

Centre County Housing & Land Trust Homebuyer Program

1155 Zion Road, Bellefonte, PA 16823 ♦ 814-571-1179 ♦

Application



The information on this form is needed to determine if your household is eligible to participate in the Centre County Housing & Land Trust's Homebuyer Program. Information on this application will be released to your participating lender. Otherwise, all information provided on your application will be held confidential. To be considered completed, this application must be submitted with all applicable items listed in the **checklist in section N**.

If there are any parts of this form that you do not understand, or you need assistance completing this form, please contact us. We thank you in advance for your cooperation.

A. Applicant Contact Information				
Head of Household: (legal name)			Household size:	
Current Address:			Apt. #:	
City:	State	ZIP	Home Phone:	
Email Address:			Mobile Phone:	
Emergency Contact Name:			Phone:	

B. Housing Information		
Landlord/Management Company:		Cost per Month:
Contact Person & Phone #:	Date of Occupancy:	How long there?
Have you owned a home in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you live in subsidized housing or receive rental subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No		

C. Household Information			
Yes	No		If Yes who?
<input type="checkbox"/>	<input type="checkbox"/>	1. Was any household member a full-time student in the last year?	
<input type="checkbox"/>	<input type="checkbox"/>	2. Are any household members temporarily absent from the home? <i>Reason for absence:</i>	
<input type="checkbox"/>	<input type="checkbox"/>	3. Will other members join your household within the next year? <i>If yes, explain:</i>	

D. Household Composition - List all persons who live in the household

Full Legal Name <i>Last name, First name, Initial</i>	Sex <i>M/F</i>	Marital Status	Age	Social Security #	Race/Ethnicity <i>(Please check all that apply)</i> <i>This program may receive federal funding and is required to report race and ethnic origin of all members of the household for each household assisted. Please supply accurate information. Your response is optional and will not affect your eligibility.</i>
Head of Household					<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African Amer. <input type="checkbox"/> American Indian/Alaska native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Amer. Indian/Alaska native & Black/African Amer. <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African Amer.&White <input type="checkbox"/> Amer. Indian/Alaska Native & Black/African Amer. <input type="checkbox"/> Other Multi-Racial
Household Member 2					<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African Amer. <input type="checkbox"/> American Indian/Alaska native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Amer. Indian/Alaska native & Black/African Amer. <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African Amer.&White <input type="checkbox"/> Amer. Indian/Alaska Native & Black/African Amer. <input type="checkbox"/> Other Multi-Racial
Household Member 3					<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African Amer. <input type="checkbox"/> American Indian/Alaska native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Amer. Indian/Alaska native & Black/African Amer. <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African Amer.&White <input type="checkbox"/> Amer. Indian/Alaska Native & Black/African Amer. <input type="checkbox"/> Other Multi-Racial
Household Member 4					<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African Amer. <input type="checkbox"/> American Indian/Alaska native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Amer. Indian/Alaska native & Black/African Amer. <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African Amer.&White <input type="checkbox"/> Amer. Indian/Alaska Native & Black/African Amer. <input type="checkbox"/> Other Multi-Racial
Household Member 5					<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African Amer. <input type="checkbox"/> American Indian/Alaska native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Amer. Indian/Alaska native & Black/African Amer. <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African Amer.&White <input type="checkbox"/> Amer. Indian/Alaska Native & Black/African Amer. <input type="checkbox"/> Other Multi-Racial
Household Member 6					<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African Amer. <input type="checkbox"/> American Indian/Alaska native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Amer. Indian/Alaska native & Black/African Amer. <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African Amer.&White <input type="checkbox"/> Amer. Indian/Alaska Native & Black/African Amer. <input type="checkbox"/> Other Multi-Racial

