

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

**MODERATE INCOME 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:**

	<b>Applicant</b>	<b>Co-Applicant</b>
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

**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:**

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

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

	<b>Applicant</b>	<b>Co-Applicant</b>
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