



HOUSING & REDEVELOPMENT AUTHORITIES  
OF CUMBERLAND COUNTY

*Better Places, Better Lives*

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

**This program is for those who have lived or worked in Cumberland County for at least six months and are purchasing a home in Cumberland County.**

**PLEASE READ THIS ENTIRE PAGE.** Your application for assistance will only be considered if ALL documentation is provided with this application. **SEND ONLY COPIES OF YOUR DOCUMENTS.** Return this application and documents to:

The Redevelopment Authority of Cumberland County,  
114 North Hanover Street  
Carlisle, PA 17013  
Attention Housing Program Specialist  
OR Fax: 717-249-4071  
OR Email: mpaxton@cchra.com

1. Copies of documentation of **ALL INCOME** coming to ALL members of the household as listed on the Certification of Disclosure of Income and Asset Sources form (page 4).
  - i. Copies of the last **8 WEEKS** of pay stubs of ALL employment for ALL household members.
  - ii. Copies of the last **TWO MONTHS** account statement(s) for ALL assets.
2. Copy of the last year's FEDERAL Income Tax Return and W-2 forms.
3. Copies of documentation showing full time student status (if applicable).
4. A mortgage pre-approval letter from a lender.
5. Copies of social security cards OR birth certificates for all household members; copies of driver's license(s) for all adult household members.
6. COPY of certificate of completion for First-Time Homebuyer Workshop. If you have not attended a workshop, call 717-249-0789 Ext. 136 to register.
7. If you have an Agreement of Sale, provide 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: \_\_\_\_\_ Email: \_\_\_\_\_  
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. #2 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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL ADULT LIVING IN THE HOME

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

~~~~~ If there are more than two (2) adults living in the household, please make an additional copy of this page and complete for that individual.

**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**

**GROSS INCOME INFORMATION**

| <b><u>GROSS MONTHLY INCOME:</u></b>             | <b>ADULT <u>(PAGE 1)</u></b> | <b>ADULT <u>(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:<br>(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)<br>Total Balance: _____ | Saving Account(s)<br>Total Balance: _____ | Money Market Account(s)<br>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.

|                                       |               |
|---------------------------------------|---------------|
| _____<br><b>Applicant's Signature</b> | _____<br>Date |
| _____<br><b>Applicant's Signature</b> | _____<br>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. I verify that the statements made in this affidavit are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

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

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Date**

\*A first-time homebuyer is defined as someone who has never before owned a home, has not owned a home in the past three years, 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).

**Opportunities for Persons with Disabilities:**

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

**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. \_\_\_\_\_
6. \_\_\_\_\_