



**CUMBERLAND COUNTY  
AFFORDABLE HOUSING TRUST FUND  
DOWN PAYMENT and CLOSING COST  
ASSISTANCE PROGRAM**

**PROGRAM APPLICATION CHECK LIST: PLEASE READ ENTIRE PAGE.** Your application for assistance will only be considered if documentation for all of the following Eight (8) categories is included with this application; the application must be completed in full; and signed by all adult household members. Please return this application to: The Redevelopment Authority of Cumberland County, Attention Housing Programs Manager, 114 North Hanover Street, Carlisle, PA 17013. **PLEASE SEND ONLY COPIES OF YOUR DOCUMENTS.**

1. Employment verification forms (pages 6 & 7 of this application) for all adult household members and for all current employment. (You may make additional copies if your household has more than two (2) current employers). Complete and sign only the top section and return the entire form with this application. This office will contact your employer in order for the employer to complete the rest of the form. If your employer uses The Work Number, please provide the employer's code, your social security number on the form and please sign the form.
2. Copies of documentation of all sources of income coming to all members of the household (such as social security, disability, pensions, dividends, child support, alimony, etc.) as listed on the Certification of Disclosure of Income and Asset Sources (page 8) of this application.
3. Copy of the last year's Federal income tax return and W2 forms for each adult household member.
4. Copies of the last **two months** pay stubs of all employment for all household members.
5. Copies of documentation showing full time student status (if applicable).
6. Copies of the last **two months** account statement(s) for all assets (savings, checking, money market, stocks and bonds, etc.) and all other assets listed on the Certification of Disclosure of Income and Asset Sources (page 8) of this application.
7. A mortgage pre-approval letter from a lender.
8. Copies of social security cards or birth certificates for all household members; copies of driver's license(s) for all adult household members.
9. If you have already attended a certified homebuyer's workshop, please provide a copy of the letter of completion or the certificate with this application. If you have not attended a workshop, please register for one as soon as possible. Call 866-683-5907 Option 2 to register for the next class.
10. If you already have an Agreement of Sale, please provide this office with a copy of the Agreement.

**EVERY PERSON WHO WILL BE RESIDING IN THE HOUSE MUST BE INCLUDED ON THIS APPLICATION! EVERY ADULT RESIDING IN THE HOUSE MUST PROVIDE INCOME INFORMATION!**

1. NAME: \_\_\_\_\_  
FIRST MIDDLE LAST (MAIDEN)

2. TELEPHONE: \_\_\_\_\_  
DAY EVENING

3. SOCIAL SECURITY NUMBER: \_\_\_\_\_

4. DATE OF BIRTH: \_\_\_\_\_

5. PRESENT ADDRESS: \_\_\_\_\_

6. How long at this address? \_\_\_\_\_

7. Currently, I: \_\_\_ rent; \_\_\_ live with family or friends; \_\_\_ own my own home

8. Have you ever been an owner or co-owner of real estate? \_\_\_\_\_  
If yes, when did ownership cease? \_\_\_\_\_  
Did you own the real estate with a spouse from a previous marriage? \_\_\_\_\_

9. Marital status: \_\_\_ married; \_\_\_ separated; \_\_\_ divorced; \_\_\_ single

10. Are you a U.S. citizen? \_\_\_ Yes; \_\_\_ No  
(If no, you must provide documentation regarding your immigration status with this application.)

11. Employer: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Your job title: \_\_\_\_\_  
How long employed? \_\_\_\_\_

12. Additional / part time employer: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Your job title: \_\_\_\_\_  
How long employed? \_\_\_\_\_

