



## ULEC PRE-PURCHASE INTAKE PACKET AFFORDABLE HOMEOWNERSHIP PROGRAM

### Urban League of Essex County

The Urban League of Essex County (ULEC) is an organization dedicated to improving the lives of disadvantaged residents throughout Essex County, New Jersey. Since our founding in 1917, our mission has been to help African Americans and disadvantaged residents achieve economic and social advancement. ULEC offers relevant programs and services in education, employment, housing, and economic development that empower communities and change lives.

### What is our Affordable Housing Program?

Through the support of private and public funding, the Urban League of Essex County Opportunity Corporation has built newly constructed homes and rehabilitated existing homes for disadvantaged individuals and families. These homes are built for lasting affordability and as a wealth building asset for families. Eligible homebuyers must be willing to accept 20-year deed restrictions and maintain active participation in required ULEC homeownership and financial support programming activities.

### How to Apply?

**Step 1:** Determine whether you meet the eligibility criteria.

**Step 2:** Complete the intake packet.

**Step 3:** Submit the application *with*:

- 2023 Federal Income Tax Return
- Latest pay stubs (or equivalent) for one full month
- Non-refundable Application fee of \$25 PER PERSON OR \$35 PER COUPLE via online payment, money order, or check
  - *Pay to the Urban League of Essex County and add 2024 ULEC Homes Application to the memo*
  - *Please note that the application fee must be submitted for the application to be processed*

There are four ways to submit an application:

- 1) **Online** via the application website ([www.ulec.org/realestate](http://www.ulec.org/realestate))
- 2) **Mail** to Attn: Nethaniah Josma, 508 Central Ave, Newark, NJ 07107
- 3) **Drop off** to the ULEC office at 508 Central Ave, Newark, NJ 07107, Monday through Friday, between the hours of 9:30am and 4:30pm
- 4) **Email** to [ulecoc@ulec.org](mailto:ulecoc@ulec.org).
- 5) Please note that the application fee must be submitted for the application to be processed

**Step 4:** Ensure completion of all the pre-purchase program requirements.

### Questions?

Check the FAQ page on **PAGE 18** of this packet. If you still have questions or need help with application, feel free to email us at [ulecoc@ulec.org](mailto:ulecoc@ulec.org).

## **PRE-PURCHASE & FINANCIAL WELLNESS POST-PURCHASE PROGRAM REQUIREMENTS**

1. Attend a mandatory ULEC Homes Informational Session.
2. Intake packet completed and received by ULEC Housing by **August 30, 2024**
3. Attend HUD-Approved **8-Hours Credited** Homebuyer's Education (completed within 12 months of June 30, 2024). Must provide certification of completion by **August 30, 2024**.
  - a. ULEC offers HUD-Approved First Time Homebuyers Workshops! However, we accept all HUD-approved homebuyer education course certifications.
4. Enroll in the Financial Opportunity Center and attend ULEC Financial Capability Education Course (must completed within 12 months of August 30, 2024)
  - a. Hosted Virtually by the ULEC Financial Opportunity Center  
Every 2nd and 4th Thursday. 9-11am EST.
5. Pre-purchase Screening Session with a ULEC Financial Coach, only scheduled after evidenced completion of a HUD-Approved homebuyer education course and the virtual ULEC Financial Capability Education Workshop. Interviews will run until **September 10, 2024**.  
**You have made it to the qualified applicants list for the expected lottery on September 16, 2024!**
6. Once randomly selected for a ULEC Home, personal and financial information is fully verified.
7. You become a borrower and partner family to ULEC for a minimum of 6 years.
  - a. Required Post-Purchase Group Education (Money Management, Credit Building, Landlord/Tenant, Non-delinquency, Foreclosure Prevention, and more)
  - b. Required individual financial coaching sessions.
8. If you are not selected, you may apply for the opportunity to be random selected for one of the affordable rental units available.