E. Household Income (Indicate ALL income of ALL household members, including dependents under 18)

Yes	No	Asset Type	Head of Household	Co-Head/Spouse	Other Adult Member(s)	Dependent	Total
<input type="checkbox"/>	<input type="checkbox"/>	1. Salary – Job #1					
<input type="checkbox"/>	<input type="checkbox"/>	2. Salary – Job #2					
<input type="checkbox"/>	<input type="checkbox"/>	3. Commission/Fees/Tips/Bonus					
<input type="checkbox"/>	<input type="checkbox"/>	4. Income from Military					
<input type="checkbox"/>	<input type="checkbox"/>	5. Business Net Income					
<input type="checkbox"/>	<input type="checkbox"/>	6. Social Security/supplemental					
<input type="checkbox"/>	<input type="checkbox"/>	7. Real Estate/Rental Income					
<input type="checkbox"/>	<input type="checkbox"/>	8. Interest/Dividends					
<input type="checkbox"/>	<input type="checkbox"/>	9. Pension/Retirement Income					
<input type="checkbox"/>	<input type="checkbox"/>	10. Unemployment Benefits					
<input type="checkbox"/>	<input type="checkbox"/>	11. Workers' Compensation					
<input type="checkbox"/>	<input type="checkbox"/>	12. Alimony/Child/Family support					
<input type="checkbox"/>	<input type="checkbox"/>	13. TANF or other Welfare					
<input type="checkbox"/>	<input type="checkbox"/>	14. Lump sum money/Gifts					
<input type="checkbox"/>	<input type="checkbox"/>	15. Other:					
<input type="checkbox"/>	<input type="checkbox"/>	16. Other:					
TOTALS							

F. Current Employment Contact Information

Household Member's Name			Occupation		Work Phone	
Name and Address of Employer			City		State	Zip
Date Hired	Salary \$	When paid?	# hours/week	Contact Name	Work FAX #	
Household Member's Name			Occupation		Work Phone	
Name and Address of Employer			City		State	Zip
Date Hired	Salary \$	When paid?	# hours/week	Contact Name	Work FAX #	
Household Member's Name			Occupation		Work Phone	
Name and Address of Employer			City		State	Zip
Date Hired	Salary \$	When paid?	# hours/week	Contact Name	Work FAX #	

G. Household Assets (Indicate ALL assets of ALL household members, including dependents under 18)						
Yes	No	Asset Type	Financial Institution	FAX #	Account Number	Cash Value
<input type="checkbox"/>	<input type="checkbox"/>	1. Checking Account #1				
<input type="checkbox"/>	<input type="checkbox"/>	2. Checking Account #2				
<input type="checkbox"/>	<input type="checkbox"/>	3. Savings Account #1				
<input type="checkbox"/>	<input type="checkbox"/>	4. Savings Account #2				
<input type="checkbox"/>	<input type="checkbox"/>	5. Credit Union Account				
<input type="checkbox"/>	<input type="checkbox"/>	6. Stocks,Bonds,Mutual Funds *				
<input type="checkbox"/>	<input type="checkbox"/>	7. Real Estate or Home or Land				
<input type="checkbox"/>	<input type="checkbox"/>	8. IRA/Keogh Account(s) *				
<input type="checkbox"/>	<input type="checkbox"/>	9. Retirement/Pension Fund(s) *				
<input type="checkbox"/>	<input type="checkbox"/>	10. Trust Fund(s) *				
<input type="checkbox"/>	<input type="checkbox"/>	11. Whole Life Insurance *				
<input type="checkbox"/>	<input type="checkbox"/>	12. Money Market/CD Account				
<input type="checkbox"/>	<input type="checkbox"/>	13. Other:				
<input type="checkbox"/>	<input type="checkbox"/>	14. Other:				
TOTALS						

* When listing the "cash value" of any asset with an asterisk (*), indicate the amount you would have if you were to convert it to cash. The amount would have deducted any penalties for withdrawal, amounts used to pay off a balance, or any fees which may be assessed for the conversion.

H. Household Asset Information				
Yes	No			If Yes who?
<input type="checkbox"/>	<input type="checkbox"/>	1.	Has anyone in the household given away anything of value within the last two years? Explanation:(type of asset, value, amount disposed & date disposed)	

I. Debt – List the total amount of debt here for all persons who comprise the household (use additional page if needed)			
Type (car, student, credit card, etc.)	Lender/Company Name	Balance Owed	Monthly Payment
Totals			

J. Affidavit

① I/We have not previously owned real estate or any interest in real estate, including an interest in common with any other individual, except as follows:

② I/We have not been known by any name, including maiden name, nickname, or alias, except as follows:

③ I/We affirm that the statements contained herein are true, correct and complete. It is understood that if it is later determined that any statement made herein is incomplete, incorrect or misleading, any mortgage/loan obtained may be declared in default and I/we may be subject to criminal penalties under 18 Pa.C.S. Section 4909, relating to unsworn falsification to authorities.

**Adult Household
Member #1**

Printed Name

Signature

Date

**Adult Household
Member #2**

Printed Name

Signature

Date

Witness

Printed Name

Signature

Date

K. Applicant Certifications

- ① I/We understand that the Centre County Housing & Land Trust is relying on this information to determine my household's eligibility for Housing Programs. I/We will provide all necessary information including source names, addresses, phone numbers, and account numbers, where applicable, as well as any other information, including documentary evidence of income and assets of all proposed occupants (e.g. federal income tax information). I hereby authorize the Centre County Housing & Land Trust or its agent to make inquiries for the purpose of verifying the information contained in this application.
- ② I/We declare that all of the above information and representations contained herein are to the best of my/our knowledge and belief, true and correct. I/We understand that providing false information or making false statements may be grounds for program ineligibility and may result in criminal penalties.
- ③ I/We understand that it is our responsibility to contact the Centre County Housing & Land Trust if any of information provided on this application changes, including but not limited to, changes in mailing address, phone number, household composition, income, or assets.
- ③ I/We have read the **Homebuyer Information Packet**, and understand that I/We will have the opportunity to ask questions at a future Intake Meeting.

Adult Household
Member #1

Printed Name

Signature

Date

Adult Household
Member #2

Printed Name

Signature

Date

Adult Household
Member #3

Printed Name

Signature

Date

The Centre County Housing & Land Trust does business in Accordance with the Federal Fair Housing Law. We will not discriminate against any person because of race, color, religion, sex, handicap, familial status, pregnancy, birth of a child, sexual orientation, marital status, national origin, ancestry, place of birth, presence of trained guide or support or service animals, age, or source of income (The Fair Housing Amendment Act of 1988). In compliance with Section 504 regulations, we do not discriminate on the basis of handicapped status in the admission or access to, or treatment, or employment in, our federally assisted programs and activities. Management will consider requests from individuals with disabling conditions or mobility impairments for reasonable accommodations in policies, practices or facilities.

L. Subordination Agreement Policy

I have been informed that accepting a loan from the Centre County Housing & Land Trust for home purchase or rehab may affect my ability to refinance my first mortgage and/or receive a home equity loan in the future. The loan is secured by a lien against my home. Refinancing or home equity loans require an agreement from the to subordinate.

The subordination of loans made by the Centre County Housing & Land Trust are granted solely at the discretion of Centre County Housing & Land Trust Board of Directors upon the recommendation of administrative staff involved in the processing of loans.

I understand the Centre County Housing & Land Trust will not agree to subordinate behind any consumer debt or approve any request for cash out at closing.

I understand a request to subordinate must be submitted to the Centre County Housing & Land Trust's Subordination Request Form and be shown to meet at least one of the following conditions **AND reduce the principal amount of the original mortgage loan** on the property:

- Reduce the required monthly payment of principal and interest* from that of the original First Lien Note, or
- Reduce the annual interest rate* applied under the terms of the original First Lien Note, or
- Reduce the term of the mortgage* from that of the original First Lien Note.

However, a request to obtain a refinance loan for an amount greater than the original mortgage loan will be considered and may be granted under the following conditions:

1. To **finance closing costs** ONLY by the amount reasonable and customary for mortgage refinancing.
2. To finance **necessary improvements** which fall within the parameters of: repairing code violations, deteriorated conditions of wiring, heating, plumbing systems, or deteriorated conditions of the structure; adding handicapped accessibility features; OR, to finance improvements which increase the value of the premises. Financing improvements which increase the value of the premises requires submitting to the Borough a recent appraisal reflecting the value before and after improvements.
3. To **finance improvements other than those listed above** which will not increase the value of the property ONLY when the homeowner's equity in the property is equal to or exceeds the cost of the improvements. Equity in this case includes principal paid on the original mortgage loan and the value of market appreciation.

When financing improvements the amount loaned for the improvements will be held in an escrow account with the refinancing lender and disbursed upon submission of receipts to the lender for work completed.

I hereby acknowledge receipt of the Centre County Housing & Land Trust's Subordination Agreement Policy.

Adult Household Member #1

Printed Name

Signature

Date

Adult Household Member #2

Printed Name

Signature

Date

Witness

Printed Name

Signature

Date

M. Citizenship Declaration

The Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available, through the department's programs, to persons other than United States citizens, nationals, or certain eligible non-citizens. Our applicants are therefore required to declare U.S. citizenship or submit evidence of eligible immigration status for each family member receiving CDBG or HOME financial assistance.

To comply with this requirement, you should do the following:

1. Complete Section "B" Household Composition, listing all family members who will be residing in the home.
2. A **Citizenship Declaration Form** (page 9) should be completed by **each family member** (including the head of household) listed in the Household Composition Section (D). If there are five people listed in the Household Composition (Section D), you should complete five copies of the **Citizenship Declaration Form**. If you need additional copies, you may either copy them yourself or request copies from our office.
3. Submit the **Citizenship Declaration Form(s)** and all other accompanying forms and/or evidence with your application for the Homebuyer Program.

If you have any questions or difficulties in completing the forms or determining the type of documentation required, please contact the office. We will be happy to assist you.

Failure to provide this information or establish eligible status may result in you not being considered for the Homebuyer Program.

CITIZENSHIP DECLARATION FORM

Complete a separate form for each member of the household listed in the Household Composition Section (D) of this application.

Last Name:	First Name:	Social Security #:
Alien Registration # <i>(if applicable)</i> :	Admission # <i>(if applicable)</i> :	Date of Birth:

Complete the Declaration below by printing or typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and **complete either block number 1, 2, or 3.**

I, _____, hereby declare, under penalty of perjury that **I am:**

1. A citizen or national of the United States.

If you checked this box, no further information is required. Sign and date below and forward this form with your application. If this block is checked on behalf of a child, the adult who will reside in the home and who is responsible for the child should sign and date below.

 Signature _____
 Date

Check if adult signing for a child.

2. A noncitizen with eligible immigration status in the category checked below
(please provide documentation):

- (i) A noncitizen lawfully admitted for permanent residence, as defined by section 101 (a) (20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101(a) (15) of the INA (8 U.S.C. 1001(a) (20) and 1101(a) (15), respectively) [immigrants]. (This category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161) [special agricultural worker], who has been granted lawful temporary resident status).
- (ii) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259).
- (iii) A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203(a) (7) of the INA (8 U.S.C. 1153(a) (7)).

 Signature _____
 Date

Check if adult signing for a child.

3. Not contending eligible immigration status and I understand that I am not eligible for the home buyer program. *If you checked this block, no further information is required and the person named above is not eligible for assistance. Sign and date below and forward this form with your application.*

 Signature _____
 Date

Check if adult signing for a child.