13. List dependents that will live in the household at least 50% of the time:

NAME:	DATE OF BIRTH:	RELATIONSHIP:
_____	_____	_____
_____	_____	_____
_____	_____	_____



**GROSS INCOME INFORMATION**

<b><u>GROSS MONTHLY INCOME:</u></b>	<b><u>ADULT (PAGE 1)</u></b>	<b><u>ADULT (PAGE 2)</u></b>
MONTHLY SALARY/ WAGES FROM FULL TIME EMPLOYMENT	_____	_____
MONTHLY SALARY/WAGES FROM PART TIME EMPLOYMENT	_____	_____
MONTHLY BONUS	_____	_____
MONTHLY PENSION	_____	_____
MONTHLY SOCIAL SECURITY	_____	_____
MONTHLY ALIMONY RECEIVED	_____	_____
MONTHLY CHILD SUPPORT RECEIVED	_____	_____
MONTHLY DIVIDENDS	_____	_____
MONTHLY INTEREST	_____	_____
OTHER MONTHLY INCOME: (PLEASE SPECIFY)	_____	_____
	_____	_____
<b>MONTHLY TOTAL:</b>	_____	_____

**YOU MUST LIST ALL OF YOUR ASSETS (Do not leave blank. Fill in zero if no asset exists):**

Checking Account(s) Total Balance: _____	Saving Account(s) Total Balance: _____	Money Market Account(s) Total Balance: _____
Stocks and Bonds (non-retirement): Description _____		
Total Balance: _____		

**Copies of most recent statements from all assets, accounts, pay stubs, documentation of all sources of income including but not limited to pensions, SSI, child support, and alimony payments must be provided with this application in order for this application to be considered.**

I/We verify that the information provided above is true and correct. I/We understand that false statements herein are made subject to the penalties of 18 Pa CSA 4904 relating to unsworn falsification to authorities.

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_  
date

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_  
date

**FIRST TIME HOMEBUYER STATUS CERTIFICATION**

I/ We hereby certify that I/we am/are first-time homebuyer(s)\* or that I/we have not owned a home within the last three years.

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_ date

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_ date

- A first-time homebuyer is defined as someone who has never before owned a home, has owned a mobile home but not the land the mobile home was located on, or someone who has lost their home due to a divorce settlement and has not owned a home since (displaced homemaker).

**INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

The following information is requested by the Federal Government for certain types of home ownership and housing rehabilitation programs. You are not required to furnish this information, but are encouraged to do so. However, if you choose not to furnish it, under Federal regulations this Authority is required to note race and ethnicity and gender on the basis of visual observation or surname.

**Adult #1**

Ethnicity: Are you Hispanic or Latino?  Yes  no

Race:  American Indian or Alaskan native  
 Black/African American  
 Asian  
 Native Hawaiian/other Pacific Islander  
 White

Gender:  Female  Male

I do not wish to furnish this information.

**Adult #2**

Ethnicity: Are you Hispanic or Latino?  Yes  no

Race:  American Indian or Alaskan native  
 Black/African American  
 Asian  
 Native Hawaiian/other Pacific Islander  
 White

Gender:  Female  Male

I do not wish to furnish this information.

**Please list ethnicity, race, and gender of all other household members.**

**NUMBER OF ADDITIONAL MEMBERS IN HOUSEHOLD:** \_\_\_\_\_

Please identify each household member by: ethnicity: Hispanic or Latino or **NOT Hispanic or Latino**; race: (use 1 of 5 categories shown above); and gender.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Opportunities for Persons with Disabilities:**

\_\_\_\_\_ I (or a member of my household) have a disability.

**EMPLOYMENT VERIFICATION**

**Applicant must complete the top section only of this verification.** Please return this form with your application. Please provide the appropriate contact information (payroll dept., human resource dept.) so this office can verify your employment and income. This office will then send it to this contact. If your company uses The Work Number, please provide the employer's code and your salary key.

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**Applicant's Name (please print)** \_\_\_\_\_ **Social Security No.** \_\_\_\_\_

**Applicant's Address:** \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_

**Address of Employer:** \_\_\_\_\_

**Phone Number of Employer:** \_\_\_\_\_

**Fax Number of Employer:** \_\_\_\_\_

To Whom It May Concern:

I would like the requested information regarding my wages furnished to the Redevelopment Authority of the County of Cumberland as soon as possible.