### **Willingness to Partner**

When you purchase a home through the Urban League of Essex County Opportunity Corporation (OC) you become a homeowner and OC becomes your mortgage company. You will no longer have a landlord. As a homeowner, you have responsibility for repairs and maintenance. The Urban League of Essex County is committed to helping you ease into the responsibilities of homeownership and to manage your rental unit.

Since you will be buying your home from ULEC, you must demonstrate your ability to pay the monthly mortgage payment. This payment will include the mortgage payment and the payment for property taxes and insurance. We will help you to determine if this payment will jeopardize your ability to meet all your other family's financial obligations and expenses. We can also help you if you need to develop a budget to determine your eligibility. **Reach out to our Housing Counselors as soon as possible.**

If selected, you become a partner family with ULEC for a minimum of 6 years. As a partner family, you must participate and complete a minimum of 8 hours of continued education and supportive programming annually with ULEC. Throughout the process, we help you to understand the restricted and specialized mortgage, rental guidelines, and homeownership expectations.

# ELIGIBILITY CHECKLIST

Can you (and the co-applicant, if applicable) check off all the boxes below?

## GENERAL INCOME GUIDELINES

	# Persons in Household			
	3	4	5	6
Moderate-Income Maximum	\$93,180	\$103,533	\$111,816	\$120,098
Low-Income Max / Moderate-Income Min	\$58,237	\$64,708	\$69,885	\$75,061
Low-Income Minimum	\$31,061	\$38,826	\$41,932	\$45,038

**\*\*Based on the AHPNJ 2024 Affordable Housing Regional Income Limits by Household Size**

- I am a United States citizen or legal resident.
- I have NOT declared bankruptcy within the past two years. If I have declared bankruptcy, it has been discharged over two years ago.
- I have NOT been evicted within the past two years.
- I have maintained a stable source of income.
- I have never owned a home.
- I have a credit score of 580 or higher.
- I am willing to partner with ULEC and committing to the pre- and post-purchase homeownership program, which consists of specialized mortgage product, attending one-on-one coaching sessions, group classes, meetings, and events, etc. for the next 6 years, minimally.

# PROPERTY/HOUSE SELECTION

**Please check off the properties/houses for which you are applying.**  
**Multiple selections are acceptable.**

The Heights on Fairmount Avenue and Camden Street comprises eight (8) new construction affordable residential two-family, 3 story homes in Newark's West Ward. Each home is designed on a three-story frame with a gable metal seam roof and Energy Star Certified. **Unit 1 ("Owners Unit")** located on the 1st and 2nd floor includes a kitchen, dining area, living area, laundry space, family room, three bedrooms, 2.5 bathrooms, a tandem parking 2 car garage at 2,424-sf and a 750-sf rear yard. **Unit 2 ("Tenants Unit")** consists of a living/dining area, kitchen, laundry closet, 2 full bathrooms, and three bedrooms 1,236 square feet, located on the third floor.

## **Application Fees and Credit Requirements**

Non-refundable Application Fee: \$25 per person and \$35 per couple

5% Down Payment Required – You may apply for down payment assistance programs, if selected.

FICO Score of at least 580

Maximum debt-to-income (DTI) of 43%

Maximum Housing Ratio of 33%

Specialized affordable mortgage product. No preapprovals or cash offers accepted.

**I am applying for the following (check at least one):**

	<u>Street Address</u>	<u>Sales Price</u>	<u>Income Restriction</u>
<input type="checkbox"/>	147 Camden Street, Newark, NJ 07103	\$175,000	Moderate
<input type="checkbox"/>	172-174 Fairmount Avenue, Newark, NJ 07103	\$190,000	Moderate
<input type="checkbox"/>	176 Fairmount Ave, Newark, NJ 07103	\$155,000	Moderate
<input type="checkbox"/>	178 Fairmount Ave, Newark, NJ 07103	\$142,500	Low
<input type="checkbox"/>	187 Fairmount Ave, Newark, NJ 07103	\$142,500	Low
<input type="checkbox"/>	195 Fairmount Ave, Newark, NJ 07103	\$142,500	Low
<input type="checkbox"/>	208 Fairmount Ave, Newark, NJ 07103	\$155,000	Moderate
<input type="checkbox"/>	210 Fairmount Ave, Newark, NJ 07103	\$142,500	Low

