

**NJ Housing and Mortgage Finance Agency's
HOME ENERGY SAVER PROGRAM (HESP)
Financing Eligibility Application**

PROPERTY OWNER'S NAME: _____

CO-OWNER'S NAME: _____ Resides in the home? Yes No

CO-OWNER'S NAME: _____ Resides in the home? Yes No

PROPERTY STREET ADDRESS: _____

CITY: _____ **COUNTY:** _____ **ZIP:** _____

NUMBER OF UNITS IN THE PROPERTY (check applicable): ONE TWO THREE FOUR

HOUSEHOLD SIZE (INCLUDING OWNER(S): _____ **AGES OF HOUSEHOLD DEPENDENTS:** _____

PROPERTY OWNER'S MAIN CONTACT INFORMATION:

TELEPHONE NUMBER (HOME) _____ TELEPHONE NUMBER (CELL) _____

TELEPHONE NUMBER (WORK) _____ EMAIL: _____

MONTHLY GROSS INCOME OF ALL PROPERTY OWNERS:

DESCRIPTION	MONTHLY INCOME OF OWNERS			TOTAL
	Owner	Co-Owner	Other Co-Owner	
GROSS SALARY/WAGES	\$	\$	\$	\$
OVERTIME PAY	\$	\$	\$	\$
COMMISSIONS/BONUSES	\$	\$	\$	\$
INTEREST/DIVIDENDS	\$	\$	\$	\$
ALIMONY/CHILD SUPPORT	\$	\$	\$	\$
TOTAL RENTAL UNIT INCOME (if any)	\$	\$	\$	\$
OTHER PROPERTY INCOME (if any)	\$	\$	\$	\$
OTHER-SPECIFY:	\$	\$	\$	\$
TOTAL GROSS MONTHLY INCOME				\$

Did you apply for financing from Energy Finance Solutions (EFS) or New Jersey Natural Gas On Bill Repayment Plan (NJNG OBRP)? Yes No

Note: Before you can apply for HESP, you must be formally notified in writing that you are ineligible for EFS or NJNG OBRP

If you have selected a NJ HPwES participating contractor for your project, please provide the following information:

Company: _____ **Company Email:** _____

ACKNOWLEDGMENT:

This financial statement accurately describes my/our financial condition. All provided documentation is true, accurate and correct to the best of my/our knowledge. I/we understand and realize that the financial information I/we am/are voluntarily providing will be used by New Jersey Housing & Mortgage Finance Agency to analyze my/our options with respect to the mortgage loan. I/we further understand and acknowledge that any action taken by New Jersey Housing & Mortgage Finance Agency on my/our behalf will be made in strict reliance on the financial information I/we am/are providing.

Signature of Owner

Date

Signature of Co-Owner

Date

Signature of Other Co-Owner

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct and Federal, State, or local agency, organization, business, or individual to release to the New Jersey Housing & Mortgage Finance Agency any information or materials needed to verify my/our application for assistance under the Home Energy Saver Program (HESP). I understand and agree that the information obtained may be given to and used by New Jersey Housing & Mortgage Finance Agency in administering and enforcing HESP program rules and policies. I/we further understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my/our eligibility for HESP assistance.

COMPUTER MATCHING NOTICE AND CONSENT

I/we understand and agree that the New Jersey Housing & Mortgage Finance Agency may conduct computer matching programs to verify the information supplied for my/our application. If a computer match is done, I/we understand that I/we have the right to notification of any adverse information found and a chance to disprove incorrect information. This general consent may not be used to request a copy of a tax return.

CONDITIONS

I/we agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file with the Home Energy Saver Program and will stay in effect from the date signed. This form performs the requirement of the property owner(s) to release information necessary for the administration of the program. Failure to sign this form will result in ineligibility. I/we understand that I/we have a right to review my/our file and correct any information that I/we can prove is incorrect.

SIGNATURES OF EACH PROPERTY OWNER LISTED ON THE DEED:

OWNER (signature)

DATE

PRINT NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH

CO-OWNER (signature)

DATE

PRINT NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH

OTHER CO-OWNER (signature)

DATE

PRINT NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH

REQUIRED ATTACHMENTS TO THIS APPLICATION!

- COPY OF CREDIT DENIAL LETTER FROM ENERGY FINANCING SOLUTIONS (EFS) OR NEW JERSEY NATURAL GAS (NJNG) ON BILL REPAYMENT PLAN (OBRP)

(This is only required if you are the owner-occupant of a 1-unit or 2-unit home. This is NOT required if you are the owner-occupant of a 3-unit or 4-unit home, as these homes are automatically ineligible for EFS financing)

- COPY OF THE RECORDED DEED TO THE PROPERTY

- PAY STUBS, FOR MOST RECENT 30 DAYS FOR ALL EMPLOYMENT FOR EACH OWNER (EACH PERSON WHOSE NAME APPEARS ON THE PROPERTY DEED)

- 2 MOST RECENT YEARS OF FEDERAL TAX RETURNS WITH ALL SCHEDULES AND ALL W2s FOR EACH OWNER; IF SELF-EMPLOYED, INCLUDE CURRENT PROFIT AND LOSS STATEMENT

- RECENT AWARD LETTER(S) OR OTHER EVIDENCE OF ANY INCOME FROM PENSION, SOCIAL SECURITY, SSI, AFDA, VA, OTHER PUBLIC ASSISTANCE FOR EACH OWNER

- OTHER INCOME DOCUMENTATION (CHILD SUPPORT, ALIMONY, ETC.) FOR EACH OWNER

- COPIES OF SOCIAL SECURITY CARDS FOR EACH OWNER

- COPIES OF DRIVER'S LICENSES FOR EACH OWNER

WHEN COMPLETE, PLEASE MAIL THIS APPLICATION AND ALL THE REQUIRED ATTACHMENTS AS INDICATED ABOVE TO:

**Ms. Renee Miller
HESP Mortgage Loan Supervisor
NJ Housing and Mortgage Finance Agency
P.O. Box 18550
Trenton, NJ 08650-2085**

If you have any questions while completing the application, please contact a HESP Mortgage Loan Originator: Quetcy Parrish at 609-278-7555 or Tina White at 609-278-7648 or Jim Franks at 609-278-7556.