



Morris
Habitat
for Humanity®

Return to: Morris Habitat for Humanity offices

274 S Salem Road, Randolph NJ 07869
2 Randolph Rd, Plainfield, NJ 07060

You may hand deliver or mail to either location
Questions? 973-891-1934 Ext 154

146 Morris Avenue, Summit, NJ 

Application fee \$25 per applicant/co-applicant and all income eligible*

| | | | |
|--|--------------|-----------------------|---|
| Home(s) for which you are applying: Check all that apply | | | For Office Use Only |
| ADDRESS | # Beds/Baths | House Style | Date Rec'd: Orientation: Fee Paid: Rec'd By: _____ |
| <input type="checkbox"/> 146 Morris Avenue, Summit, NJ | 2/1 Bath | Low Income Condo | |
| <input type="checkbox"/> 146 Morris Avenue, Summit, NJ | 2/1 Bath | Moderate Income Condo | |
| <input type="checkbox"/> 146 Morris Avenue, Summit, NJ | 3/1 Bath | Low Income Condo | |
| <input type="checkbox"/> 146 Morris Avenue, Summit, NJ | 3/1 Bath | Moderate Income Condo | |
| <input type="checkbox"/> Veteran Preference (check if apply) | | | |

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

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 <small>box</small> | | Name & Address of Employer <input type="checkbox"/> Previous <input type="checkbox"/> Additional <small>box</small> | |
| 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 <small>box</small> | | Name & Address of Employer <input type="checkbox"/> Previous <input type="checkbox"/> Additional <small>box</small> | |
| 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 \$3500 - \$5500. Please tell us where you will get this money (e.g., savings, family, Housing Partnership 'Individual Development Account' or 'First Home Club' savings) 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 per applicant cash and/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 |
| Copy of HomeBuyer Workshop Certificate (8 hour class) Can be taken after submission of paperwork | <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 |
| Signed (CIS) credit authorization form All must sign 18yrs of age 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 |
| Are you a combat 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 |
| Are you a combat veteran with a physical disability not service connected? | <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 |
| Are you an applicant with a family member 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? | <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 an acknowledgement letter? | <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 |
| 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 90 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 |
| If employed at current job less than two years include a letter from each employer outlining the length of employment and the annual rate of pay OR the hourly rate and the number of hours worked weekly. | <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 | |
| | | | |
| | | | |

12. AUTHORIZATION AND RELEASE

I understand that by filing this application, Morris Habitat for Humanity to evaluate my actual need for a Habitat home, my ability to repay the no-interest 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 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 Morris Habitat even if the application is not approved. **I agree that Morris Habitat for Humanity, 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.**

Print Name

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 | | | | |
| 13. INFORMATION FOR GOVERNMENT MONITORING PURPOSES | | | | | |
| <p>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.)</p> | | | | | |
| 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 | | | | | |
| This application was taken by: <input type="checkbox"/> Face-to-Face Interview <input type="checkbox"/> Mail | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">Interviewer's Name (print or type)</td> </tr> <tr> <td style="width: 70%; padding: 5px;">Interviewer's Signature</td> <td style="width: 30%; padding: 5px;">Date</td> </tr> </table> | Interviewer's Name (print or type) | | Interviewer's Signature | Date |
| Interviewer's Name (print or type) | | | | | |
| Interviewer's Signature | Date | | | | |



Morris Habitat for Humanity 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. Greater Plainfield Habitat 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.

MORRIS HABITAT FOR HUMANITY CREDIT AUTHORIZATION FORM

Morris Habitat for Humanity

274 S Salem Road
Randolph, NJ07869

973-891-1934 (O) 973-891-1938

CIS INFORMATION SERVICES

PANTHER VALLEY VILLAGE SQUARE, P.O. BOX 5000

ALLAMUCHY, NJ 07820 **BORROWER SIGNATURE AUTHORIZATION FORM**

I/We hereby authorize **Morris Habitat for Humanity** to verify my past and present employment earnings records, bank accounts, stockholdings, and any other asset balances that are needed to process my mortgage loan application. I/We further authorize **Morris Habitat for Humanity** to order a consumer credit report and verify other credit information, including past and present mortgages, landlord references, employment and income verification and release or disclose personal health information.

Morris Habitat for Humanity may also utilize the services of CIS INFORMATION SERVICES to further verify my personal credit information and the information **Morris Habitat for Humanity** obtains is only to be used in the processing of my application for a mortgage loan. It is understood that a copy of this form will also serve as authorization. This authorization expires 120 days from the date indicated below.

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FmHA).

Date _____

Date _____

Name (print) _____

Name (print) _____

Signature _____

Signature _____

SS# _____

SS# _____

Address _____

Address _____

City, St, Zip _____

City, St, Zip _____

Date of Birth _____

Date of Birth _____

MORRIS HABITAT FOR HUMANITY CREDIT AUTHORIZATION FORM

Morris Habitat for Humanity

274 S Salem Road
Randolph, NJ07869

973-891-1934 (O) 973-891-1938

CIS INFORMATION SERVICES

PANTHER VALLEY VILLAGE SQUARE, P.O. BOX 5000

ALLAMUCHY, NJ 07820 **BORROWER SIGNATURE AUTHORIZATION FORM**

I/We hereby authorize **Morris Habitat for Humanity** to verify my past and present employment earnings records, bank accounts, stockholdings, and any other asset balances that are needed to process my mortgage loan application. I/We further authorize **Morris Habitat for Humanity** to order a consumer credit report and verify other credit information, including past and present mortgages, landlord references, employment and income verification and release or disclose personal health information.

Morris Habitat for Humanity may also utilize the services of CIS INFORMATION SERVICES to further verify my personal credit information and the information **Morris Habitat for Humanity** obtains is only to be used in the processing of my application for a mortgage loan. It is understood that a copy of this form will also serve as authorization. This authorization expires 120 days from the date indicated below.

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FmHA).

Date _____ Date _____

Name (print) _____ Name (print) _____

Signature _____ Signature _____

SS# _____ SS# _____

Address _____ Address _____

City, St, Zip _____ City, St, Zip _____

Date of Birth _____ Date of Birth _____