**All applications must be submitted by August 30, 2024. Any application received after this date will be accepted but is not guaranteed to be reviewed or processed.**

**The lottery will be held on September 16, 2024, unless otherwise advised.**



# APPLICATION FOR HOUSING

Date Received:	_____
Staff Initials:	_____
App Fee:	_____
Version	7/24

This is an application for acceptance to our Affordable Homeownership Program, in which you would purchase a home from ULECOC.

## 1. APPLICANT INFORMATION

<b>Applicant:</b> (Please include name as it appears on legal documents)				
First Name	Last Name	Maiden or Other Name (if applicable)		
Home Address Apt/Lot No. City State Zip Code				
Home Phone Number	Cell Phone Number	Email Address		
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		Birth date:	Social Security #:	
I am a Veteran, active-duty, reserves/National Guard, or a surviving spouse of a Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Co-Applicant (if applicable):</b> (Please include name as it appears on legal documents)				
Note: Co-applicant will be co-owner of ULEC home and will be responsible for ULEC mortgage. It is not required that each adult in household be listed as co-applicant. However, if you are married and not legally separated, your spouse must be listed as a coapplicant.				
First Name	Last Name	Maiden or Other Name (if applicable)		
Home Address Apt/Lot No. City State Zip Code				
Home Phone Number	Cell Phone Number	Email Address		
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		Birth date:	Social Security #:	
<b>Previous Address:</b> If you (applicant and/or co-applicant) have lived in your current residence for less than two (2) years, please include your previous address(es):				
1. Who? <input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant				
Previous Address	Apt/Lot No.	City	State	Zip Code
2. Who? <input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant				
Previous Address	Apt/Lot No.	City	State	Zip Code

## 2. WILLINGNESS TO PARTNER

To be considered for a ULEC home, you and your household **MUST** be willing to partner with ULEC for at least 6 years. As a partner family, you must participate in our pre-purchase and post-purchase financial wellness program, which includes completing a minimum of 8 hours of continued education and supportive programming annually with ULEC. Throughout the process, we help you to understand the associated specialized and restricted affordable mortgage, rental guidelines, and expectations.

WILLING TO PARTNER:

Applicant    INT    Co-Applicant    INT  
 Yes    No \_\_\_\_\_    Yes    No \_\_\_\_\_

## 3. HOUSING

**What is your current housing condition?**

Number of bedrooms:

Number of bathrooms:

Do you:  Own    Rent    Other (please explain) How long have you lived at this location?

Monthly housing cost: \$

**Landlord Contact Information (if applicable)**

Name

Address

Phone Number

**OTHER PEOPLE WHO LIVE WITH YOU:** List the names and ages of people who currently live with you **AS WELL AS** people who plan on living in your ULEC home at least half (50%) of the time.

Please explain any shared child custody arrangements on the back of Page 3 or on a separate sheet of paper and include a copy of court judgments.

Name	Date of Birth	Gender	Relationship to Applicant (child, mother, friend, etc.)	Will this person live in ULEC home at least 50% (half) of the time?
1.		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N
2.		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N
3.		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N
4.		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N
5.		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N
6.		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N
7.		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N
8.		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N

#### 4. UNEARNED INCOME

If anyone in your household is receiving money from a source other than employment, please check each type of income.

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Food Stamps           | <input type="checkbox"/> Military Allotment | <input type="checkbox"/> Railroad Benefits    | <input type="checkbox"/> Retirement/Pension |
| <input type="checkbox"/> Roomer/Boarder        | <input type="checkbox"/> Social Security    | <input type="checkbox"/> SSI                  | <input type="checkbox"/> Tribal Money       |
| <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Veterans Benefits  | <input type="checkbox"/> Workers Compensation | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Alimony               | <input type="checkbox"/> Child Support      | <input type="checkbox"/> Disability Benefits  |   |

**For each box checked above, complete the following information** (Use an additional sheet of paper if needed):

Person receiving income	Type of income	Amount	Frequency (weekly/monthly)	Will this income end?
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?

#### 5. EMPLOYMENT

If you, the co-applicant, or other household members (over the age of 18) is currently employed, please tell us about money received for work (full or part-time, temporary, seasonal, or self-employment) including money from wage, salary, tips, and/or commission **from the past 2 years**. If you work(ed) for more than one employer, complete a box for each employer. If you need to list more than 3 employers, please use an additional sheet of paper.

1.				
Who in the household works at this job?	Start/End Date	Job Title	Employer's Name	
Employer's Address	City	State	Zip Code	Employer's Phone Number
Wage: \$ _____ per hour		Average monthly earnings before tax (including tips & commission): \$ _____		
Is this job temporary? <input type="checkbox"/> Yes <input type="checkbox"/> No      If so, what date do you expect this job to end?				
2.				
Who in the household works at this job?	Start/End Date	Job Title	Employer's Name	
Employer's Address	City	State	Zip Code	Employer's Phone Number
Wage: \$ _____ per hour		Average monthly earnings before tax (including tips & commission): \$ _____		
Is this job temporary? <input type="checkbox"/> Yes <input type="checkbox"/> No      If so, what date do you expect this job to end?				
3.				
Who in the household works at this job?	Start/End Date	Job Title	Employer's Name	
Employer's Address	City	State	Zip Code	Employer's Phone Number
Wage: \$ _____ per hour		Average monthly earnings before taxes (including tips & commission): \$ _____		
Is this job temporary? <input type="checkbox"/> Yes <input type="checkbox"/> No      If so, what date do you expect this job to end?				

## 6. EXPENSES

**IMPORTANT:** We need to know how much money you spend every month on household expenses. You do not need to include rent or mortgage payments, as they are included above. Please check all the boxes that you pay every month.

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Alimony             | <input type="checkbox"/> Auto Payment             | <input type="checkbox"/> Child Care                   | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Credit Card Payment | <input type="checkbox"/> Insurance                | <input type="checkbox"/> Loan Payment                 | <input type="checkbox"/> Medical Bills |
| <input type="checkbox"/> Phone Bill          | <input type="checkbox"/> Television/Internet Bill | <input type="checkbox"/> Utility Bill (gas, electric) | <input type="checkbox"/> Other         |

**For each box checked above, complete the following information** (Use an additional sheet of paper if needed):

Who Pays	Type of Expense	Paid to Whom	Amount Paid	How Often Paid (Weekly, Monthly)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

## 7. ASSETS

Tell us about your household assets, for all household members. An asset is cash, money in the bank, anything that can be sold, or can be converted into cash. An asset does not include personal property such as jewelry, furniture, electronics, etc. Check all that apply.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Bank Account (Checking/Debit) | <input type="checkbox"/> Bank Account (Savings)          | <input type="checkbox"/> Inherited Property |
| <input type="checkbox"/> Houses/Buildings              | <input type="checkbox"/> Land                            | <input type="checkbox"/> Stocks/401K/IRA    |
| <input type="checkbox"/> Savings Bonds                 | <input type="checkbox"/> Vehicle (Car, Truck, ATV, Boat) | <input type="checkbox"/> Other              |

**For each box checked above, complete the following information** (Use an additional sheet of paper if needed):

Owner	Type of Asset (Describe)	Value	Where is asset located? (Include name of bank or company where it is held, address of property, etc.)
1.			
2.			
3.			
4.			

## 8. DEBTS

Tell us about debts held by you (applicant and/or co-applicant). Check all that apply.

