



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

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. Employment Verification forms (pages 8 & 9) are for all current employment. Complete and sign only the TOP section and return the entire form with this application. 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.
3. Copy of the last year's FEDERAL Income Tax Return and W-2 forms.
4. Copies of documentation showing full time student status (if applicable).
5. A mortgage pre-approval letter from a lender.
6. Copies of social security cards OR birth certificates for all household members; copies of driver's license(s) for all adult household members.
7. 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.
8. 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><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:<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.

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

**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:<br>_____                                                               | Type                     | Year to Date as<br>of _____ | Past Year                |
| Is continuance of overtime likely? ___yes ___no<br><br>Anticipated overtime in the next 12 months<br>_____ | <b>Base Pay</b>          | \$ _____                    | \$ _____                 |
| Is continuance of bonus likely? ___yes ___no<br><br>Anticipated bonus next 12 months: \$ _____             | <b>Overtime</b>          | \$ _____                    | \$ _____                 |
| Number of hours worked per week _____                                                                      | <b>Commissions</b>       | \$ _____                    | \$ _____                 |
| Anticipated increase or decrease in salary in the next year _____                                          | <b>Bonus</b>             | \$ _____                    | \$ _____                 |
| <b>Signature:</b><br><br>_____                                                                             | <b>Title of Employer</b> |                             | <b>Date</b>              |
| Please print name and phone number:                                                                        |                          |                             |                          |

Thank you for your cooperation in supplying this information. Return to:  
 Redevelopment Authority of Cumberland County, Attn: Micki Paxton  
 114 N. Hanover St. Carlisle, PA 17013  
 Or by fax: 717-249-4071; or by email: [mpaxton@cchra.com](mailto:mpaxton@cchra.com)



**EMPLOYMENT VERIFICATION**

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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.

\_\_\_\_\_  
**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:<br>_____                                                         | Type                     | Year to Date as<br>of _____ | Past Year                |
| Is continuance of overtime likely? __yes __no<br>Anticipated overtime in the next 12 months<br>_____ | <b>Base Pay</b>          | \$ _____                    | \$ _____                 |
| Is continuance of bonus likely? __yes __no<br>Anticipated bonus next 12 months: \$ _____             | <b>Overtime</b>          | \$ _____                    | \$ _____                 |
| Number of hours worked per week _____                                                                | <b>Commissions</b>       | \$ _____                    | \$ _____                 |
| Anticipated increase or decrease in salary in the next year _____                                    | <b>Bonus</b>             | \$ _____                    | \$ _____                 |
| <b>Signature:</b><br>_____<br>Please print name and phone number:                                    | <b>Title of Employer</b> |                             | <b>Date</b>              |

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