

1333 Atlantic Avenue, Suite 700 Atlantic City, NJ 08401 Phone: (609)343-2390 / Fax: (609)343-2188

FOR OFFICE USE ONLY

Date Sent:

Application #

Phone: (609)343-2390 / Fax: (609)343-2188	Received B	y:	
Name of Household Member with primary financial respon	sibility:		
Sex: Date of Birth:	Social Security Number	ər:	
Marital Status: Home Telephone:	w	ork Telephone:	
Current Street Address:	City:	State:	Zip:
Mailing Address or PO Box:	_ City:	State:	Zip:
Ethnicity: (select only one) Hispanic or Latino	Not Hispanic or L	atino	
Racial Description (Select one or more):			
White, Black/African American, Asian	, American Indian/	Alaskan Native	,
Native Hawaiian/Other Pacific Islander, An	nerican Indian/Alaskan	Native & White	,
Asian & White, Black/African American & White Asian/Pacific Islander,	, Other Multi-F	Racial	
American Indian/Alaskan Native & Black/African American	, Hispanic		Other
Handicapped/ Disabled Age 62 & over	Related to a Public	Official	-

HOUSEHOLD COMPOSITION

Please list all other household members, including the Head of Household, who will live in the new address.

	Name	Relationship	Sex	Date of Birth
1				
2				
3				
4				
5				
6				
7				
8				

Please name each household member who receives income and is 18 years-old or over. Income is defined as the total salaries, wages, tips, public assistance, child support, alimony, social security, pension, disability, earned interest, dividends, etc., before deductions and taxes, received by each member of the household.

1. Household Member Name:	Social Security #	
Employer Name:	Income: \$	
Employer Address:Street		
Street Employer Phone #:	City/State/Zip Ext #:	
Self Employed? Yes	No	
Position:	# Years Employed:	
Hours/Week:		
2. Household Member Name:	Social Security #	
Employer Name:	Income: \$	
Employer Address:		
Street	City/State/Zip Ext #:	
Self Employed? Yes	No	
Position:	# Years Employed:	
Hours/Week:		
3. Household Member Name:	Social Security #	
Employer Name:	Income: \$	
Employer Address:	0'1 01-1-17'	
Street Employer Phone #:	City/State/Zip Ext #:	
Self Employed? Yes	No	
Position:	# Years Employed:	
Hours/Week:		

CURRENT GROSS MONTHLY INCOME - Please use a separate page for every household member who is 18 years old or over and receives income of any kind.

All Income information from all sources is required for every household member who is 18 years of age or over regardless of employment status and including benefits or support received for the care of minors.

INCOME INFORMATION: Calculate ALL GROSS INCOME on an <u>annual</u> basis. Monthly income should be multiplied by 12, weekly by 52, and biweekly by 26, for total Gross Annual figure. Income verification must be attached to this application and available for review in you project file.

Household Member Nam	ne:			
Please state the amount	of income re	eceived from ea	ch applicable	source:
Gross Salary or Wages:	\$	\$	\$	\$
Cross Calary of Wages.	Weekly	Biweekly	Monthly	Annually
Pension:			\$ Monthly	\$ Annually
Social Security:			\$	\$
Cociai Occurity.			Monthly	Ψ Annually
Unemployment compensa	ation:	\$	\$	\$ Annually
		Biweekly	Monthly	Annually
Disability Payment:			\$	\$ Annually
			Monthly	Annually
Welfare:			\$	\$
			Monthly	Annually
Child Support:			\$	\$
			Monthly	Annually
Alimony:			\$	\$
			Monthly	\$ Annually
Tips/Commissions			\$	\$
			Monthly	Annually
Retirement Funds			\$	\$
			Monthly	Annually
Annuities			\$	\$
			Monthly	Annually
Death Benefits			\$	\$
TOTAL ANNULAL INCORE		CEC CALADY	Monthly OTHER S	Annually
TOTAL ANNUAL INCOM	E FKUW WA	GES, SALAKY,	AND UTHER S	OOKCE9: タ

INCOME INFORMATION:

Calculate ALL GROSS INCOME on an <u>annual</u> basis. Monthly income should be multiplied by 12, weekly by 52, and biweekly by 26, for Total Gross Annual figure. Income verification must be attached to this application and available for review in your project file.

		n each applicable so	
Gross Salary or Wages: \$_	\$ Weekly Biwe	eekly \$eekly Monthly	\$ Annually
Pension:		\$ Monthly	\$ Annually
Social Security:		\$ Monthly	\$ Annually
Jnemployment compensation:	\$Biweekl	y \$Monthly	\$ Annually
Disability Payment:		\$ Monthly	\$ Annually
Welfare:		\$ Monthly	\$ Annually
Child Support:		\$ Monthly	\$ Annually
alimony:		\$ Monthly	\$ Annually
ips/Commissions		\$ Monthly	\$ Annually
etirement Funds		\$ Monthly	\$ Annually
nnuities		\$ Monthly	\$ Annually
eath Benefits		\$ Monthly	\$ Annually

