NEW JERSEY HOUSING AND MORTGAGE FINANCE AGENCY
HOUSING AFFORDABILITY SERVICE
ELIGIBILITY WORKSHEET

DOCUMENT CHECKLIST

Please submit this checklist and the following documents in the order shown below. Only include documents that pertain to you and your particular household. Feel free to make as many copies of the enclosed Affidavits as necessary.

DO NOT INCLUDE ORIGINAL SUPPORTING DOCUMENTS. FORWARD COPIES ONLY.

PLEASE NOTE: An incomplete file will not be reviewed and will not be returned to the sender.

APPLICANTS NAME

ADDRESS YOU WISH TO PURCHASE

CO-APPLICANTS NAME

PROJECT NAME

Please submit a copy of a Mortgage Pre-Qualification from a licensed financial lending institution.

SECTION I - HOUSEHOLD COMPOSITION for **ALL household members**

- Complete "Eligibility Worksheet" *(10 pages)* with all affidavits and 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 Certificate of Naturalization, Permanent Resident Card (if applicable)
- Copy of Driver's license or any government issued photo ID for **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

***SECTION II* - 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
- Current Social Security or SSI award letter of **ALL household members including minors**
- Court order for divorce decree and/or alimony
- Probation letter for child support and payment history for the past12 months
- TANF **current** award letter
- Unemployment benefit verification
- Workers Compensation letter

→ → ***If you have already completed, in the last 6 months, a HUD certified Housing Counseling Program or Homebuyer Education Seminar, please submit copy of your Certificate of Achievement.***

***SECTION III* – ASSET VERIFICATION** for **ALL household members age 18 or older**

- Copies of signed Federal Income Tax Return 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, certificates of deposit, or other financial 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
- Latest mortgage statement and **proof** of market value - an appraisal (less than 1 year old); Competitive Market Analysis (CMA) or a Broker's Price Opinion (BPO) from a licensed real estate agent
- Most current tax bill, if applicant is a property owner

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All Household members over age 18 must complete and sign this application

Applicant			Sex (M/F)	
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
Email Address:				
Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed				

Co-Applicant			Sex (M/F)	
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
Email Address:				
Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed				

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	Social Security Number
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

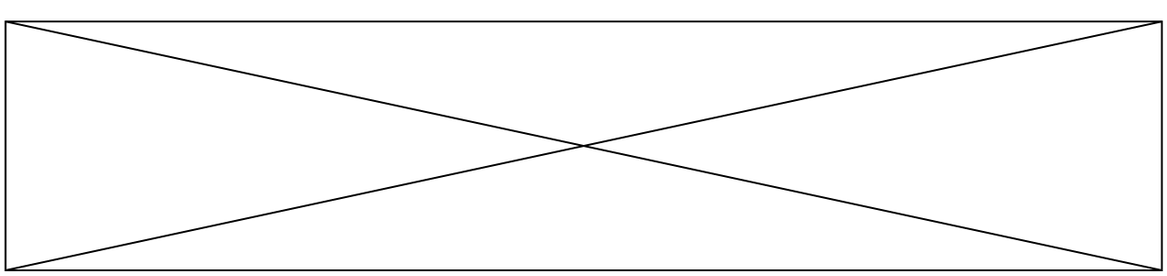
CURRENT HOUSING INFORMATION

Do you rent or own your home?
☐ Rent ☐ Own ☐ Other

Are you selling your current home: ☐ Yes ☐ No (If yes, provide a copy of listing.)

Is there a current mortgage or home equity loan/line of credit?
☐ Yes ☐ No

What is the estimated market value of the home: $_____.



NEW JERSEY HOUSING AND MORTGAGE FINANCE AGENCY
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EMPLOYMENT INFORMATION

List information for **each** household member who is **18 years of age or older** and receives income from employment. If employment at current job is less than two years, please indicate previous employment. Be sure to include all part-time employment. Attach additional sheets if necessary.

1.

Household member's Name	Job Title:		
Employer Name:			
Employer Address:	City:	State:	Zip Code:
Immediate Supervisor and Title			
Email Address:			
Phone Number: ( ) -	Date employed from: to:	Full/Part Time?	

2.

