



2801 Hunting Park Avenue
Philadelphia, PA 19129-1392

Pre-Mortgage Counseling Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ Birth Date: _____ Race: ____ Sex: M__F__

Home Phone #: _____ Work Phone #: _____

Annual Income: _____ Disability: Y____ N _____

Co-Applicant Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ Birth Date: _____ Race: ____ Sex: M__F__

Home Phone #: _____ Work Phone #: _____

Annual Income: _____ Disability: Y____ N _____

Total Combined Income: _____

For Office Use Only: Expense Ratio: Housing _____% Total Debt _____%





Dependents

Name	Age	Relationship

Applicant Income Information

Please provide copies of proof of income. Include all income sources, such as, salary, DPA, SSI, food stamps, child support, etc. Please use gross income amounts, or amount before taxes.

Source	Amount Weekly/Monthly	Yearly

Co-Applicant Income Information

Source	Amount Weekly/Monthly	Yearly

Total Family Income: _____





APPLICANT'S EMPLOYMENT HISTORY – (For past 3 years)

Employer: _____

Employer's Address: _____

Start Date: _____ Separation Date: _____ Salary: _____

Reason for Leaving: _____

Employer: _____

Employer's Address: _____

Start Date: _____ Separation Date: _____ Salary: _____

Reason for Leaving: _____

Employer: _____

Employer's Address: _____

Start Date: _____ Separation Date: _____ Salary: _____

Reason for Leaving: _____

Co-APPLICANT'S EMPLOYMENT HISTORY

Employer: _____

Employer's Address: _____

Start Date: _____ Separation Date: _____ Salary: _____

Reason for Leaving: _____

Employer: _____

Employer's Address: _____

Start Date: _____ Separation Date: _____ Salary: _____

Reason for Leaving: _____

Employer: _____

Employer's Address: _____

Start Date: _____ Separation Date: _____ Salary: _____

Reason for Leaving: _____





APPLICANT'S CREDIT HISTORY

Current Debts

Creditor's Name: _____ Account Number: _____

Balance Due: _____ Monthly Payment: _____ Term Remaining: _____

Creditor's Name: _____ Account Number: _____

Balance Due: _____ Monthly Payment: _____ Term Remaining: _____

Creditor's Name: _____ Account Number: _____

Balance Due: _____ Monthly Payment: _____ Term Remaining: _____

Creditor's Name: _____ Account Number: _____

Balance Due: _____ Monthly Payment: _____ Term Remaining: _____

Co-Applicant's Credit History

Creditor's Name: _____ Account Number: _____

Balance Due: _____ Monthly Payment: _____ Term Remaining: _____

Creditor's Name: _____ Account Number: _____

Balance Due: _____ Monthly Payment: _____ Term Remaining: _____





Creditor's Name: _____ Account Number: _____

Balance Due: _____ Monthly Payment: _____ Term Remaining: _____

Creditor's Name: _____ Account Number: _____

Balance Due: _____ Monthly Payment: _____ Term Remaining: _____

ASSETS/SAVINGS

Do you have a bank account? Yes _____ No _____

If no, are you willing to start a bank account? Yes _____ No _____

Name of Bank: _____ Address: _____

Savings Account Number: _____ Balance: _____

Checking Account Number: _____ Balance: _____

Name of Bank: _____ Address: _____

Savings Account Number: _____ Balance: _____

Checking Account Number: _____ Balance: _____

Other Assets: (Please provide documentation)

Certificate of Deposit: _____

Life Insurance: (Face Value): _____

IRA, Keogh, Annuities: _____

Profit Sharing: _____

Other: _____





DOWNPAYMENT

Will you be using a tax return check for part of the down payment and settlement costs?

Yes _____ No _____

If yes, please provide the following documents:

(1) Copy of Tax Return (2) Copy of Tax Check (3) Copy of Deposit

Will you be receiving any gifts from family members to pay for the purchase of this house?

If yes, please list the amount and from whom,

FAMILY MEMBER/RELATIONSHIP _____ GIFT AMOUNT _____

Where are the funds on deposit? BANK _____

ADDRESS _____

How will you be paying for the down payment and settlement costs for this property?

Source: _____ Amount: _____

Source: _____ Amount: _____

INFORMATION ON PROPERTY YOU WILL BE PURCHASING

Address: _____

Price: _____ Mortgage Amount: _____

Seller: _____ Phone Number: _____

Real Estate Agency: _____

RENTAL HISTORY

Present Address: _____

Landlord: _____

Monthly Payment: _____ Rented Since: _____

Is rent in arrears? Yes _____ No _____ Amount _____

Period: _____ Number of late payments: _____





Previous Address: _____

Landlord: _____

Monthly Payment: _____ Rented Since: _____

Was rent in arrears? Yes _____ No _____ Amount _____

Period: _____ Number of late payments: _____

OTHER QUESTIONS

1. Where did you hear of this housing/mortgage program?
Friend _____ Newspaper _____ Organization _____
Other _____
2. Will you be the owner-occupant of the property? Yes ___ No ___
3. Do you own other real estate? Yes _____ No _____
4. How far is the property from your current residence? _____
5. How far is the property from your previous address? _____
6. How far is the property from your family residence? _____
7. Are you a First Time Homebuyer? Yes _____ No _____





CLIENT INFORMATION RELEASE AUTHORIZATION

I/We the undersigned authorize The Allegheny West Foundation to check my credit history, to verify the information provided by me/us on this application, and to release said information to representatives of governmental agencies and the bank solely for the purpose of determining eligibility.

_____ (Signature) _____ (Date)

_____ (Signature) _____ (Date)