- |   |  |                                       |                                       |
|---|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Credit Card (Visa, MasterCard, Discover, American Express) | <input type="checkbox"/> Limited Purpose Credit Card (Sears, Lowes, Stage, Conn's, etc.) | <input type="checkbox"/> Medical Debt | <input type="checkbox"/> Student Loan |
| <input type="checkbox"/> Utility Company  | <input type="checkbox"/> Vehicle Loan (Car, Truck, ATV, Boat)                            | <input type="checkbox"/> Other        |                                       |

**For each box checked above, complete the following information** (Use an additional sheet of paper if needed):

Whose name is on account?	Type of Debt	Company	Unpaid Balance	Is account in good standing? <input type="checkbox"/> Yes <input type="checkbox"/> No
1.				



2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No

### 9. DECLARATIONS

	Applicant	Co-Applicant
Do you have any debt because of a court decision against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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
Have you owned property before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there currently a lawsuit filed <u>against</u> you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a legal US citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Answering “yes” to these questions does not automatically disqualify you. If you answered “yes” to any question, however, please explain on a separate sheet of paper.

### 10. MARKETING INFORMATION

How did you hear about ULEC’s Affordable Homeownership Program?

### 11. AUTHORIZATION AND RELEASE OF INFORMATION

I understand that by filing out an application for housing with Urban of League of Essex County Opportunity Corporation, I am authorizing ULEC and authorized persons of ULEC subsidiaries to evaluate my actual need for a ULEC home, my ability to repay the loan and other expenses of homeownership, and my willingness to be a partner family. I understand that **ULEC and ULEC subsidiaries screens all potential staff (whether paid or unpaid), board members, and applicant families on applicable sex offender registries, as well as run a criminal background check. I understand that the evaluation will include, but is not limited to, personal visits, credit checks, landlord reference checks, and employment verification.** 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 ULEC home, I may be disqualified from the program. The original or a copy of this application will be retained by ULEC and authorized persons of ULEC subsidiaries even if the application is not approved.

By signing this statement I am submitting to such inquiries, allowing the release of my personal information to ULEC, and certifying that all information submitted on this application is accurate and complete.

X	X
Applicant Signature	Date
Co-applicant Signature	Date

**Please return this application** to the main office located at the address below. If you have questions, please email us at [ulecoc@ulec.org](mailto:ulecoc@ulec.org).

508 Central Ave  
Newark, NJ 07107

**If this application was completed by someone other than the applicant/co-applicant, please supply the following information:**

This information was taken by:  Face-to-face interview     Mail     Telephone  
 Internet     Other (please specify)

Interviewer's Name	Organization	Phone Number	Email Address
--------------------	--------------	--------------	---------------

X			
---	--	--	--

Interviewer's Signature	Date
-------------------------	------



## Urban League of Essex County Financial Opportunity Center Credit Report Release and Disclosure

- This credit pull will not lower your credit score. As you are not applying for credit, it is considered a "soft" inquiry and for information purposes only.
- You will not receive a copy of this report for your use. However, your Financial Coach will facilitate your receipt of your free credit report.
- Your credit report will be pulled via this method every six months in order to gauge your credit health over time.
- Your credit report will always be stored in a secure file at the Urban League of Essex County Financial Opportunity Center.
- You have the right to revoke this authorization at any time by emailing [gtaylor@ulec.org](mailto:gtaylor@ulec.org) or mailing your written notice to Urban League of Essex County Financial Opportunity Center, 506 Central Avenue, Newark, NJ 07107.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Financial Name Urban League of Essex County \_\_\_\_\_

Financial Coach Signature \_\_\_\_\_

## 12. GOVERNMENT MONITORING INFORMATION

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 based on this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish this information, under federal regulations this lender is required to note race and sex on the basis of visual observation or surname.

This information will be anonymous and separated from your application before the application is reviewed.

<p><b>Applicant</b></p> <p><input type="checkbox"/> I do not wish to furnish this information.</p> <p><b>Race/National Origin</b> (check all that apply)</p> <p><input type="checkbox"/> American Indian or Alaskan Native  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  <input type="checkbox"/> Black/African American  <input type="checkbox"/> Caucasian  <input type="checkbox"/> Asian  <input type="checkbox"/> Other (specify) _____</p> <p><b>Ethnicity</b></p> <p><input type="checkbox"/> Hispanic    <input type="checkbox"/> Non-Hispanic</p> <p><b>Birth date:</b>    /    /       <b>Gender:</b> <input type="checkbox"/> Female                          MM    DD    YYYY    <input type="checkbox"/> Male</p> <p><b>Marital Status:</b> <input type="checkbox"/> Single (including widowed, divorced)  <input type="checkbox"/> Separated   <input type="checkbox"/> Married</p>	<p><b>Co-Applicant</b></p> <p><input type="checkbox"/> Not applicable</p> <p><input type="checkbox"/> I do not wish to furnish this information.</p> <p><b>Race/National Origin</b> (check all that apply)</p> <p><input type="checkbox"/> American Indian or Alaskan Native  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  <input type="checkbox"/> Black/African American  <input type="checkbox"/> Caucasian  <input type="checkbox"/> Asian  <input type="checkbox"/> Other (specify) _____</p> <p><b>Ethnicity</b></p> <p><input type="checkbox"/> Hispanic    <input type="checkbox"/> Non-Hispanic</p> <p><b>Birth date:</b>    /    /       <b>Gender:</b> <input type="checkbox"/> Female                          MM    DD    YYYY    <input type="checkbox"/> Male</p> <p><b>Marital Status:</b> <input type="checkbox"/> Single (including widowed, divorced)  <input type="checkbox"/> Separated   <input type="checkbox"/> Married</p>
<p><b>If the government monitoring information listed above was completed by someone other than the applicant or co-applicant, please supply the information below:</b></p>	
<p>This information was taken by: <input type="checkbox"/> Face-to-face interview    <input type="checkbox"/> Mail    <input type="checkbox"/> Telephone</p>	
<p style="text-align: center;"><input type="checkbox"/> Internet    <input type="checkbox"/> Other (please specify)</p>	<p style="text-align: center;">Interviewer's Phone Number</p>
<p style="text-align: center;">Interviewer's Name</p>	<p style="text-align: center;">Interviewer's Signature</p>
<p style="text-align: center;">Date</p>	

**Background Authorization Form**  
Personal Information

Name: \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*\*Previous Names Used: (Within the past 7 years) \_\_\_\_\_

Current Home Address: \_\_\_\_\_  
Street Address (No P.O. Boxes) City State Zip Code County

How long have you lived at current address? \_\_\_\_\_

Previous Address: \_\_\_\_\_  
Street Address (No P.O. Boxes) City State Zip Code County

How Long? \_\_\_\_\_

\*\*Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_ Have you ever been convicted of a crime other than minor traffic offenses? Y \_\_\_\_\_

N \_\_\_\_\_ If yes, provide explanation:

Year of Offense: \_\_\_\_ County offense was committed: \_\_\_\_\_ Offense Description: \_\_\_\_\_

\*\*THIS INFORMATION IS REQUIRED IN ORDER TO CONDUCT AN ACCURATE CRIMINAL BACKGROUND SEARCH AND WILL NOT BE USED AS CRITERIA IN THE HIRING PROCESS, AS DESCRIBED BY THE AGE DISCRIMINATION ACT OF 1967.

In connection with my application and/or continued employment, (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer investigative criminal convictions. Further, I understand that you will be requesting information from various Federal, State, and other agencies, which maintain records concerning my past activities relating to any criminal experiences.

I acknowledge that I have been counseled that a person or entity may not procure or cause to be prepared an investigative consumer report on any consumer unless it is clearly and accurately disclosed to the consumer, that an investigative consumer report – including all applicable information as to his or her character, general reputation, personal characteristics, mode of living, education history, driving history (including but not limited to accident history, alcohol/drug and any other DOT requirements as permitted by the ADA) employment history and credit history – may be made. If you are denied employment because of the consumer investigation, it is your right under the Fair Credit Reporting Act (Law 91-508) SS 606. to have the name of the agency or agencies from whom information concerning you was obtained. You are also entitled to receive free copies of the information supplied by those agencies within sixty days upon written request. You have the right to directly dispute with the consumer reporting agency the accuracy and completeness of any information furnished by that agency.

I authorize without reservation, any party or agency contacted by this agency to furnish the above-mentioned information.

I release CIBMS Profiler and any other person and/or agencies from any suits, liens, judgments, damage and/or liability resulting from this process.

The above information is used solely for inquiries and criminal history checks. Falsifying any information on this release form will constitute grounds for immediate dismissal or declining any pending job offers.

Applicant's  
Signature: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**For residents of CA, MN and OK:**

You will be provided with a free copy of any consumer reports or investigative consumer reports if you check the box below.

- By checking this box, I request a free copy of the report.

**Fair Credit Reporting Act Notification**

You have the right to receive a copy of your consumer credit report should one be requested for employment reasons.

- By checking this box, I request a free copy of the report.

**Background Authorization Form**  
Personal Information

Name: \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*\*Previous Names Used: (Within the past 7 years) \_\_\_\_\_

Current Home Address: \_\_\_\_\_  
Street Address (No P.O. Boxes) City State Zip Code County

How long have you lived at current address? \_\_\_\_\_

Previous Address: \_\_\_\_\_  
Street Address (No P.O. Boxes) City State Zip Code County

How Long? \_\_\_\_\_

\*\*Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever been convicted of a crime other than minor traffic offenses? Y \_\_\_\_\_

N \_\_\_\_\_ If yes, provide explanation:

Year of Offense: \_\_\_\_ County offense was committed: \_\_\_\_ Offense Description: \_\_\_\_\_

\*\*THIS INFORMATION IS REQUIRED IN ORDER TO CONDUCT AN ACCURATE CRIMINAL BACKGROUND SEARCH AND WILL NOT BE USED AS CRITERIA IN THE HIRING PROCESS, AS DESCRIBED BY THE AGE DISCRIMINATION ACT OF 1967

In connection with my application and/or continued employment, (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer investigative criminal convictions. Further, I understand that you will be requesting information from various Federal, State, and other agencies, which maintain records concerning my past activities relating to any criminal experiences.

I acknowledge that I have been counseled that a person or entity may not procure or cause to be prepared an investigative consumer report on any consumer unless it is clearly and accurately disclosed to the consumer, that an investigative consumer report – including all applicable information as to his or her character, general reputation, personal characteristics, mode of living, education history, driving history (including but not limited to accident history, alcohol/drug and any other DOT requirements as permitted by the ADA) employment history and credit history – may be made. If you are denied employment because of the consumer investigation, it is your right under the Fair Credit Reporting Act (Law 91-508) SS 606. to have the name of the agency or agencies from whom information concerning you was obtained. You are also entitled to receive free copies of the information supplied by those agencies within sixty days upon written request. You have the right to directly dispute with the consumer reporting agency the accuracy and completeness of any information furnished by that agency.

I authorize without reservation, any party or agency contacted by this employer to furnish the above-mentioned information.

I release CIBMS Profiler and any other person and/or agencies from any suits, liens, judgments, damage and/or liability resulting from this process.

The above information is used solely for inquiries and criminal history checks.

Falsifying any information on this release form will constitute grounds for immediate dismissal or declining any pending job offers.

Applicant's  
Signature: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**For residents of CA, MN and OK:** You will be provided with a free copy of any consumer reports or investigative consumer reports if you check the box below.

By checking this box, I request a free copy of the report.

**Fair Credit Reporting Act Notification**

You have the right to receive a copy of your consumer credit report should one be requested for employment reasons.