Household member's Name	Job Title:		
Employer Name:			
Employer Address:	City:	State:	Zip Code:
Immediate Supervisor and Title			
Email Address:			
Phone Number: ( ) -	Date employed from: to:	Full/Part Time?	

3.

Household member's Name	Job Title:		
Employer Name:			
Employer Address:	City:	State:	Zip Code:
Immediate Supervisor and Title			
Email Address:			
Phone Number: ( ) -	Date employed from: to:	Full/Part Time?	

4.

Household member's Name	Job Title:		
Employer Name:			
Employer Address:	City:	State:	Zip Code:
Immediate Supervisor and Title			
Email Address:			
Phone Number: ( ) -	Date employed from: to:	Full/Part Time?	

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

State the amount of income received from each applicable source. **Only list income based on how you are compensated e.g. – weekly, bi-weekly etc.**

	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	$	$	$	$
TANF/Welfare	$	$	$	$
Other:	$	$	$	$
Other:	$	$	$	$

State the amount of any additional income:

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

ANNUAL SUBTOTAL FROM WAGES, SALARY AND OTHER SOURCES $0_____

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

Name of Financial Institution (Bank and/or Credit Union)	Type of Account (Savings, Checking, IRA, Money Market, etc.)	Current Value	Interest Earned (Annually)
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$

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

Do you own an income-producing real estate (rental property)? ☐ Yes ☐ No

If yes, list the net income and attach IRS documentation or other form of verification:
Net Monthly Income $_____ Net Annual Income $_____

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 $_____

DEMOGRAPHIC INFORMATION (optional)

Disclaimer: This section is in no way related to the eligibility determination process but is used for informational purposes only.

Racial/Ethnic: (Check ☑ one)

☐ 1-White ☐ 2- African-American/Black ☐ 3-American Indian ☐ 4-Asian
☐ 5-Hispanic (Non-black) ☐ 6-Hispanic (Non-white) ☐ 7-Other:_____

ACKNOWLEDGEMENT

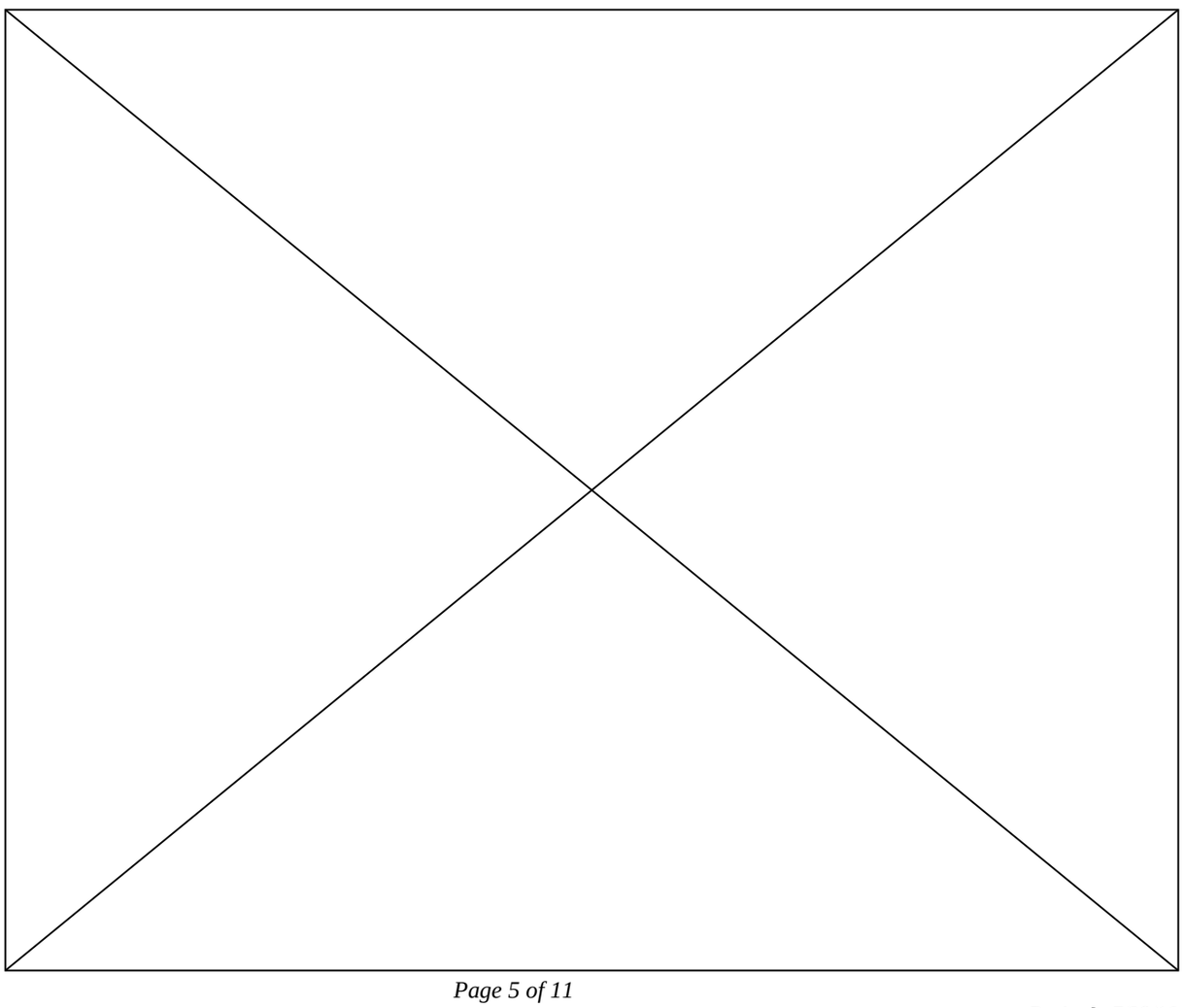
I/We, the applicant(s), acknowledge that this application shall be considered fraudulent if the applicant or any persons or entities acting at the direction of applicant or with applicant's knowledge or consent, are deemed to have given materially false, misleading or inaccurate information or statements 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.

