

Housing Partnership of Chester County Application

Dear First Time Home Buyer:

Thank you for your recent inquiry regarding the Chester County First Time Home Buyer's Program. The purpose of the program is to extend home ownership opportunities within Chester County by providing assistance to qualified low-to-moderate income families interested in purchasing their first home. The program provides financial assistance towards the down payment and closing costs associated with the home purchase, as well as, pre and post home ownership counseling.

Not everyone is eligible for this unique program. To qualify, you must be 18 years of age or older, and have not owned (had a deed in your name) for three (3) years prior to the date of application. You may also qualify if you are a displaced homemaker. Your household's income must fall at or below the income limits outlined on the attached Income Limits chart. Funds are only available for those households at or below 80% of the median income.

It is necessary that you provide at least \$1000 towards the purchase of a home and your liquid assets following settlement cannot exceed \$10,000. Also, all buyers must attend an individual (one-on-one) counseling session. In addition, a credit/budgeting session will be scheduled with the credit counselor in which a budget will be completed during this appointment. If accepted into the program, all clients must attend a group counseling class of up to eight hours instruction prior to purchasing a home. Applicants may not have signed an agreement of sale for any property prior to undergoing individual, credit and group home ownership counseling. Up to \$12,500 is available for your settlement expenses. The funds provided are not grants; they are 0% interest rate loans, which must be repaid upon future sale of the property.

A non-refundable application fee will be charged to process the file. A money order must be made payable to the Housing Partnership as **NO CHECKS WILL BE ACCEPTED**. Once you have obtained all information located on the Application Checklist, please make a photocopy of each item and mail the package to our office at:

**Housing Partnership of Chester County
41 W. Lancaster Avenue
Downingtown, PA 19335**

Please note, the Housing Partnership will not make any photocopies of your information and meetings with the counselor are **BY APPOINTMENT ONLY**.

Once again, thank you for your interest in the Chester County First Time Home Buyer's Program. Please feel free to contact the office at 610-518-1522 if you have any further questions.

Sincerely,

Nancy Frame
Executive Director

Housing Partnership of Chester County
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Program Overview

NOTE: Any applicant who comes to the Housing Partnership of Chester County (HPCC) with a fully executed agreement of sale prior to completing all counseling requirements, will be ineligible to apply for the down payment and closing cost assistance.

Purpose: To provide homeownership opportunities to first time home buyers in Chester County through counseling and financial assistance.

Eligible Home Buyers: Low-to-Moderate income (see attached income guidelines) first time home buyers, purchasing a home anywhere in Chester County. A first time buyer is someone not owning a home in the last three years or a displaced homemaker. **Lease purchases will not be accepted by the HPCC.**

Eligible Properties: Located in Chester County, single-family, residential, owner occupied house, condo or townhouse which is in compliance with local building and housing codes, and FNMA approved.

Participating Lenders: Any bank or mortgage company which offers **discounted** interest rates and fees for first time buyers. All primary loans must be a 30 year, fixed rate, A-paper mortgage, with no more than three (3) points charged, and an 80% minimum loan to value ratio. Also, it must be underwritten FNMA guidelines. FHA & USDA Rural Housing are acceptable. All investor contracts must provide a provision accepting a second mortgage on the subject property.

Home Buyer Assistance: **HPCC offers \$10,000** maximum loan assistance for the purchase of a home in a township and **\$12,500** maximum loan assistance for the purchase of a home in any of the fifteen Chester County Boroughs or within the City of Coatesville. All assistance will be based on individual need. Each borrower will be evaluated based upon income, credit history, and available assets. Additionally, all assistance is a deferred loan held at 0% interest and lien against the property.

Application Fee: A \$30 per person money order made payable to the Housing Partnership of Chester County. (\$30 per married couple)

Buyer Cash Contribution: The applicant must provide a minimum contribution of \$1000 towards the purchase of the home. Buyer must also prove an additional two months of reserves, but no more than \$10,000 in liquid assets by settlement.

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- Debt/Income Ratios:** To be determined by the lender. HPCC reserves the right to deny assistance on the basis of income, credit history, sales price and/or assets available.
- Home Inspection:** The HPCC must be in receipt of an independent home inspection by a licensed or otherwise qualified professional. It will be left up to the discretion of the HPCC and the home inspector as to what repairs must be made. In addition, HPCC will schedule a Housing Quality Standard (HQS) inspection to be completed at no cost to the buyer or seller.
- Home Buyer Education:** **All** applicants must schedule an initial one-on-one qualifying interview. In addition, a credit/budgeting session will be scheduled with the credit counselor in which a budget will be completed during this appointment. If accepted into the program, **all** clients must attend a group counseling class of eight hours instruction prior to purchasing a home.
- Fees Not Included:** Condominium insurance; Condominium documentation; Homeowner's Association fees; Repairs; Realtor commissions; Mortgage Broker fees; Commitment Fees; Deed Preparation; Attorney fees
- Maximum Sales Price:** \$292,685.00
- Follow Up:** All first time home buyers have the right to return to the HPCC at no charge for additional counseling.
- Repayment:** All funds must be returned to the HPCC when the property is sold, transferred or refinanced.
- Mortgage Satisfaction:** To satisfy the second mortgage held by the HPCC, the homeowner must send a written request for the payoff amount. Also, the homeowner will be responsible for the satisfaction fee as charged by the Chester County Recorder of Deeds Office.

