

APPLICANT NAME _____ CO-APPLICANT NAME _____

HAS DOCUMENT CHECKLIST

Please submit this checklist and the following documents in the following order. Only include documents that pertain to your particular household. All Household members age 18 and over must submit all requested documentation.

HOUSEHOLD COMPOSITION

- Mortgage Pre-Qualification
- Completed "Eligibility Worksheet For Affordable Housing" with all signatures
- Copy of official Birth Certificate for all household members
- Copy of Marriage Certificate (if married)
- Copy of Divorce Decree (if divorced)
- Copy of Social Security Card for all household members
- Copy of Permanent Resident Card (if applicable)
- Copy of Driver's License for all household members over age 18.
- Verification of Custody of all minor children not claimed on Federal Tax Returns
- Verification of full time student status if over age 18

INCOME VERIFICATION for ALL household members age 18 or older

- Four (4) current consecutive pay stubs for all employment, including bonuses, overtime or tips, (Please note: If new employment, submit an Employment Verification Letter from the Human Resources department detailing the number of hours worked weekly, the rate of pay, and the anticipated annual gross wages)
- Pension letter that verifies current gross amount received
- Social Security or SSI award letter for ALL household members including minors
- Copy of court order for alimony
- Copy of court order, divorce decree or probation letter for child support
- TANF current award letter
- Unemployment Benefit verification
- Workers Compensation letter
- Participant's Consent to the Release of Information Form (signed and dated)
- Affidavit of Income and Termination of Employment for previous job(s) if unemployed

ASSET VERIFICATION for ALL household members age 18 or older

- Copies of signed Federal income tax returns and W-2 forms, including all filed schedules, for the last three years (Please note: If there is an adult household member that did not file, they must submit a letter from the IRS that states there was "no record" found)
- Bank statements, copies of passbooks, certificates of deposit, or other accounts for the past six (6) months – **(send hard copies from banking institution - most Internet copies do not have name and account numbers and are unacceptable).**
- Bank verification of current interest rate on all accounts including: Checking, Savings, CD's, IRA's, etc.
- Stock or Bond statements showing current value
- Evidence or reports of income from real estate or business assets
- Copy of latest mortgage balance and **proof** of market value, if applicant is a property owner
- Copy of latest tax bill, if applicant is a property owner
- Disposal of Assets Form (fully completed, signed and dated)

PLEASE NOTE: AN INCOMPLETE FILE WILL NOT BE REVIEWED AND WILL NOT BE RETURNED TO THE SENDER

Mail Complete Package to:
NJHMFA/HAS – Attn: Angela Galante
P.O. Box 18550
Trenton, NJ 08650-2085

NEW JERSEY HOUSING AND MORTGAGE FINANCE AGENCY
Housing Affordability Service

ELIGIBILITY WORKSHEET FOR AFFORDABLE HOUSING

All household members over age 18 must complete and sign this application.

Applicant			Sex (F/M)	
Date of Birth	Social Security Number	Home Phone	Work Phone	
Current Street Address		City	State	Zip Code
Mailing Address or P.O. Box #		City	State	Zip Code
Marital Status: ☐ Married ☐ Single ☐ Divorced				

Co-Applicant			Sex (F/M)	
Date of Birth	Social Security Number	Home Phone	Work Phone	
Current Street Address		City	State	Zip Code
Mailing Address or P.O. Box #		City	State	Zip Code
Marital Status: ☐ Married ☐ Single ☐ Divorced				

HOUSEHOLD COMPOSITION

Please list all household members, including the Applicant and Co-Applicant, who will live in the new residence.

Name	Relationship	Sex	Date of Birth	Soc Sec. #
1.				
2.				
3.				
4.				
5.				
6.				
7.				

CURRENT HOUSING INFORMATION

Do you rent or own your home?

☐ Rent ☐ Own ☐ Other

Selling current home? ☐ yes ☐ no

If yes, provide copy of listing.

How long have you lived at this address?

____Years ____Months

What is the total monthly charge for rent or mortgage payment? \$_____

Are utilities included in this amount?

☐ Yes ☐ No ☐ Heat only

Do you share your housing unit with another family?

☐ Yes ☐ No

PROCESSING RECAP

Racial/Ethnic (Check One) ☐ 1-White ☐ 2-Black ☐ 3-America Indian ☐ 4-Asian ☐ 5-Hispanic ☐ 6-Other

The section below must be completed in order for your application to be processed.

Total # of Household Members:	Number of Bedrooms:	3
Estimated Gross Household Income:	Applicable Median Income:	(For Office Use)
Affordability Range: Low	Date Certified:	(For Office Use)
Project Name: Home Town Pride	Project Municipality:	Bridgeton City
Unit Number: 060109000401	Unit Sales Price:	\$109,0595.00

EMPLOYMENT INFORMATION List information for each household member who receives income from employment and is 18 years of age or over. If years at job are less than two years, indicate previous employment. Also include any part-time employment. Attach additional sheets if necessary.

1.

Household Member Name		Job Title:	
Employer Name:			
Employer Address	City:	State:	Zip:
Job Location:	Years at Job:	Full/Part Time?	
Immediate Supervisor			Phone Number:

2.

Household Member Name		Job Title:	
Employer Name:			
Employer Address	City:	State:	Zip:
Job Location:	Years at Job:	Full/Part Time?	
Immediate Supervisor			Phone Number:

3.

Household Member Name		Job Title:	
Employer Name:			
Employer Address	City:	State:	Zip:
Job Location:	Years at Job:	Full/Part Time?	
Immediate Supervisor			Phone Number:

4.

Household Member Name		Job Title:	
Employer Name:			
Employer Address	City:	State:	Zip:
Job Location:	Years at Job:	Full/Part Time?	
Immediate Supervisor			Phone Number:

DEBTS List all outstanding debts. Including charge accounts, student loans, automobile loans, credit cards, mortgage or home equity payments, child support, and alimony:

Name of Creditor:	Unpaid Balance	Monthly Payment
TOTAL MONTHLY DEBT PAYMENT: \$		

INCOME INFORMATION All income information from all sources is required for every household member who is 18 years of age or over regardless of employment status.

Calculate all **GROSS INCOME** on an annual basis. Monthly income should be multiplied by 12, weekly by 52, bi-weekly by 26 or semi-monthly by 2 and entered as monthly for a total Gross annual figure. Income verification must be attached to this Form.

State the amount of income received from each applicable source.

	Weekly	Bi-weekly	Monthly	Annually
1. Gross Salary or Wages	\$	\$	\$	\$
2. Gross Salary or Wages	\$	\$	\$	\$
3. Gross Salary or Wages	\$	\$	\$	\$
		Pension	\$	\$
		Social security	\$	\$
Unemployment Compensation		\$	\$	\$
Disability Payment			\$	\$
Welfare			\$	\$

State the amount of any additional income and how often it is received:

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ = \$ _____
Tips/Commission Regular Alimony Child Support Other Annually
Overtime

ANNUAL SUBTOTAL FROM WAGES, SALARY AND OTHER SOURCES \$ _____

List all checking and savings accounts including CDs, money market funds, assets held by financial institutions, stocks, bonds or other assets and attach verification and proof of current interest rate.

Financial Institution	Number of Shares	Current Value	Annual Income

If you own a home, indicate amounts: Actual equity _____ Estimated Value _____
Mortgage _____ Other debts _____

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

If yes, list the net income and attach verification: Monthly \$ _____ Annual \$ _____

ANNUAL SUBTOTAL FROM ASSETS, RENTS, AND BUSINESS RECEIPTS \$ _____

Add all subtotals from each completed income section and enter amount below:

TOTAL ESTIMATED GROSS ANNUAL INCOME FROM ALL SOURCES \$ _____

Signature of Applicant Date

Signature of Co-Applicant Date

Signature of other Household member(s) over age 18 Date

Applicant shall be considered to have committed a fraudulent act if applicant, or any persons or entities acting at the direction of applicant or with applicant's knowledge or consent, are deemed to have given materially false, misleading or inaccurate information or statements to NJHMFA/HAS or failed to provide NJHMFA/HAS with material information in connection with the application. Material information includes, but is not limited to, representations concerning applicant's employment, income, household composition, assets, marital status, or occupancy of the property as applicant's principal residence. A Certificate of Eligibility based upon materially false, misleading or inaccurate information, omissions or statements concerning applicant's employment, income, household composition, assets, marital status, or occupancy of the property as applicant's principal residence, shall be void. In such event, the applicant shall be deemed ineligible for the affordable housing program and NJHMFA/HAS reserves all rights to legal and equitable remedies against applicant.