LIQUID ASSET DETAILS

Please list all checking and savings accounts including CD's, Money Market Funds, Mutual Funds, and other assets held by financial institutions:

Name and Address of		Current	Annual	
Financial Institution	Account#	Value	Income	
Do you own any other prop If "Yes", where: Lot _	erty Block		Yes ()	No ()
Muni	cipality	-		
Do you own a vacation hom	ne?		Yes ()	No ()
Do you own a business or o	other income-prod	ucing real estate?	Yes ()	No ()
Do you receive income (ren	t/receipts) from th	is asset?	Yes ()	No ()
How much is this Net Incon	ne monthly? \$	Annu	ally \$	
TOTAL ANNUAL INCOME F	ROM ASSETS, RE	NTS, AND BUSINES	S RECEIPTS	3: \$
CASH DEPOSIT for purchase	e:			
Held By:				
Are you currently receiving	any type of rental	assistance?	Yes ()	No ()
If yes, source:				110 ()
Are you living in subsidized	d housing?		Yes ()	No ()

HOME BUYER CERTIFICATION

I, as head	of the household, he	ereby certify to the following	(Check all that apply):
I ha	ive resided in Atlantic	c County for the last 12 mo	nths at:
	ave been employed in	n Atlantic County for the las	t 12 months
I ha	ive not owned a hom	e for the last three years.	
I <u>ar</u>	n / am not a municipa (circle one)	al employee.	
l <u>ar</u>	n / am not related to (circle one)	a municipal employee.	
	Print Nam	e	
	Signature		
"Whoever in any knowingly and w	matter within the jillfully falsifies or ma	urisdiction of any departm	U.S.C., Title 18, Sec. 100 provides nent of agency of the United States raudulent statement or entry, shall be ars, or both".
and belief. I also services provided	o understand that thi	s information is to be used a and Federal programs and	mpleted to the best of my knowledge only for determining my eligibility for any statistical analysis purposes that
XSignature(s) of A		X Signature(s) Co-Applica	X
Signature(s) of a	Applicant	Signature(s) Co-Applica	nnt Date
	AUTHORIZAT	ION FOR RELEASE OF IN	<u>IFORMATION</u>
statements made are made for the of a home. I un	e above. I certify that purpose of obtaining derstand that FALSI	the above statements are down payment assistance E statements may result i	cary to verify the accuracies of the true and accurate. These statements from Atlantic County for the purchase in forfeiture of benefits and possible and the State of New Jersey.
XSignature(s) of	 Annlicant	XSignature(s) Co-Applica	X unt Date
Signature(3) Of	τρριισατι	Signaturo(3) OU-Applice	in Date

PLEASE ATTACH COPIES OF THE FOLLOWING

(NO APPLICATION WILL BE PROCESSED UNTIL ALL OF THE FOLLOWING ARE SUBMITTED)

- Four (4) Current Paystubs (Include <u>ALL</u> household members over 18 yrs. old, for <u>ALL</u> jobs, full-time, part-time or unemployment benefits)
- Signed copies of Income Tax Returns with W-2 Forms for 2019 & 2020
- Birth Certificates for household members under the age of 18
- School Report Card showing child's name and address
- Asset Information (i.e., Checking, Savings, CD's, Money Market Funds, Mutual Funds, Stocks or Bonds) for a two (2) month period
- Current Executed Lease Agreement with 12 months of rent receipts
- Letter from employer(s) stating number of years employed, position held and current salary (must be on employer's letterhead)
- Copy of driver's license (front & back) for <u>ALL</u> that have a driver's license in the household.
- Copy of ALL credit card statement(s)
- Copy of ALL car payment(s)
- Copy of ANY / ALL student loan payment(s)
- Copy of utility bills (ie gas, electric, oil)
- Copy of cable, telephone, cell phone bills
- Copy of **ANY** recurring monthly obligations
- *Please COMPLETE the Home Buyer Budget Worksheet

THE FOLLOWING CONTACT INFORMATION MUST BE COMPLETED

REALTOR CONTACT:	Phone :() Fax ()
Realtor:	Email Address:
Address:	
MORTGAGE CO/ BANK CONTACT:	Phone :(Fax :()
Mortgage Co./ Bank:	Email Address:
Address:	
TITLE COMPANY CONTACT:	Phone :(<u>)</u> Fax :(<u>)</u>
Title Company:	Email Address:
Address:	