HOUSING & REDEVELOPMENT AUTHORITIES
OF CUMBERLAND COUNTY

Better Places, Better Lives

2026 CUMBERLAND COUNTY
DOWN PAYMENT and CLOSING COST
ASSISTANCE PROGRAM APPLICATION

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

As of July 1, 2026, Individuals who participate in this program are responsible for a nonrefundable $50 application fee

THIS APPLICATION MUST BE FILLED OUT BY THE MORTGAGE LENDER OR REAL ESTATE AGENT ON BEHALF OF THE HOMEOWNER

PLEASE READ THIS ENTIRE PAGE. Your application for assistance will only be considered if ALL documentation is provided. **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: Cindy Wise
OR Fax: 717-249-4071 (Attn: Cindy Wise)
OR Email: cwise@cchra.com

*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).

REQUESTED BY: _____(Lender or Real Estate Agent)
Lender or Real Estate Agent Address:_____

Lender or Real Estate Agent Email Address:_____

Lender or Real Estate Agent Phone Number:_____

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LENDER/REAL ESTATE AGENT CERTIFICATION

The undersigned, as an officer of the above-named Lender or Real Estate Agent, does hereby certify as follows that to the best of my knowledge:

(1) The above-named Borrower/Grantee(s) meets all requirements of the Cumberland County Down Payment and Closing Cost Assistance Program

(2) The above-named Borrower/Grantee(s) is:_____a first-time homebuyer to Cumberland County, PA who has not had an ownership interest in his or her Principal Residence in Cumberland County, PA at any time AND has completed a Home Buyer Education Workshop by an approved provider.

(3) The gross annual household income of the above-named Borrower/Grantee(s) is

$_____ for a household size of _____ .

(4) That based on the information provided to the Lender/Real Estate Agent and in accordance with the enclosed Application, the Borrower/Grantee will not have in excess of $30,000 in liquid assets after the closing.

_____ _____

Lender/Agent's Signature Date

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REQUESTED DOCUMENTS:

_____Copies of documentation of **ALL INCOME** for 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.

_____Copy of the last year's **FEDERAL** Income Tax Return and W-2 forms.

_____Copies of documentation showing full time student status (if applicable).

_____Mortgage pre-approval letter from a lender.

_____Copies of social security cards OR birth certificates for all household members; copies of driver's license(s) for all adult household members.

_____COPY of certificate of completion for First-Time Homebuyer Workshop. If you have not attended a workshop, please visit https://answers.hud.gov/housingcounseling for Certified Housing Counselors in the region.

_____Credit Report showing a credit score of 620 or higher. Most lenders will provide a copy for you.

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BORROWER(S)/GRANTEE(S) APPLICATION

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR ALL ADULTS OVER 18 RESIDING IN THE HOUSEHOLD.

1. BORROWER/GRANTEE NAME:

_____

FIRST MIDDLE LAST (MAIDEN)

2. TELEPHONE: **Email:**

DAY EVENING

3. DATE OF BIRTH:

4. PRESENT ADDRESS:

7. How long at this address? _____

8. Currently: __ rent; ___ live with family or friends; ___ homeowner

9. 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? _____

10. Marital status: _____ married; _____ separated; ___ divorced; ___ single

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

12. Employer Name: _____
Address: _____
Your job title: _____
How long employed? _____

13. #2 Employer Name (IF APPLICABLE): _____
Address: _____
Your job title: _____
How long employed? _____

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

NAME: DATE OF BIRTH: RELATIONSHIP:

_____

_____

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ADDITIONAL ADULT LIVING IN THE HOME

1. ADDITIONAL BORROWER/GRANTEE NAME:

_____

FIRST MIDDLE LAST (MAIDEN)

2. TELEPHONE: **Email:**

DAY EVENING

3. DATE OF BIRTH:

4. PRESENT ADDRESS:

7. How long at this address? _____

8. Currently: __ rent; ___ live with family or friends; ___ homeowner

9. 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? _____

10. Marital status: _____ married; _____ separated; ___ divorced; ___ single

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

12. Employer Name: _____
Address: _____
Your job title: _____
How long employed? _____
13. #2 Employer Name (IF APPLICABLE): _____
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.