Affidavit of Household Composition for HAS Unit

STATE OF _____)
COUNTY OF _____)

Personally came and appeared before me, the undersigned Notary, the within named _____, who is a resident of _____ County, State of _____, and makes this his/her statement and general affidavit upon oath and affirmation of belief and personal knowledge that the following matters, facts and things set forth are true and correct to the best of his/her knowledge.

In connection with my application to purchase an affordable HAS unit, I, _____, certify that I am ☐ Married ☐ Divorced ☐ Single. I further certify that my household, for certification and occupancy purposes, is comprised of the following people (including spouse if married):

Name:	Relationship:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I further certify that although I am married to _____, my ___Husband ___Wife has not resided in my household since _____. My spouse's income does not support my household in a defined amount or on a regular basis.

Applicants Signature _____ Date _____

Co-Applicants Signature _____ Date _____

Marital Status _____

Marital Status _____

Print Name: _____

Print Name: _____

I declare under penalty of perjury that the information I have provided in this affidavit is true and correct to the best of my knowledge.

Knowingly submitting false information on this form could subject you to criminal prosecution for perjury.

State of New Jersey)
County of)

Sworn and subscribed to
Before me this _____ day
of _____, _____

Notary Public
My commission expires _____

AFFIDAVIT OF INCOME FOR HAS UNIT

I, _____, certify that my income/employment status is as stated below:

At this time my total gross annual income is from the following sources:

_____ Employment at: _____ at \$ _____/per year

_____ Unemployment, at \$ _____/bi-weekly.

_____ Disability, at \$ _____/per month.

_____ Odd jobs, with unreported income at \$ _____/per month.

_____ TANF/Other (list source): _____ at \$ _____/per month

I am currently unemployed and receiving no income from stable employment for the following reason(s):

_____ I was laid off on _____

_____ I am looking for work.

_____ I was injured/am out on disability.

_____ I am not working because _____

_____ I certify that at this time I have not applied for and am not receiving income from any source.

_____ I certify that I have no current offers of employment.

Applicant Signature: _____ Date: _____

Print Name: _____

I declare, under penalty of perjury, that the information I have provided in this affidavit is true and correct to the best of my knowledge and I further certify that the income information that I provided on the HAS Eligibility Worksheet for Affordable Housing is true and correct.

State of New Jersey)
) SS
County of)

Sworn and subscribed to before
me this _____ day
of _____, 20_____.

Notary Public
My commission expires _____.

U:HAS/AffidavitIncomeemploy.

APPLICANTS CERTIFICATION PERTAINING TO ASSETS FOR HAS UNIT

I, _____, CERTIFY THAT I POSSESS THE FOLLOWING ASSETS, FOR WHICH I AM REQUIRED TO PRESENT FOR DETERMINATION OF ELIGIBILITY FOR AFFORDABLE HOUSING:

_____ Checking account(s) at _____	\$ _____
_____ Savings account(s) at _____	\$ _____
_____ CD(s) at _____	\$ _____
_____ IRA(s) at _____	\$ _____
_____ Savings Bonds _____	\$ _____
_____ Municipal Bonds and/or other Bonds: Type _____	\$ _____
_____ Stocks: Type _____	\$ _____
_____ Real Estate: At _____	\$ _____
_____ Other assets: Type _____	\$ _____
_____ Distribution from any IRA(s), in the amount of \$ _____ Per _____	

_____ I certify I have not disposed any assets for less than their fair market value in the past 2 years.

_____ I certify that I do not have any of the above assets.

I certify that the above statements are correct and that I have no expectation of change in the above information in the near future.

Date: _____ Signature: _____

Print Name: _____

If documentation is requested, please send it with this certification to:

NJHMFA/HAS
637 South Clinton Ave
P.O. Box 18550
Trenton, NJ 08650-2085

State of New Jersey () SS
County of

Sworn and subscribed to before
me this _____ day
of _____, 20____.

Notary Public
My commission expires _____.

PARTICIPANT'S CONSENT TO THE RELEASE OF INFORMATION FOR HAS UNIT

Organization Requesting Release of Information:

New Jersey Housing and Mortgage Finance Agency
HOUSING AFFORDABILITY SERVICE
637 S. CLINTON AVENUE
P.O. Box 18550
TRENTON, NJ 08650-2085

This form is not to be used to request a copy of a tax return. Instead, use IRS Form 4506, Request for a copy of Tax Form.

Your signature on this form, and the signature of each member of your household who is 18 years of age or older, authorizes the above named organization to obtain employee income information and employment status from current and previous employers.