_____ _____
Signature of Applicant Date

_____ _____
Signature of Co-Applicant Date

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

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



NEW JERSEY HOUSING AND MORTGAGE FINANCE AGENCY
HOUSING AFFORDABILITY SERVICE
ELIGIBILITY WORKSHEET

AFFIDAVIT OF HOUSEHOLD COMPOSITION

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 made 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 ☐ Separated. I further certify that my household, for certification and occupancy purposes, is comprised of the following people (including spouse if married):

Please list ALL occupants: ↓

_____

_____

_____

_____

_____

_____

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.

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.

_____ _____
Applicants Signature Date

_____ _____
Print Name

_____ _____
Co-Applicants Signature Date

_____
Print Name

State of New Jersey)
)SS
County of)

Sworn and subscribed to before me this

_____ day of _____, 20_____.

_____
Notary Public

_____
My commission expires

AFFIDAVIT OF INCOME

Sources of Income

I, rehana _____, hereby certify that my total gross annual income is from the following sources:

Current Employer: _____
Annual Salary: $_____

Unemployment Compensation
By-weekly Payment: $_____

Social Security/Disability Compensation
Monthly Payment: $_____

TANF/Welfare
Monthly Payment: $_____

Unreported/Other Income
Source: _____ $_____/per month
Source: _____ $_____/per month
Source: _____ $_____/per month
Source: _____ $_____/per month

Unemployment

I, _____, hereby certify that I am currently unemployed as of _____ (date of unemployment) and am receiving no income from stable employment for the following reason(s):

☐ I was injured
☐ I am out on disability
☐ Other (briefly explain) _____
_____.
☐ 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.

I declare, under penalty of perjury, that the income information that I has provided is true and correct, to the best of my knowledge and belief.

_____
Signature Date

rehana
_____
Print Name

State of New Jersey)
)SS
County of)

Sworn and subscribed to before me this

_____ day of _____, 20_____.

_____
Notary Public

_____
My commission expires

NEW JERSEY HOUSING AND MORTGAGE FINANCE AGENCY
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AFFIDAVIT PERTAINING TO ALIMONY/CHILD SUPPORT

I, _____, hereby certify that the following are true statements (please check all that apply):

☐ I have a divorce decree or settlement agreement that explains payment obligations. (Provide document)
☐ I have no formal agreement for alimony or child support payments.

