

82 Mount View St, Newton, NJ 07860; 973-940-0503 www.sussexcountyhfh.org

Home Repair Program Application Form

Name:			
Street Address	City	State	Zip
Phone:			
E-Mail address:			
Do you own your home?			
What is the reason you would like Sussex County HFH do this repair?			
Please Provide Verification document for annual income i.e. Federal tax form 1040, Form 1040ez or similar document that proves annual income. Also, please send your current balance in your checking and saving accounts.			
Please Note: Habitat will supply the labor. You will b	e required to prepay fo	r materials.	
Signature of home owner:			
To a			