



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

DOCUMENT CHECKLIST

Please submit this checklist and the following documents in the following order. Only include documents that pertain to your particular household.

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

APPLICANTS NAME _____

UNIT ID/ADDRESS _____

CO-APPLICANTS NAME _____

PROJECT NAME _____

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 (fully completed, signed and dated)



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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
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

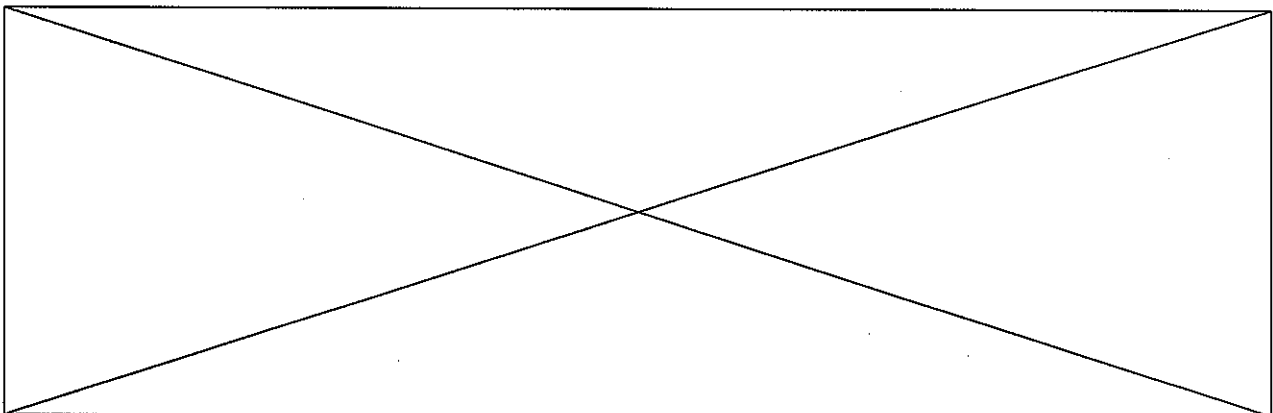
If yes, which utilities are included?

Heat Electricity Gas Water Hot Water

Sewer Trash

Do you share you housing unit with another family?

Yes No





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ACKNOWLEDGEMENT

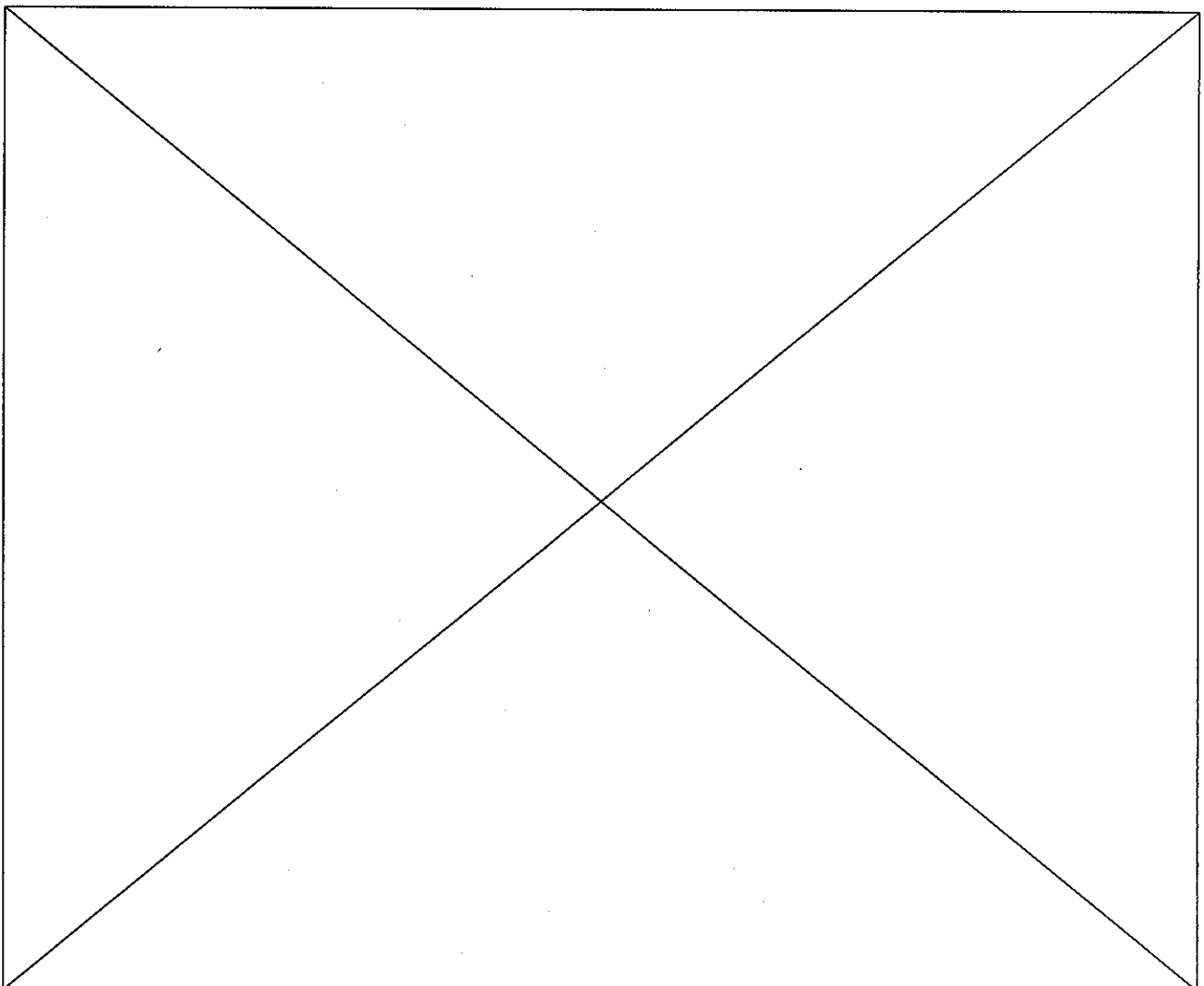
I/We, the applicant(s), acknowledge that this applicant shall be considered fraudulent if the applicant or any persons or entities acting at the direction of applicant or with applicant's knowledge or consent, are deemed to have given materially false, misleading or inaccurate information or statements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





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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
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



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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



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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 from 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 my 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
