



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 DOCUMENTS FORWARD COPIES ONLY.

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

APPLICANT'S NAME _____

UNIT ID/ADDRESS _____

CO-APPLICANT'S NAME _____

PROJECT NAME _____

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

HOUSEHOLD COMPOSITION

- Complete "Housing Affordability Service ~ 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 or Resident Alien 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 detail 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 of SSI award Letter of 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

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, 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, attached (fully completed, signed and dated)

STEPS WORK SHEET ONLY



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

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
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated			

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
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated			

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

What is your monthly rent or mortgage Payment? \$ _____

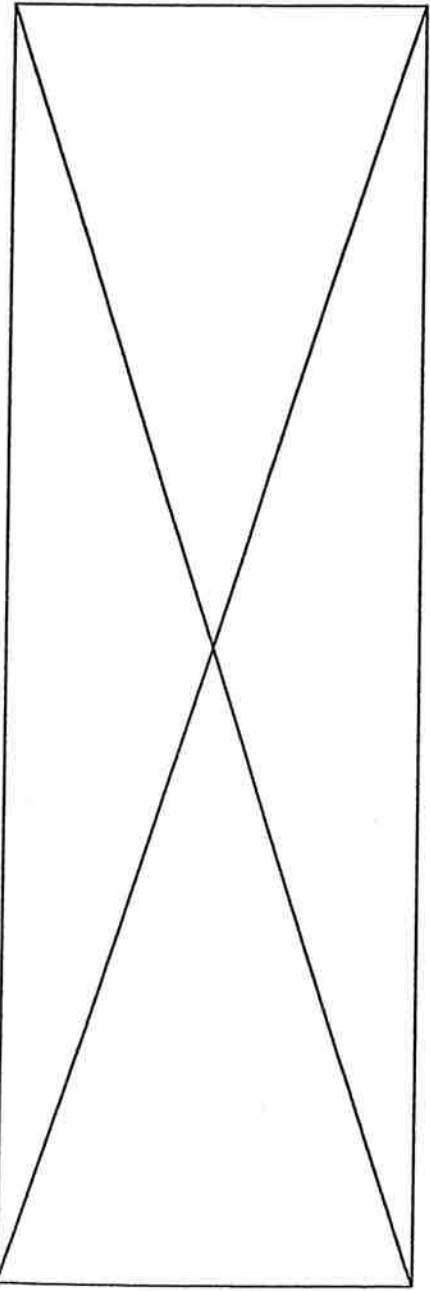
How long have you lived at this address?
 _____ Years _____ Months

Selling current home: (If yes, provide a copy of listing.)
 Yes No

Are utilities included in your rent/mortgage payment?
 Yes No

If yes, which utilities are included?
 Heat Electricity Gas Water Hot Water
 Sewer Trash

Do you share you housing unit with another family?
 Yes No





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

EMPLOYMENT INFORMATION

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

1.

Applicant Name	Job Title:		
Employer Name:			
Employer Address:	City:	State:	Zip Code:
Immediate Supervisor and Title			
Phone Number: () -	Years at Job:	Full/Part Time?	

2.

Applicant Name	Job Title:		
Employer Name:			
Employer Address:	City:	State:	Zip Code:
Immediate Supervisor and Title			
Phone Number: () -	Years at Job:	Full/Part Time?	

3.

Applicant Name	Job Title:		
Employer Name:			
Employer Address:	City:	State:	Zip Code:
Immediate Supervisor and Title			
Phone Number: () -	Years at Job:	Full/Part Time?	

4.

Applicant Name	Job Title:		
Employer Name:			
Employer Address:	City:	State:	Zip Code:
Immediate Supervisor and Title			
Phone Number: () -	Years at Job:	Full/Part Time?	

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

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



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

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 24 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	\$	\$	\$	\$
TANF/Welfare	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Other:	\$	\$	\$	\$

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

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

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

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.

Financial Institution	Type of Account	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 subtotal 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: _____



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

ACKNOWLEDGEMENT

I/We, the applicant(s), acknowledge that this applicant 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 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 make 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 applicant 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):

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 _____
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.

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

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
ELIGIBILITY WORKSHEET

AFFIDAVIT OF INCOME

Sources of Income

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

Current Employer: _____
Annual Salary: \$ _____

Unemployment Compensation
By-weekly Payment: \$ _____

Disability Compensation
Monthly Payment: \$ _____

TANF/Welfare
Monthly Payment: \$ _____

Unreported/Other Income
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 provided on the HAS Eligibility Worksheet for Affordable Housing is true and correct.

Signature _____ Date _____

Print Name _____

Notary Statement

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 _____



APPLICANTS 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 payments received or due (documentation required)
- I have no formal agreement for alimony or child support payments.
- I am currently receiving no income from alimony or child support.
- I receive occasional and irregular alimony and/or child support payments.
- I 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 receive are in the form of:

- Cash
- Check or money order from the husband/father (documentation required)
- Check garnished by the husband's/father's company (documentation required)
- Check from County Probation Office (documentation required)
- Other _____

Please provide the following documentation as proof of payments received:

- 1) Bank statements showing regular or irregular deposits
- 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.

Signature _____ Date _____

Print Name _____

Notary Statement

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 _____



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

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

Investment Accounts:

IRA(s)	Current Value	Interest Rate		Interest Rate
Savings Bonds	\$ _____	_____ %	_____	_____ %
Stocks	\$ _____	_____ %	_____	_____ %
Real Estate	\$ _____	_____ %	_____	_____ %
Municipal Bonds	\$ _____	_____ %	_____	_____ %
Other Bonds:	Type _____	Current Value \$ _____	Interest Rate _____ %	_____ %
	Type _____	Current Value \$ _____	Interest Rate _____ %	_____ %
	Type _____	Current Value \$ _____	Interest Rate _____ %	_____ %
Other assets:	Type _____	Current Value \$ _____	Interest Rate _____ %	_____ %
	Type _____	Current Value \$ _____	Interest Rate _____ %	_____ %
	Type _____	Current Value \$ _____	Interest Rate _____ %	_____ %

- 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 of the above accounts and/or assets.

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.

Signature _____ Date _____ Print Name _____

Notary Statement

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 _____



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

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 age or older, authorized the above named organization to obtain employee income information and employment status from current and previous employers.

CONFIDENTIALITY: NJHMF/A/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 NJHMF/A/HAS. NJHMF/A/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 NJHMF/A/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 state 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