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Program applying for (check all that apply):

Credit Counseling _____ First Time Home Buyer _____

Applicant:

Name: _____
SSN: _____ - _____ - _____ DOB: ____/____/____
Address: _____
City: _____ Zip: _____
Home #: _____ Email: _____
Employer: _____ Work #: _____
Address: _____
Job Position/Title: _____ Starting Date: _____
Type of Business: _____

Co Applicant:

Name: _____
SSN: _____ - _____ - _____ DOB: ____/____/____
Address: _____
City: _____ Zip: _____
Home #: _____ Email: _____
Employer: _____ Work #: _____
Address: _____
Job Position/Title: _____ Starting Date: _____
Type of Business: _____

Age Group of Applicant(s): ____ 20's ____ 30's ____ 40's ____ 50's ____ 60's

Ethnic Group: ____ Caucasian ____ Black ____ Hispanic ____ Asian ____ Other

Marital Status: ____ Married ____ Unmarried ____ Separated

Dependents (per income tax returns): Number ____ Ages _____

Handicap Accessible Need Yes No

If yes, what is your disability? _____

Landlord/Management Company (if applicable) _____

Contact Person _____ Phone _____

Date of Occupancy _____ # of Bedrooms _____ Rent \$ _____

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How did you hear about the Housing Partnership?

Are you currently working with any other agencies? Yes No

If yes, please explain. _____

Have you ever owned a home? Yes No

If yes, please explain (When, Where, Dates of Ownership & Sale, Etc.) _____

Have you ever filed for bankruptcy? Yes No

When? _____ Reason for filing for bankruptcy? _____

Has the bankruptcy been discharged? Yes No Date: _____

Financial Information (Monthly)

All household information must be disclosed regardless of who is purchasing the home.

	Applicant	Co-Applicant	Other
Gross Salary	_____	_____	_____
(Base Pay)	_____	_____	_____
Support Payments	_____	_____	_____
SSI, SSDI, etc.	_____	_____	_____
Other Income	_____	_____	_____
 Total Monthly Income	 _____	 _____	 _____

Assets

Please provide three (3) months bank statements for all checking, savings, Certificates of Deposit (CD's), IRA's, Money Market, 401K's, etc.

Waiver of Privacy

I/We hereby authorize the Housing Partnership of Chester County to act on my behalf in any third party negotiations with lenders, Realtors, or other appropriate entities in an effort to resolve any current or future problems related to this transaction. All information pertaining to your case is kept confidential and shall not be disclosed to any entity without your authorization. It is understood that funding sources may review the information contained in the counseling agency file, not lender files, as part of a random review process. Additionally, demographic information is provided to funding sources on each client.

Applicant

Co-Applicant

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Counseling Agreement

In order to qualify for the program, the applicant recognizes the need for counseling and pledges full cooperation with the counselor. The applicant authorizes the counselor to act on her/his behalf in order to improve her/his credit situation and obtain necessary services.

The applicant understands that any information that is required to obtain the help needed, must be supplied by the applicant. The applicant authorizes the counselor to obtain other information from outside sources when necessary. The need to exchange information or pass on information with funders of the program is also recognized by the client.

The counselor pledges to preserve strict confidentiality concerning the applicant, and will neither give nor seek information except where others have a right to it. The counselor will make no decisions and take no actions without the knowledge and consent of the applicant. At all times, the counselor will act to protect and promote the best interests of the applicant.

As a client of the Housing Partnership, I/We understand that the assistance provided will be free of charge. I/We understand that the staff providing counseling services will not:

1. break their pledge of confidentiality
2. accept fees from the services they recommend
3. recommend services in which they have a financial interest
4. terminate their counseling relationship without giving the reasons for such termination

I/We understand that the staff providing counseling services are not attorneys and will not provide legal advice. In consideration for receiving counseling from the Housing Partnership, I/We hold their staff to be free and harmless from any claims, damages, liabilities, or injuries arising from these services.

Applicant _____ Social Security# _____

Current Address _____

City _____ State _____ Zip _____

Previous Address _____

City _____ State _____ Zip _____

Signature _____

Co-Applicant _____ Social Security# _____

Current Address _____

City _____ State _____ Zip _____

Previous Address _____

City _____ State _____ Zip _____

Signature _____

The signing of this agreement does not constitute a commitment to provide financing.