N. Checklist – Review this list for required documentation to submit with your application.	
<input type="checkbox"/>	Completed application form <i>(including all signatures)</i> .
<input type="checkbox"/>	Release and Consent Form – Completed and signed (Page 11).
<input type="checkbox"/>	Copy of current Credit Report.
<input type="checkbox"/>	Copy of three most recent pay stubs, covering one complete month. If self-employed: Please provide a year to date profit/loss statement, in addition to two years of federal tax returns.
<input type="checkbox"/>	Copies of six months of checking account statements & copies of current statements for all savings accounts and asset accounts listed in Section G.
<input type="checkbox"/>	Copies of the most recent federal tax return and corresponding W-2's. If self-employed: copies of two years of federal tax returns & all schedules. If you do not have copies or did not file, use IRS Form 4506T to request a transcript or contact the IRS at 1-800-829-1040.
<input type="checkbox"/>	Copy of award letter(s) if receiving social security, pension, survivor, disability payment or TANF and documentation of any other income source listed in Section E.
<input type="checkbox"/>	Copy of Birth Certificate for each household member under age 18.
<input type="checkbox"/>	Copy of Social Security card for each household member over age 18.
<input type="checkbox"/>	Copy of State Driver's License or picture ID for each household member over age 18.
<input type="checkbox"/>	Copy of Declaration Page of Life Insurance Policy.
<input type="checkbox"/>	Copy of Divorce Decree, <i>if applicable</i> .
<input type="checkbox"/>	Copy of Court Ordered Custody Arrangements, child support and/or alimony, <i>if applicable</i> .
<input type="checkbox"/>	Copy of Gift Letter - If receiving a financial gift from another person, the person relative will need to provide a letter that includes the amount of the gift and when the gift will be given. Evidence of gift will need to be provided.
<input type="checkbox"/>	<p>If you are a non-citizen with eligible immigration status in Section M please provide a copy of one of the following documents with your application:</p> <ol style="list-style-type: none"> 1. Form I-551, Alien Registration Receipt Card (for permanent resident aliens). 2. Form I-94, Arrival-Departure Record, with one of the following annotations: (a) "Admitted as Refugee Pursuant to section 207"; (b) "Section 208" or "Asylum"; (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA." 3. If Form I-94, Arrival-Departure Record, is not annotated, it must be accompanied by one of the following documents: (a) A final court decision granting asylum (but only if no appeal is taken); (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990); (c) A court decision granting withholding or deportation; or (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990). 4. Form I-688, Temporary Resident Card, which must be annotated "Section 245A" or "Section 210." 5. Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12." 6. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified. 7. Form I-151 Alien Registration Receipt Card.

Release and Consent Form

I. Program Administrator		
Administrator Name:	Centre County Housing & Land Trust	Title:
Administrator Address:	1155 Zion Road	Phone: 814-571-1179
	Bellefonte, PA 16823	Fax:
		Email Address: info@cchlt.org

II. This Section to be Completed by Applicant

Applicant Name(s):

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposed of verifying information on my/our application for participation in the Centre County Housing & Land Trust Homebuyer. I/we authorize release of information without liability to the administrator/management listed above, and/or their agents.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, student status, employment, income, assets, and child support income. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation in the Centre County Housing & Land Trust Homebuyer and/or Owner-Occupied Housing Rehabilitation Programs.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, **but are not limited to:**

Bank and other Financial Institutions	Investment Companies	Support and Alimony Providers
County & Local Tax Departments	Public Assistance Agencies	Utility Providers
Educational Institutions	Retirement Systems	Veterans Administration
Employers - Past and Present	Social Security Administration	
Insurance Carrier	State Unemployment Agencies	

III. Applicant Certification

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand that I/We have a right to review this file and correct any information that is incorrect.

Applicant/Owner Printed Name	Signature	Date
Co-Applicant/Owner Printed Name	Signature	Date
Other Adult Household Member Printed Name	Signature	Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED BY THE APPLICANT.