



Return by on to:
 Habitat for Humanity of Greater Plainfield
 & Middlesex County
 2 Randolph Road
 Plainfield, NJ 07060
 Include \$25 processing fee in check or money order only.
 Questions? Call Plainfield Habitat at 888-557-6032 Ext 4

Application for: Homeownership (General)

Home for which you are applying: ADDRESS # Beds/Baths House Style Are you a Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No Are you Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	For Office Use Only Date Rec'd: Orientation: Fee Paid: Rec'd By: _____
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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 Primary Language spoken _____	<input type="checkbox"/> United States Citizen <input type="checkbox"/> Permanent Resident 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 Number of Years there _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent	Present Address Number of Years there _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent
Previous Address (if living at present address for less than two years) Number of Years there _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent	Previous Address (if living at present address for less than two years) 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 _____
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 _____
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 _____

2. WILLINGNESS TO PARTNER

Upon selection for a Habitat of Humanity of GPMC home, you and your family must complete 200-400 hours of "sweat equity" helping to build your home and others or helping in other areas of the organization. At no time will anyone performing these volunteer hours be provided with compensation by GPMC Habitat. Work on GPMC Habitat homes typically occurs Sunday, Wednesday & Saturday depending on the build site, between the hours of 8:30- 5:00 pm, and sweat equity usually is earned at this time. If you anticipate a problem with working on these days or in completing the required hours of sweat equity, please explain the nature of the problem.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS: Applicant: Yes No See Explanation Above
Co-Applicant Yes No See Explanation Above

3. PRESENT HOUSING CONDITIONS

Number of bedrooms in your current residence (please circle): 1 2 3 4 5 6 Number of bathrooms in your current residence: 1 2 3 4

Other rooms in your current residence:

Kitchen Living Room Dining Room Other (Please describe) _____

Check one: Rent Own Live with relatives or friends What is your current total monthly rental/house payment? \$ _____

Do you live in Public Housing? Y N Is your rent subsidized? Y N If yes, how much do you receive? \$ _____

Do you receive a Section 8 Rental Voucher? Y N If yes, how much do you receive? \$ _____

If you rent your residence, please provide the following information about your current landlord:

Landlord's Name: _____

Landlord's Address: _____

Landlord's Phone Number: _____

Why do you need a Habitat home? Include the condition of your current residence and why it does not meet your needs. Attach another sheet of paper if necessary.

Do you anticipate a change in your family/household size in the near future? Yes No If yes, please explain below.

Do all persons who will live in the Habitat home currently live in the same house? Yes No If no, please explain below.

Does anyone live with you now who will not move into the Habitat home? Yes No If yes, please explain below

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 <input checked="" type="checkbox"/> box		Name & Address of Employer <input type="checkbox"/> Previous <input type="checkbox"/> Additional <input checked="" type="checkbox"/> box	
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 <input checked="" type="checkbox"/> box		Name & Address of Employer <input type="checkbox"/> Previous <input type="checkbox"/> Additional <input checked="" type="checkbox"/> box	
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.)	
Monthly Gross Wages \$	Start Date	Monthly Gross Wages \$	Start Date

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 If yes, please provide location & market value:		Do you own any Real Estate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide location & market value:	
Do you own an automobile? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide year, make and model:		Do you own an automobile? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 money order	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Copy of all Drivers Licenses and/or State issued ID for household member 18ys and older	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Copies of all birth certificates	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Copy of Home Buyers Workshop Certificate (8 hour class)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Signed Home Owners Association (HOA) agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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	
Signed (CIS) credit authorization form All must sign 18yrs of age and older			
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"/> N/A	<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
Copy of drivers licenses and/or identification (ID) of all member of the household 16 years 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
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"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are you single, separated or married	<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
If separated - Legal separation papers if applicable			
If divorce - 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"/> N/A	<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"/> Yes <input type="checkbox"/> No	<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	
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 applicant have - 6 most recent months. (Checking and 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	<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	

HABITA FOR HUMANITY OF GREATER PLAINFIELD & MIDDLESEX COUNTY			
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12. AUTHORIZATION AND RELEASE			
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I understand that by filing this application, Habitat for Humanity of Greater Plainfield & Middlesex County 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 Habitat for Humanity of Greater Plainfield & Middlesex County, 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.**

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Applicant's Name	Co-Applicant's Name
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13. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

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.)

Applicant	Co-Applicant
<p>Highest level of education obtained. Check one: <input type="checkbox"/> Less than H.S. Diploma <input type="checkbox"/> H.S. Diploma or equivalent <input type="checkbox"/> Some college <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Certification from vocational or technical training program <input type="checkbox"/> 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="checkbox"/> Less than H.S. Diploma <input type="checkbox"/> H.S. Diploma or equivalent <input type="checkbox"/> Some college <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Certification from vocational or technical training program <input type="checkbox"/> 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 style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; padding: 5px;">Interviewer's Name (print or type)</td> <td style="width:40%;"></td> </tr> <tr> <td style="padding: 5px;">Interviewer's Signature</td> <td style="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				



Habitat for Humanity of Greater Plainfield & Middlesex County 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.