☐ I am currently **making** regular and stable payments for alimony or child support.
☐ I am currently **not making** regular and stable payments for alimony or child support.

☐ I am currently **receiving** consistent payments of alimony and/or child support.
☐ I am currently **receiving** occasional and irregular payments for alimony and/or child support.
☐ I am **not** currently **receiving** payments of alimony or child support.

☐ I make or receive stable and regular alimony and/or child support payments in the following amounts:

Alimony: $_____ (weekly/ bi-weekly/ monthly/ annually)
Child Support: $_____ (weekly/ bi-weekly/ monthly/ annually)

Any payments I make or receive are in the form of:

☐ Cash
☐ Check or money order directly from the spouse/parent (documentation required)
☐ Garnishment by employer (documentation required)
☐ Administered through County Probation Office (documentation required)
☐ Other _____

Please provide the following documentation as proof of payments:

1) Bank statements showing regular or irregular deposits **(for payments received)**
2) Bank statements showing regular or irregular withdrawals or cancelled checks **(for payments sent)**
2) Probation office documentation showing regular payments or arrearages
3) Other _____

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.

I declare, under penalty of perjury, that the information that I has provided is true and correct, to the best of my knowledge and belief.

_____
Signature Date

_____
Print Name

State of New Jersey)
)SS
County of)

Sworn and subscribed to before me this

_____ day of _____, 20_____.

_____
Notary Public

_____
My commission expires

NEW JERSEY HOUSING AND MORTGAGE FINANCE AGENCY
HOUSING AFFORDABILITY SERVICE
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APPLICANTS CERTIFICATION PERTAINING TO ASSETS

I, _____, hereby certify that I possess the following assets for which I am required to present for determination of eligibility of affordable housing:

Please indicate name of banking institution where accounts are located, current balance and interest rate (if any).

Bank Accounts:

Checking account(s)	_____	Balance	$ _____	Interest Rate	_____	%
	_____	Balance	$ _____	Interest Rate	_____	%
	_____	Balance	$ _____	Interest Rate	_____	%
Savings account(s)	_____	Balance	$ _____	Interest Rate	_____	%
	_____	Balance	$ _____	Interest Rate	_____	%
	_____	Balance	$ _____	Interest Rate	_____	%
CD(s)	_____	Balance	$ _____	Interest Rate	_____	%
	_____	Balance	$ _____	Interest Rate	_____	%

Investment Accounts:

IRA(s)	Current Value	$ _____	Interest Rate	_____ %
Savings Bonds	Current Value	$ _____	Interest Rate	_____ %
Stocks	Current Value	$ _____	Interest Rate	_____ %
Real Estate	Current Value	$ _____	Interest Rate	_____ %
Municipal Bonds	Current Value	$ _____	Interest Rate	_____ %

Other Bonds:	Type _____	Current Value	$ _____	
	Type _____	Current Value	$ _____	
	Type _____	Current Value	$ _____	
Other assets:	Type _____	Current Value	$ _____	
	Type _____	Current Value	$ _____	
	Type _____	Current Value	$ _____	

1) Are you receiving disbursement from any IRA accounts? ☐ Yes ☐ No Monthly disbursement $_____

2) Have you disposed of any assets for less than their fair market value in the past 2 years? ☐ Yes ☐ No
Total Value $_____

Certification of No Assets

☐ I certify that I do not hold any financial accounts and/or assets.

I declare, under penalty of perjury, that the information that I has provided is true and correct, to the best of my knowledge and belief.
.

_____
Signature Date Print Name

State of New Jersey)
)SS
County of)

Sworn and subscribed to before me this

_____ day of _____, 20_____.

_____
Notary Public

_____
My commission expires

CERTIFICATION OF ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE

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.

List Asset(s) Disposed Of	Date Of Disposition	Fair Market Value $	Reason

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.

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

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

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

PARTICIPANT'S CONSENT TO THE RELEASE OF INFORMATION

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 be used to request a copy of tax returns. Instead, use IRS form 4506, Request for a copy of Tax Forms.

Your signature on this form, and the signature of each member of your household who is 18 years of are or older, authorized 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 representative 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 name 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 slated 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

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