

City of Chester
Chester Economic Development Authority
511 Welsh Street, 3rd Floor, P.O. Box 407
Chester, PA 19016-0407
Phone 610-447-7850 or 1-800-654-5984 (AT & T Relay Center)

HOMEBUYER ASSISTANCE PROGRAM APPLICATION

APPLICANT:

Name _____
 Address _____
 City _____ State _____ Zip _____
 Telephone # _____ Male _____ Female _____ Disabled: Yes () No ()

Employer's Name _____ Phone # _____
 Address _____
 City _____ State _____ Zip _____
 Job Position/Title _____
 Type of Business _____ Years in Profession _____

CO-APPLICANT:

Name _____
 Address _____
 City _____ State _____ Zip _____
 Telephone # _____ Male _____ Female _____ Disabled: Yes () No ()

Employer's Name _____ Phone # _____
 Address _____
 City _____ State _____ Zip _____
 Job Position/Title _____
 Type of Business _____ Years in Profession _____

STATEMENT OF INCOME:

	Applicant	Co-Applicant
Employment (gross monthly pay)	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Veteran's Benefits	\$ _____	\$ _____
State Welfare Assistance	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Rental Income	\$ _____	\$ _____
Support Payments	\$ _____	\$ _____
Other (explain) _____	\$ _____	\$ _____
Applicant's Total Income From All Sources	_____	

Dependent(s): children of applicant and co-applicant

Name	Age	Social Security No.	Source of Income	Monthly Income

Joint Custody: Applicants with joint custody of children must provide proof of dependency as evidenced on recent tax return in order to consider children as part of household size.

Others & Their Income(s)

Please provide the following information for all others who will reside in the newly purchased property regardless of whether or not they are purchasing the property.

Name	Age	Social Security No.	Source of Income	Monthly Income

Landlord Information:

Landlord/Management Company _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone # _____

Date of Occupancy _____ No. Bedrooms _____ Lease: Yes () No ()

Monthly Rent \$ _____ Subsidy: Yes () No () Amount: \$ _____

Lease Purchase Yes () No () Amount in Escrow \$ _____

I agree to provide the following information, which will be used for statistical reporting only and will not preclude my participation in the Homebuyer Assistance Program:

Age Group: 20's _____ 30's _____ 40's _____ 50's _____ 60's _____ 70's _____

Marital Status: Married _____ Single _____ Separated _____ Divorced _____

Female head of household _____

Racial Ethnicity Information: (select only one)

- White
- Black/African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native and White
- Asian and White
- Black /African American and White
- American Indian/Alaskan Native & Black/African American
- Balance of individuals reporting more than one race (Other multi-racial)

Hispanic or Latino _____

Not Hispanic or Latino _____

Are you currently working with a Realtor? _____ Yes _____ No

Name of Agent and Office _____
Phone # _____

Are you currently working with Mortgage Representative? _____ Yes _____ No

Representative and Office: _____
Phone # _____

Have you ever owned a home? _____ Yes _____ No

If yes, explain (when, where, dates of ownership & sale, etc.):

Have you ever filed bankruptcy? ___ Yes ___ No Date bankruptcy filed _____

Has bankruptcy been discharged? ___ Yes ___ No Date of discharge _____

Do you have any dependents under 7 years of age who have been identified to elevate levels of lead in their blood stream? ___ Yes ___ No If yes, you will be required to have a lead inspection performed on the property you intend to purchase.

APPLICANTS' ASSETS:

	Applicant	Co-Applicant
Checking Account	\$ _____	\$ _____
Saving Account	\$ _____	\$ _____
401K Account	\$ _____	\$ _____
Gift Funds	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total Assets:	\$ _____	_____

APPLICANTS' MONTHLY DEBT (Minimum payments required by creditor):

	Applicant	Co-Applicant
Charge Accounts	\$ _____	\$ _____
Student Loans	\$ _____	\$ _____
Car Loans	\$ _____	\$ _____
Alimony/Support	\$ _____	\$ _____
Personal Loans	\$ _____	\$ _____
Other (Explain) _____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Total Monthly Debt: \$ _____

I/We acknowledge that the information I/We have provided in this application is true and accurate to the best of my/our knowledge. I/We have given this information to the Chester Economic Development Authority (CEDA) for the purpose of purchasing a home in the City of Chester. I/We understand that CEDA will verify the information I/We have provided in this application. I/We give CEDA permission to obtain a credit report about me/us and I/We understand that approval under the program is subject to the verification of the information through the credit report and other means available to CEDA.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Section 1001, provides "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five years, or both."

Applicant's Signature

Date

Co-Applicant's Signature

Date