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**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOLLOWING INFORMATION IS TO BE COMPLETED BY AN EMPLOYER ONLY**

Employment Data	Pay Data		
Applicant's Date of Employment	Base Pay		
	\$ _____ Annual	\$ _____ Weekly	\$ _____ Other (Specify)
	\$ _____ Monthly	\$ _____ Hourly	
Applicant's Present Position Title:	Type	Year to Date as of _____	Past Year
Is continuance of overtime likely? <input type="checkbox"/> yes <input type="checkbox"/> no Anticipated overtime in the next 12 months _____	Base Pay	\$ _____	\$ _____
Is continuance of bonus likely? <input type="checkbox"/> yes <input type="checkbox"/> no Anticipated bonus next 12 months: \$ _____	Overtime	\$ _____	\$ _____
Number of hours worked per week _____	Commissions	\$ _____	\$ _____
Anticipated increase or decrease in salary in the next year _____	Bonus	\$ _____	\$ _____
Signature: _____ Please print name and phone number:	Title of Employer		Date

Thank you for your cooperation in supplying this information. Please return to Attn. Pat Mrkobrad, Housing Programs Manager, Redevelopment Authority of Cumberland County, 114 N. Hanover St., Suite 104, Carlisle, PA 17013 or by fax: 717-249-4071. Call 717-249-0789 x 136 if you have any questions.

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**Applicant's Address:** \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_

**Address of Employer:** \_\_\_\_\_

**Phone Number of Employer:** \_\_\_\_\_

**Fax Number of Employer:** \_\_\_\_\_

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**CERTIFICATION OF DISCLOSURE OF INCOME AND ASSET SOURCES**

Federal law and HUD regulations require that all applicants disclose all sources of income and assets. Failure to disclose all sources of income and assets constitutes fraud against the federal government which is punishable by law. As a certification, please check below all sources of income which you receive and assets which apply to you. You must disclose all sources including joint accounts or assets which are held for your benefit.

**THE FOLLOWING INCOME SOURCES AND ASSETS APPLY TO ME (please check all that apply to you and provide documentation of each income source and asset):**

**INCOME SOURCES**

- Income from Employment- No. of sources \_\_\_\_\_ (except Greenthumb, VISTA, RSVP, JTPA).
- Unemployment Compensation Benefits (including disability, workman's comp., and severance pay).
- Income from Veterans' Benefits.
- Social Security Income.
- SSI Benefits.
- State Supplemental Payments (SSP).
- Retirement Pension from Employer- No. of sources \_\_\_\_\_.
- Income from I.R.A. or Annuity- No. of sources \_\_\_\_\_.
- Income from Self-Employment (including "under the table" income)
- Income from Child Support – Support for: \_\_\_\_\_
- Alimony
- Income from Ownership of Rental Property(s). (DOES NOT INCLUDE RENT REBATES.)
- Income from Public Assistance (TANF or General Assistance).
- Income from Lottery Installment Payments.
- Income from Business.
- Income from Military Pay.
- Income from Insurance Installment Payments (such as Death Benefits).
- Income from Regular Dividends.
- Recurring Income or Gifts.
- Other sources of income not listed above. Specify: \_\_\_\_\_

**ASSETS**

**Please check all of the following assets which you possess:**

- Certificates of Deposit- No. of CD's \_\_\_\_\_.
- Bonds or Savings Bonds- No. of Bonds \_\_\_\_\_.
- Treasury Notes- No. of Notes \_\_\_\_\_.
- Stocks- No. of Shares \_\_\_\_\_.
- Trust Funds.
- Savings Accounts- No. of Accounts \_\_\_\_\_.
- Checking Accounts- No. of Accounts \_\_\_\_\_.
- Money Market Accounts – No. of Accounts \_\_\_\_\_.
- 401K, IRA or Annuity Accounts – No. of Accounts \_\_\_\_\_.
- Life Insurance Policies – No. of policies \_\_\_\_\_.
- Other Investments. Please specify: \_\_\_\_\_.
- Land and/or Home/Business Property Ownership- No. of properties \_\_\_\_\_.
- Other assets not listed above. Specify: \_\_\_\_\_

I certify with my signature below that I have checked and disclosed all sources of income and assets which apply to me. I realize failure to provide correct information constitutes fraud and is punishable under federal law.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature