

NEXT STEPS FOR AN APPOINTMENT WITH A HOUSING COUNSELOR

- STEP 1
 - Read and sign the electronic “[Authorization, Disclosure, Privacy Statement Form](https://www.mtairycdc.org/privacyform)” at www.mtairycdc.org/privacyform. We will then email you your Workshop attendance Certificate.

- STEP 2
 - (a) Return a signed copy of the Workshop Certificate with the last 4 digits of your SS#
 - (b) Pay online for the credit check @ <https://mtairycdc.org/creditcheck> **\$31.16 (individual application)** or **\$62.32 (joint application)**.
 - (c) Mail, email, or drop off the Pre-Purchase Counseling Application and required documents (see Application cover sheet for the list of required documents) to Mt. Airy CDC, including a copy of the Workshop Certificate.
 - mail: 6703 Germantown Ave., Suite 200, Phila., PA 19119
 - email: housing@mtairycdc.org (**please combine all documents into one single PDF** - visit www.ilovepdf.com to merge documents for free)
 - drop off in our dropbox in the entryway of our building

- STEP 3
 - If your documents and application are complete, our Housing Intake Coordinator will schedule an appointment for you to meet with a Housing Counselor in a remote on-on-one session.

Note:

- You must keep your scheduled Housing appointment BEFORE signing the Agreement of Sale in order to be eligible for settlement assistance.
- **a signed Agreement of Sale prior to your Housing appointment deems you INELIGIBLE for settlement assistance.*



Pre-Purchase Counseling Application

STEP ONE: Attend the First Time Homebuyer's Workshop

STEP TWO: Complete this attached application

STEP THREE: Gather copies of documents listed below and pay for credit check

- Identification: copy of driver's license, non-driver's license, or passport
- First Time Homebuyer's Workshop Certificate of Achievement from Mt. Airy CDC
- Paystubs: one month's worth of your most recent pay stubs or any other income verification, including a court order for child support/Alimony agreement, divorce decree, SSI/SS award letter
- Federal income tax returns for the past TWO (2) years, signed and dated, along with W2s for the past TWO (2) years
- Checking and Savings bank account statements for the past THREE months
- Employment verification letter - letter prepared by your employer that states your current salary and length of employment
- Monthly statements - recent credit card, installment loans, and utilities statements
- Paid Collections Verification - letter or paid receipts for any paid collections accounts, liens, or judgments (if applicable)
- Credit check payment - go to <https://mtairycdc.org/creditcheck> to pay **electronically: \$31.16 (individual application) or \$62.32 (joint application).**

STEP FOUR: Drop off the forms in our document drop box at our office (6703 Germantown Ave.). The drop box is on the wall on the right side of the vestibule when you enter through the double doors in the back by the parking lot. *Let us know when you drop it off (email: housing@mtairycdc.org).*

We will review your forms and if everything is there, we will call you to schedule a one-on-one session that will be conducted via phone or video conference. If the required forms are not there, we will call you and let you know what is missing. Please double check the list of items you need to submit before you drop off the forms to make sure everything is there.

STEP FIVE: Attend your one-on-one virtual or telephone counseling session.



I. PERSONAL INFORMATION (Applicant)

PERSONAL INFORMATION (Co-applicant)

ALL FIELDS ARE REQUIRED

Name: _____
 Address: _____
 City/State: _____ Zip: _____
 Phone: _____
 Work: _____
 SS#: _____ - _____ - _____
 DOB: _____ Age: _____
 Marital Status: _____
 Email Address: _____

Name: _____
 Address: _____
 City/State: _____ Zip: _____
 Phone: _____
 Work: _____
 SS#: _____ - _____ - _____
 DOB: _____ Age: _____
 Marital Status: _____
 Email Address: _____

Name	Relationship	Age	Gender	Disability	Monthly Income	Dependent (Y/N)	Military Service (Y/N)

EMERGENCY CONTACT NAME & NUMBER: _____

II. RENTAL INFORMATION

Landlord: _____
 Rental Address: _____
 Landlord Phone: _____
 Length of Time at Address: _____
 Rent: \$ _____

II. RENTAL INFORMATION

Landlord: _____
 Rental Address: _____
 Landlord Phone: _____
 Length of Time at Address: _____
 Rent: \$ _____

III. INCOME/SOURCE INFORMATION

Employment Status (circle one): Full Time • Part Time
 Student • Unemployed • Retired • Other _____
 Employer: _____
 Address: _____
 City/State: _____

III. INCOME/SOURCE INFORMATION

Employment Status (circle one): Full Time • Part Time
 Student • Unemployed • Retired • Other _____
 Employer: _____
 Address: _____
 City/State: _____



Employment Start Date: _____

Employment Start Date: _____

Occupation: _____

Occupation: _____

Gross Monthly/Annual Income: _____

Gross Monthly/Annual Income: _____

IV. Assets (Applicant)

Assets (Co-Applicant)

Name of Bank/Credit Union: _____

Name of Bank/Credit Union: _____

Savings Account Balance: _____

Savings Account Balance: _____

Checking Account Balance: _____

Checking Account Balance: _____

401K: _____ Stock/Bonds: _____

401K: _____ Stock/Bonds: _____

Other: _____

Other: _____

APPLICANT'S LIABILITIES (Credit/Debts): car payments, student loans, credit cards, etc.

Name of creditor	Monthly Payment	Balance

CO-APPLICANTS LIABILITIES (Credit/Debts)

Name of creditor	Monthly Payment	Balance



DEMOGRAPHIC INFORMATION: Please check one in each category that best describes the applicant.

Mt. Airy CDC requires the following information in order to comply with regulations from funders who support the Housing Counseling Program.

Ethnicity	Applicant	Co-Applicant
Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>
Not Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>

Race

American Indian or Alaska Native.....	<input type="checkbox"/>	<input type="checkbox"/>
Asian.....	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American.....	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander.....	<input type="checkbox"/>	<input type="checkbox"/>
White.....	<input type="checkbox"/>	<input type="checkbox"/>
American Indian or Alaska Native and White.....	<input type="checkbox"/>	<input type="checkbox"/>
Asian and White.....	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American and White.....	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaska Native and Black/African American... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Individuals reporting multiple races..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL (to be answered by applicant)

Are you a First-Time home buyer?..... Yes No

Is your name on the deed of any properties?..... Yes No

Have you owned any property in the last 3 years?..... Yes No

Have you ever filed bankruptcy?..... Yes No

Have you ever had a property foreclosed?..... Yes No If so, when? _____

Have you completed housing counseling?..... Yes No If so, when? _____

Where? _____

Have you been pre-approved for a home mortgage?..... Yes No

If so, how much? _____

Lending Institution _____

Contact name and number _____



How were you referred to Mt. Airy CDC? (check all that apply)

- Brochure Website Word of mouth Internet search Newspaper Article Other _____
(Please Specify)

Applicant Signature Date

Co-Applicant Signature Date



Household Budget, Monthly Expenses For Applicant

Rent / Mortgage Payment \$ _____

Utilities:

Gas	\$ _____
Electric	\$ _____
Telephone	\$ _____
Water/Sewer	\$ _____
Fuel	\$ _____

Food and Medical:

Groceries	\$ _____
Household Supplies	\$ _____
School Lunches	\$ _____
Medical Expenses/Prescriptions	\$ _____

Transportation:

Monthly Car Payments	\$ _____
Gasoline	\$ _____
Car Insurance	\$ _____
Public Transportation	\$ _____

Furniture/Household Goods:

Clothing	\$ _____
Installment Loans	\$ _____
Life Insurance	\$ _____
Laundry/Dry Cleaning	\$ _____

Education:

Private School/Uniforms	\$ _____
Student Loans	\$ _____

Recreation:

Vacation	\$ _____
Sports/Movies	\$ _____
Cable TV	\$ _____
Dining Out	\$ _____

Contribution:

Church/Religious	\$ _____
Charitable Donations	\$ _____

Other Expenses:

Day Care	\$ _____
Babysitters	\$ _____
Pet Expenses	\$ _____
Alcohol/Tobacco	\$ _____
Lottery	\$ _____



A. Total monthly net income (add your last month's pay stubs)	\$ _____
B. Total monthly expenses (add all detailed household budget expenses)	\$ _____
C. Subtract the amount on line B from the amount on line A above.	\$ _____

The amount on line C represents the monthly amount you have available to put towards your new home!

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

WAIVER OF PRIVACY & HOUSING COUNSELING INFORMATION FORM

All Clients are required to complete this waiver to authorize Mt. Airy CDC to release information to third parties.

Waiver of Privacy: I hereby authorize MT. AIRY CDC to release information about my case, when appropriate, in any third party negotiations necessary to resolve my case. This authorization allows MT. AIRY CDC to act on your behalf in any third party negotiations with Lenders, Landlords, or other appropriate entities in an effort to resolve the current or possible 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.

Attention Mortgage Applicants: This form must be submitted to your lender at time of mortgage application!

Applicant Name: _____ Phone: _____

Applicant Signature: _____

Current Address: _____

Purchase Address: _____

Co-Applicant Name: _____ Phone: _____

Co-Applicant Signature: _____

Current Address: _____

Purchase Address: _____



FOR INTERNAL USE ONLY

MORTGAGE -- REVERSE MORTGAGE -- POST PURCHASE--DELINQUENCY -- CREDIT & BUDGET

COUNSELED or REFERRED (please circle one)

Eligible for OHCD settlement grant Yes No

- Counseled:** The counselor asserts that the agency provided to the clients complete counseling, including but not limited to, employment evaluation, credit review, savings budget analysis and settlement instruction and the client is qualified for a mortgage, loan, and or tenant status.
- Referred and recommended:** Client has not received full counseling but was referred for a mortgage.
- Referred and not recommended:** Client is not prepared at this time; additional counseling is needed.
- Post-Purchase:** The counselor asserts that the agency provided the counseling, which included, but is not limited to, a review of the household budget, utilities, documents, and referrals as needed.
- Default & Delinquency:** Counselor asserts that the agency provided to the client counseling which includes, but is not limited to, communication with lender to avoid foreclosure, assessment of future financial status and budget, referrals to mortgage assistance programs if the client is eligible.

Counselor Signature: _____



CREDIT REPORT AUTHORIZATION FORM
Fee for credit reports: \$31.16 Individual / \$62.32 Joint
THIS FEE IS NON REFUNDABLE

Fill out the form below and go to <https://mtairycdc.org/creditcheck> to pay **electronically**

APPLICANT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ Date of Birth: _____

Phone: _____ Alternate #: _____

AUTHORIZATION

I hereby authorize Mt. Airy CDC to order TWO (2) consumer credit reports. I understand the first credit report pull will occur the day of the appointment and the second will occur 6 months after the initial session.

I understand that a photocopy of this form will serve as authorization for the second report.

Client Signature: _____

Date: _____



First Time Homebuyer's Workshop Sponsors

- Bank of America
- S&T Bank
- Fulton Bank
- Santander Bank
- TD Bank
- Univest
- PNC
- Wells Fargo

THANK YOU FOR YOUR SUPPORT!