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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 **Borrower/Grantee's Signature**

_____ _____
Date **Borrower/Grantee's Signature**

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GROSS INCOME INFORMATION

GROSS MONTHLY INCOME: BORROWER/GRANTEE	BORROWER/GRANTEE	ADDITIONAL
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)	_____	_____
_____	_____	_____
MONTHLY TOTAL:	_____	_____

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 ALL ASSESTS: _____

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.

FIRST TIME HOMEBUYER APPLICATION 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.A § 4904 relating to unsworn falsification to authorities.

_____ _____
Borrower/Grantee's Signature Date

_____ _____
Borrower/Grantee's Signature Date

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Self Identification Form
BORROW/GRANTEE HEAD OF HOUSEHOLD

The Redevelopment Authority of the County of Cumberland collects demographic information to understand the public utilization and impact of the program in Cumberland County.

The information collected on this form does not impact your application in any way.

1. What is your gender? a. Male b. Female c. Prefer not to answer.	4. Do you have a disabling condition? a. Yes b. No c. Prefer not to answer.
2. Race of Head of Household: a. White b. Asian c. Native Hawaiian/Other Pacific Islander d. Black/African American e. American Indian/Alaska Native f. Two or More g. Other/Unknown h. Prefer not to answer.	5. Veteran Status? a. I am a veteran. b. I am not a veteran c. I chose not to identify my veteran status. d. Prefer not to answer.
3. Ethnicity of Head of Household: a. Hispanic b. Non-Hispanic	6. Do you identify as an immigrant, refugee or "New American"? a. Immigrant b. Refugee c. New American d. No e. Prefer not to answer.

EQUAL HOUSING OPPORTUNITY

VOLUNTARY PHOTOGRAHY AND VIDEO RECORDING AUTHORIZATION AND RELEASE FORM*

The undersigned authorizes the Redevelopment Authority of the County of Cumberland and the Housing Authority of the County of Cumberland (the "CCHRA") and its representatives to take photographs and video recordings of the property located at_____, PA (the "Property") which is owned by the undersigned and is being renovated using CCHRA funds. In addition, the undersigned releases to CCHRA and its representatives all rights of any kind to such photographs and video recordings of the Property without payment or any other consideration to the undersigned. The undersigned understands that such photographs and video recordings may be edited, copied, exhibited, published, or distributed without the undersigned's inspection or approval. The undersigned represents and warrants that the undersigned is authorized to release these rights.

Such photographs and video recordings may be used for CCHRA promotional purposes and may be displayed in any print, visual, or electronic media including, but not limited to, social media, websites, advertisements, newsletters, newspapers, magazines, application documents, and other promotional materials. The undersigned hereby releases the URA and its representatives from any liability in connection with the taking, recording, digitizing, or use of such photographs and video recordings as described above.

The undersigned has the right to revoke this authorization at any time by notifying the CCHRA in writing. The revocation will not affect any actions taken before the receipt of such written notification.

By signing this form, the undersigned acknowledges that he/she/they completely read and fully understand(s) the above authorization and release and agree to be bound thereby.

Borrower's Signature: _____ Date:

*This is a voluntary release and not required for participation in the program.

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CHECK REQUEST INFORMATION

To guarantee timely receipt of funds, the request must be submitted no less than 14 business days before the Closing Date.

Please issue a check made payable to both the Borrower/Grantee(s) and the closing firm listed below which will be representing the Lender.

The anticipated Closing Date:_____.

The check should be sent to the following address:

Closing Firm:	
Address:	
Zip:	
Attention:	
Phone:	
Email:	

Checks are mailed directly to the closing firm.

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