

## NJ SMART APPLICATION – MORTGAGE & PROPERTY TAX

### APPLICANT INFORMATION

First Name Last Name Email Address

Date of Birth

### MAILING ADDRESS INFORMATION

Street Address Apartment/Unit #/Floor (if applicable)

City State Zip Code County

Date You Moved In

### HOUSING INFORMATION

Check here if the address is the same as the mailing address above. If the same, do not fill below.

Street Address Apartment/Unit #/Floor (if applicable)

City State Zip Code County

### MORTGAGE INFORMATION

Is there a co-borrower on your mortgage?  Yes  No (If Yes, please fill out the information below)

Co-Borrower Name

Street Address Apartment/Unit #/Floor (if applicable)

City State Zip Code

Co-Borrower Email Address Co-Borrower Phone Number Co-Borrower Fax Number

Are you behind on your mortgage?  Yes  No Current Balance \_\_\_\_\_

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Have you received temporary assistance with your mortgage?  Yes  No (If Yes, please fill out the information below)

Who helped you?

When did you receive help?

### MORTGAGE COMPANY CONTACT INFORMATION

Name of Mortgage Company

Street Address

Unit #/Floor (if applicable)

City

State

Zip

Mortgage Company Phone Number

Mortgage Company Email

Mortgage Company Fax Number (Optional)

Are you able to pay a portion of the mortgage that is owed?  Yes  No

If yes, how much can you pay?

If no, why are you unable to contribute?

Is there any other information about your housing situation that we should know?

Are property taxes included in your mortgage payment?

Yes (If Yes, skip Property Tax Information)  No (If No, please fill out Property Tax Information)

### PROPERTY TAX INFORMATION

Are you behind on your property taxes?  Yes  No Current Balance \_\_\_\_\_

Have you received temporary assistance with your property taxes before?  Yes  No (If Yes, please fill out the information below)

Who helped you?

When did you receive help?

Is there a tax lien on the property?  Yes  No Lot Number \_\_\_\_\_ Block Number \_\_\_\_\_

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### TAX AGENCY CONTACT INFORMATION

Name of Tax Agency

Street Address

Unit #/Floor (if applicable)

City

State

Zip

Tax Agency Phone Number

Tax Agency Email

Tax Agency Fax Number (Optional)

Are you able to pay a portion of the property tax that is owed?  Yes  No

If yes, how much can you pay?

If no, why are you unable to contribute?

Is there any other information about your housing situation that we should know?

### DEMOGRAPHICS HEAD OF HOUSEHOLD INFORMATION

Is applicant the head of household? (This is the person responsible for the household bills)  Yes  No

Head of household marital status  Married  Single  Separated/ Divorced  Widow/Widower

Head of household age  18-49  50-59  60+

Is head of household a U.S. Veteran?  Yes  No

Head of household gender  Male  Female  Other  Decline to answer

Head of household race  Alaska Native  American Indian  Asian  Black or African American

Mixed Race  Native Hawaiian  Other Pacific Islander  White  Decline to answer

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**Head of household ethnicity**     Hispanic or Latino     Not Hispanic or Latino     Other     Decline to answer

**Head of household other characteristics**     None     Single Parent     Grandparent with child

Widow/Widower    Other \_\_\_\_\_

### DEMOGRAPHICS

#### APPLICANT INFORMATION (Fill out only if Applicant is not Head of Household)

**Marital status of applicant**     Married     Single     Separated/ Divorced     Widow/Widower

**Age of applicant**     18-49     50-59     60+

**Is applicant a U.S. Veteran?**     Yes     No

**Applicant gender**     Male     Female     Other     Decline to answer

**Applicant race**     Alaska Native     American Indian     Asian     Black or African American     Mixed Race

Native Hawaiian     Other Pacific Islander     White     Decline to answer

**Applicant ethnicity**     Hispanic or Latino     Not Hispanic or Latino     Other     Decline to answer

**Applicant other characteristics**     None     Single Parent     Grandparent with child     Widow/Widower

Other \_\_\_\_\_

### RESIDENCE INFORMATION

**Number of people who live in the household (by age)**

0-6 Years \_\_\_\_\_    7-17 Years \_\_\_\_\_    18-49 \_\_\_\_\_    50-59 Years \_\_\_\_\_    60+ Years \_\_\_\_\_

### INCOME INFORMATION

**Total Adults (18+ years) in the household** \_\_\_\_\_    **How many adults have income in the household** \_\_\_\_\_

**Number of adults that do not have income** \_\_\_\_\_    **Gross monthly income for the entire household** \_\_\_\_\_

**Why do you need help?**     Medical/Health     Unemployed     Reduced Hours/Change in employment

**Other** \_\_\_\_\_

### MISCELLANEOUS INFORMATION

**Phone number** \_\_\_\_\_     Cell     Home    **Phone number** \_\_\_\_\_     Cell     Home

**Primary language (if other than English)** \_\_\_\_\_

**How did you hear about NJ SHARES?**     Referral from Utility Company     Community Organization     Friend

Elected Official     NJS Outreach     Other \_\_\_\_\_

## NJ SMART APPLICATION – MORTGAGE & PROPERTY TAX

**SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE ASSISTANCE. EVEN IF ASSISTANCE IS PROVIDED IT IS VERY IMPORTANT YOU KEEP MAKING PAYMENTS.**

### VERIFICATION OF INFORMATION/PRIVACY RELEASE

*The personal information you provide when applying for an assistance program on this site is used to facilitate the assistance application, review and on boarding process. Submitting your information indicates that you have read and agree to the following:*

*I acknowledge that I am the customer of record on my utility account and/or tenant/homeowner listed on this application and that I have provided complete and accurate answers to all of the questions in the application. I hereby authorize my utility provider, landlord, mortgage company, or property tax office to release my customer account information, including usage and payment history, to NJ SHARES for the purpose of processing my application and monitoring the progress of my account. This authorization shall expire one year from the date the assistance is credited to my account.*

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***Applicant Signature***

***Date***

### FOR AGENCY USE ONLY

<b>Date</b>	<b>Agent/Representative Name</b>	<b>Agency Name &amp; Location</b>



### Zero Income Affirmation

This page is to be completed and signed by the applicant when there are adult household members without income.

**I affirm that the following adult household members have zero income and do not contribute to my household expenses:**

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Print First Name

Print Last Name

--	--

Print First Name

Print Last Name

--	--

Print First Name

Print Last Name

--	--

Print First Name

Print Last Name

--	--

Print First Name

Print Last Name

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_