retrieving applicant, program family, and homeowner data – such as tax returns, pay stubs, credit reports, employment verifications and payment history – internal controls are maintained throughout the process to ensure security and confidentiality.

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications or other forms;
- Information about your transactions with us, or others, and;
- Information we receive from a consumer-reporting agency.

We may disclose the following kinds of nonpublic personal information about you:

- Information we receive from you on applications and other forms, such as name, address, social security number, income, or number in household.
- Information about your transaction with us, such as your loan balance, and payment history.
- Information we receive from a consumer-reporting agency such as your credit history.

Habitat for Humanity of South Central New Jersey employees and volunteers are subject to a written policy regarding confidentiality, and access to applicant data is restricted to staff and volunteers on an as-needed basis. Information is used for lawful business purposes and is never shared with third parties without your consent, except as permitted by law. As permitted by law, we may disclose nonpublic personal information about you to the following types of third parties:

- Financial service providers, such as mortgage servicing agents;
- Non-profit organizations, government entities, or other subsidy providers.

If you prefer that we do not disclose non-public personal information about you to nonaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law). If you wish to opt out of disclosures to nonaffiliated third parties, you must notify Habitat for Humanity of South Central New Jersey at apply@habitatscnj.org or 856-484-5615.

I/We have received a copy and understand Habitat for Humanity of South Central New Jersey's Privacy Statement & Notice.

Applicant

Date

Co-Applicant

Date

Habitat for Humanity South Central New Jersey
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 the 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 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:

Co-Applicant:

Date _____

Date _____

Name (print) _____

Name (print) _____

Signature _____

Signature _____