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Authorization to Release Information

It is the policy of the Housing Partnership of Chester County to have communications, records and program information on clients and services held in confidence. Confidentiality is defined as “the individual’s right to privacy; to be assured that any disclosure he or she makes will not be revealed to others.” Adhering to the Confidentiality Policy includes not revealing information held in the client’s file to other individuals or organizations without written consent from the client as well as not discussing clients or client-related matters in the presence of others.

No information concerning a client may be directly or indirectly disclosed, unless a signed release is present in a client’s file. The release should include the name of the program which is making the disclosure, the names to which the disclosure is made, the name of the client, the purpose of need for disclosure, the extent of disclosure, and the signature of the client.

Signing of an information release may be required in order to provide reports to the funding agency. All other releases, however, are voluntary and the client has a right not to sign a release.

When information is being released, only that information that is necessary for the provision of a service will be released.

I/We, _____,

hereby authorize the Housing Partnership of Chester County (HPCC), a non-profit agency, their employees or agents to contact, cooperate and exchange information with any of my/our creditors, their employees or agents. Furthermore, I/We authorize any creditor to release and continue to release any and all information in its files to HPCC until I/We revoke this authorization directly to the creditor in writing.

Client Signature

Date

Client Signature

Date

Housing Partnership of Chester County Application Monthly Expense Sheet

Applicant/Co-Applicant: _____
 SS#: _____

Indicate the normal **monthly amount** of cost for each applicable expense.
(Note: Annual or quarterly expenses will need to be divided accordingly for average monthly figures)

Housing Expenses		Living Expenses			
Mortgage (1 st)	\$	Groceries	\$	Magazine Subscription(s)	\$
Rent	\$	Lunches	\$	Newspaper	\$
Real Estate/ Property Taxes	\$	Paper Goods	\$	Day Care	\$
Hazard Ins.	\$	Toiletries	\$	Gifts & Entertainment	\$
Condo Fees	\$	Personal needs	\$	Pet Care	\$
Assoc. Fees	\$	Tobacco Products	\$	Child Support/ Alimony	\$
Electric	\$	Alcoholic Beverages	\$	Union Dues	\$
Gas	\$	Clothing	\$	Pension Contr.	\$
Oil	\$	Laundry Detergent	\$	IRA Contr.	\$
Water	\$	Laundromat & Dry Cleaning	\$	401K Contr.	\$
Sewer	\$	TV Cable	\$	Personal Tax	\$
Trash	\$	Telephone	\$	Education	\$
Other	\$	Internet Fees	\$	Church	\$
Notes & Comments:		Gasoline	\$	Tuition	\$
		Car Repairs	\$	Savings	\$
		Bus	\$	Auto Ins.	\$
		Dental & Doctor Bills	\$	Life Ins.	\$
		Prescriptions	\$	Medical Ins.	\$
		Cell Phone	\$	Dental Ins.	\$

Total Housing Expenses: \$ _____
 Total Living Expenses: \$ _____

(See next page for payments to credit cards, installment loans, etc.)

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Application Checklist

In order to evaluate your financial situation, certain documents need to be submitted to the Housing Partnership of Chester County for review and evaluation.

- _____ Signed Application
- _____ (3) months current bank statements for all accounts
- _____ Provide proof of all 401k's, IRA's, CD's, Money Markets, etc.
- _____ (2) most recent signed federal tax returns
- _____ (2) years worth of W-2's for all jobs held
- _____ (1) month of most recent paystubs for all jobs held
- _____ Copy of Social Security Card for all applicants
- _____ Copy of photo ID for all applicants
- _____ \$30 MONEY ORDER made payable to the Housing Partnership for an application fee. **NO PERSONAL CHECKS WILL BE ACCEPTED.**
- _____ A list of all monthly debts, balances, interest rates, minimum monthly payments
- _____ In the case of a divorce/separation, please include a copy of the property settlement and/or a Divorce Decree
- _____ If receive child support/alimony, please provide a court order
- _____ If receive Social Security, please provide the award letter
- _____ Bankruptcy discharge and list of accounts included (if applicable)

DO NO SUBMIT ORIGINALS. Please make a copy of all requested documents, except for original signed application forms.

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Credit Authorization

PLEASE PRINT LEGIBLY

Last Name: _____ **SS#:** _____ - _____ - _____

First Name: _____ **Middle Initial:** _____

DOB: _____ **Age:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone # (H) _____ **(W)** _____

Last Name: _____ **SS#:** _____ - _____ - _____

First Name: _____ **Middle Initial:** _____

DOB: _____ **Age:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone # (H) _____ **(W)** _____

I/We authorize the Housing Partnership to pull my/our credit report(s) for the purpose of qualifying for the purchase of a home.

Applicant

Co-Applicant