By checking this box, I request a free copy of the report.



## **THE PROCESS & NEXT STEPS**

Once your application and the application fee are received, processing the application will begin. Below please find an outline of the process:

1. INTAKE APPLICATION – Received by August 30, 2024
2. HUD-APPROVED HOMEBUYER EDUCATION – completed by or within 12 months of August 30, 2024
3. ULEC FINANCIAL OPPORTUNITY CENTER FINANCIAL CAPABILITY WORKSHOP & MEETING WITH FINANCIAL COACH – Completed by September 10, 2024
4. RANDOM SELECTION – Tentatively September 16, 2024
5. BACKGROUND CHECKS, REQUIRED DOCUMENTS, & CLOSING – 1-2 months
6. FINANCIAL WELLNESS POST-PURCHASE PROGRAM – 6-7 years

## **ADDITIONAL INFORMATION & REQUIRED DOCUMENTS**

### **IF SELECTED FOR A HOME, WE WILL REQUEST PROMPT COPIES OF:**

- IRS FORM W-2s FOR THE PRIOR TWO (2) YEARS;
- FEDERAL INCOME TAX RETURNS FOR THE PRIOR TWO (2) YEARS;
- BANK STATEMENTS FOR THE PRIOR THREE (3) CALENDAR MONTHS;
- PAY STUBS (OR EQUIVALENT) FOR THE PRIOR TWO (2) CALENDAR MONTHS
- INVESTMENT ACCOUNT STATEMENTS, IF ANY, FOR THE PRIOR THREE (3) CALENDAR MONTHS;

### **VALUATION DISCLOSURE NOTICE**

We may order an appraisal or other property valuation in connection with your loan, and we may charge you for this appraisal or property valuation. If charged for the appraisal, you will receive a copy of the valuation.

## PRIVACY ACT NOTICE

The Urban League of Essex County is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

### Types of information that we gather about you

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

### You may opt-out of certain disclosures

1. You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
2. If you choose to “opt-out”, we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your “opt-out”, you may email us [ulecoc@ulec.org](mailto:ulecoc@ulec.org).

### Release of your information to third parties

1. So long as you have not opted-out, we may disclose some or all the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
2. We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
3. Within the Urban League of Essex County, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

## FREQUENTLY ASKED QUESTIONS

### KEEP THIS PAGE FOR YOUR RECORDS

Q:	Do I list someone on the application even though they are not a co-applicant?
A:	Yes, all people who will be living in the home for at least 50% of the time upon move-in MUST be listed on the application.
Q:	Can I take the financial classes even if I'm not selected?
A:	Yes, the Urban League of Essex County is here to service the community, and all are welcomed to attend any programming of interest. Contact a ULEC Financial Coach for more information.
Q:	If 15 people apply for one property, how do you choose who gets approved?
A:	Individuals and families are chosen for random selection based on completion of our pre-purchase requirements. We also assess the need for housing, ability to repay the mortgage, and willingness to partner.
Q:	If I am not chosen, do I get put on a waiting list?
A:	You will have the opportunity to apply for the affordable rental units and you may join our mailing list today to get up-to-date information for when we begin accepting applications for future projects and properties.
Q:	How much of a down payment do I need?
A:	5% down payment is required at closing. You may apply to city or state opportunities for down payment assistance.
Q:	Can I resell the house to whomever?
A:	No. ULEC homes are deed-restricted, meaning there is a maximum resale value, and under certain conditions, they must be sold to someone of similarly low-moderate income. Email us to discuss, if you do not plan to live in the home for less than 20 years.
Q:	If I am a single person with 2 children, do I qualify?
A:	3-person household is eligible, based on an expected need of 2-3 bedrooms 4-person household is eligible, based on an expected need of 2-4 bedrooms 5-person household is eligible, based on an expected need of 3-4 bedrooms 6-person household is eligible, based on an expected need of 3-4 bedrooms