



Date and Time Stamp
(PHA Office Use Only)

PHA Cash 4 Success Program Application for Homeownership

Contact Information

Name: _____

PHA Client ID #: _____ Social Security #: _____

Gender: Female Male Date of birth: ____ / ____ / ____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email: _____

Name of Emergency Contact: _____

Phone Number of Emergency Contact: _____

Household Information

Number of Adults (including yourself): _____ Number of Children (Ages 17 and under): _____

Income Information

Temporary Assistance for Needy Families (TANF):

Currently Eligible?

Yes No

Currently Receiving?

Yes No

Have Received in the Past?

Yes No

Earned Income Tax Credit (EITC):

Currently Eligible?

Yes No

Currently Receiving?

Yes No

Have Received in the Past?

Yes No

Gross Yearly **HOUSEHOLD** Income (Before Taxes): _____

Assets

| | | Value | Balance Due |
|--|--|----------|---------------------|
| Does anyone in your household own your primary residence? | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ | \$ _____ |
| Does anyone in your household own other property? | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ | \$ _____ |
| Does anyone in your household own a business? | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ | \$ _____ |
| Does anyone in your household own stocks, bonds, or other investments? | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ | |
| Does anyone in your household currently have a checking account? | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ | (Amount in account) |
| Does anyone in your household have a personal savings account? | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ | (Amount in Account) |
| Does your family own more than one vehicle(s)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

If yes, what kind of vehicles do you and your family have?
(Make/Model/Year)

| | | |
|----------|----------|----------|
| 1. _____ | \$ _____ | \$ _____ |
| 2. _____ | \$ _____ | \$ _____ |

If you or a member of your household has other assets that were not addressed in the above questions, please state what the asset is and what its value is (e.g. Certificate of Deposit):

| | | |
|-------|----------|-------------|
| _____ | \$ _____ | \$ _____ |
| Asset | Value | Balance Due |
| _____ | \$ _____ | \$ _____ |
| Asset | Value | Balance Due |

Amount/Value

Liabilities

| | | |
|---|--|----------|
| Do you have past due household bills? | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
| Does anyone in your household have outstanding student loans? | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
| Does anyone in your household have outstanding medical bills? | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |

Does anyone in your household have outstanding loans? Yes No \$ _____

Is anyone in your household carrying a credit card balance? Yes No \$ _____

If you or a member of your household has other liabilities that were not addressed in the above questions, please state what the liability is and what its value is:

_____ \$ _____ \$ _____
Liability Value Balance Due

_____ \$ _____ \$ _____
Liability Value Balance Due

Demographic Information

Ethnicity:

- African American Caucasian/white Latino or Hispanic
 Asian, Pacific Islander Native American Other: _____

Marital status:

- Single (never married) Married Separated
 Divorced Widowed

Employment status (Choose One):

- Employed more than full-time Employed full-time
 Employed part-time Currently seeking employment
 Working and in school or job training Homemaker, not seeking employment
 Laid off, waiting for call back Disabled, not seeking employment
 Currently in school or job training Retired, not seeking employment

Highest level of education completed:

- Grade K through 5 Attended or currently enrolled in college
 Grade 6 through 8 Attained 2 year degree
 Grade 9 through 12 Attained 4 year degree
 High school diploma or GED Graduated or currently attending graduate school

Do you have experience with Direct Deposit?

- Yes No

Employment Information

Employer: _____ Phone: (____) _____

Street: _____

City or Town: _____ State: _____ Zip Code: _____

Have you changed jobs in the last twelve (12) months? Yes No

If yes, please explain:

Other than yourself, how many members of your family are employed either full or part-time? _____

Please include **ALL** children and adults in the household who are formally employed and list them in the section below:

| Name of household member | Employer name | Employer phone number |
|--------------------------|---------------|-----------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

How did you hear about the PHA Cash 4 Success Program?

Signature

Date

PLEASE BRING THESE DOCUMENTS TO YOUR ORIENTATION SESSION:

| |
|---|
| • 2011 Tax Returns for all household members = proof of household income |
| • Credit Report |
| • 2 or more recent Pay Stubs |
| • EITC Verification (If Applicable) |
| • TANF Verification (If Applicable) |
| • Transcript / Admissions / Acceptance Letter or verification of enrollment |
| • Financial Aid Letter / Print Out |

Thank you for your interest! Please return the completed application to:

PHA Homeownership
Attn: Cash 4 Success Program
2850 Germantown Avenue
Philadelphia, PA 19133
Phone Number: (215) 684-8018