CONFIDENTIALITY: NJHMFA/HAS shall maintain files on the certification of family income. Such files are to be kept confidential and shall not be accessible to, nor shall information contained therein, be disclosed to any person except authorized representatives of the NJHMFA/HAS. NJHMFA/HAS shall require identification from each person claiming authority to review such confidential files and maintain a list of individuals who have been provided access to the same. If NJHMFA/HAS is not satisfied that a person requesting review has proper authority, review shall be denied.

INSTRUCTIONS: Each adult member of the household must sign this form at time of application for certification.

EMPLOYMENT INFORMATION: I/We, the undersigned, authorize the above named organization to obtain information regarding my/our income and employment status from current and former employers.

CONDITIONS: I/We agree that photocopies of this authorization may be used for the purposes stated above. If I/We fail to sign this authorization, I/We understand that this action may constitute grounds for denial of certification for consideration to purchase an affordable housing unit.

Applicant/Head of Household - signature, printed name & date:

Co-Applicant/Adult Member of the Household - signature, printed name & date:

Adult Member of the Household - signature, printed name & date

**CERTIFICATION OF ASSETS DISPOSED OF
FOR LESS THAN FAIR MARKET VALUE
FOR HAS UNIT**

I/We have_____ have not_____ disposed of any asset(s) for less than fair market value in the 24 months (2 years) preceding____/____/____. If asset(s) were disposed of for less than fair market value, they are described below.

<u>Asset Disposed of</u>	<u>Date of Disposition</u>	<u>Fair Market Value</u>	<u>Amount Received</u>
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Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make any willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction.

_____ Signature of Applicant	_____ Date
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_____ Signature of Co-Applicant	_____ Date
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AFFIDAVIT PERTAINING TO THE PAYMENT OF ALIMONY/CHILD SUPPORT TO APPLICANT FOR HAS UNIT

APPLICANTS NAME: _____

I _____ am the person responsible for making alimony/child support payments to the applicant named above. I certify that the following are true statements:

- _____ I have a divorce decree or settlement agreement that explains alimony or child support payments made or due (documentation required)
- _____ I have no formal agreement for alimony or child support payments.
- _____ I am not currently making alimony or child support payments.
- _____ I make occasional and irregular alimony and/or child support payments.
- _____ I make stable and regular alimony and/or child support payments in the following amounts:

Alimony: \$ _____ how often? _____

Child Support: \$ _____ how often? _____

Any payments I make are in the form of (mark an "X" next to the applicable statements below):

- _____ Cash
- _____ Check or money order from myself or garnished from my wages (documentation required)
- _____ Check from _____ County Probation Department (documentation required)
- _____ Other Explain: _____

_____ Attached are records from:

- _____ Bank statements showing regular or irregular withdrawals
- _____ Probation office showing regular payments or arrearages
- _____ Other Explain: _____

If documentation is requested, send it with this affidavit to:

NJHMFA
Attn: HAS
637 South Clinton Ave
P.O. Box 18550
Trenton, NJ 08650-2085

I certify that the above statements are correct at this time and that I have no expectation of a change in the above information in the near future.

Date: _____ Signature: _____

Print Name: _____

The above statements are true to the best of my knowledge and belief. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

State of New Jersey)

) SS.:

County of __)

Sworn and subscribed to before
me this _____ day
of _____, 20____.

Notary Public
My commission expires _____.

AFFIDAVIT PERTAINING TO NO INTEREST IN OWNERSHIP OF A HAS UNIT

APPLICANTS NAME: _____

I, _____ (Person separated or estranged from the applicant named above), hereby certify that the following are true statements:

- _____ I am separated from the applicant named above.
- _____ I do not live with the applicant named above (documentation in the form of a current Driver's License required or other valid form of picture identification).
- _____ I shall have no right, title or interest in and to an affordable housing unit purchased by the applicant named above.

Attach any requested documentation, and send it with this affidavit to:

NJHMFA
Attn: HAS
637 South Clinton Ave
P.O. Box 18550
Trenton, NJ 08650-2085

I hereby certify that the above statements are correct at this time and that I have no expectation of a change in the above information in the near future.

Date: _____ Signature: _____

Print Name: _____

The above statements are true to the best of my knowledge and belief. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

State of New Jersey)
) SS.:
County of)

Sworn and subscribed to before
me this _____ day
of _____, 20____.

Notary Public
My commission expires _____.