



LOWER NORTH PHILADELPHIA
COMMUNITY DEVELOPMENT
CORPORATION

Community Members Building Communities

LOWER NORTH PHILADELPHIA CDC HOUSING APPLICATION
3000 W. MASTER STREET, SUITE D / PHILADELPHIA, PA 19121
267-858-4266 / lnpcdc@gmail.com

Date of Application: _____

Non-Refundable Fee: \$ _____

APPLICANT INFORMATION:

Full Name: _____ Are you 21 years and over: _____

SSN: _____ Gender: _____ (not required to answer)

Race: ___ AA ___ Asian ___ Caucasian ___ Hispanic ___ Native American ___ Other
(not required to answer)

Driver's License No. _____ E-Mail: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Marital Status: circle one (married, divorced separated, single)

CO-APPLICANT DETAILS

Full Name: _____ DOB: _____

SSN: _____ Gender: _____

Race: ___ AA ___ Asian ___ Caucasian ___ Hispanic ___ Native American ___ Other

Driver's License No. _____ E-Mail: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Marital Status: circle one (married, divorced separated, single)

How did you find out about this homeownership program: ___ email ___ BSCCA ___ LNPCDC
___ Social Media ___ Text ___ Flyer ___ Newspaper ___ PHA Other: _____

Other Occupants or Dependents who may live in the home? ___ Yes ___ No

If Yes, Provide Details:

Name _____ M/F _____ Age _____

Name _____ M/F _____ Age _____

Name _____ M/F _____ Age _____

Name _____ M/F _____ Age _____

Name _____ M/F _____ Age _____



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Do you have any pets? ___ Yes ___ No

Vehicles? ___ Yes ___ No

APPLICANT: Are you a U.S. citizen or a legal permanent resident? ___ Yes ___ No

CO-APPLICANT: Are you a U.S. citizen or a legal permanent resident? ___ Yes ___ No

CURRENT RESIDENCE

Street Address: _____

City: _____ State: _____ Zip: _____

How long at this Address? _____ Current Lease Expiration Date: _____

Type (Apt, Home):

#of Bedrooms: _____ Rent Amount: \$ _____ /Month

Why do you need/want to leave your current living situation? _____

CURRENT LANDLORD (Your landlord maybe contacted to verify information listed)

Name	Address	Contact #	Email Address

PREVIOUS RESIDENCE (If current residence is less than two years; please complete this section).

Type (Apt, Home): **(Your landlord maybe contacted to verify information listed)**

Previous Landlord's Name: _____

Address: _____ Zip Code: _____

Contact Number: _____

Email Address: _____

Bedrooms: _____ Rent Amount: \$ _____ /Month How long have you lived there? _____

The following questions apply to both the applicant and co-applicant. If you answer yes to any of the questions; please explain. (If you need additional space; please use an extra sheet of paper and include it with your completed paperwork).



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Do you own the current residence? _____ Yes _____ No

Do you own any other property or land? _____ Yes _____ No

Have you ever owned any other property? _____ Yes _____ No

Do you have debt because of a court decision against you? _____ Yes _____ No

Are you currently involved in lawsuit? _____ Yes _____ No

Have you ever filed for bankruptcy? _____ Yes _____ No

Have you declared bankruptcy in the last 7 years? _____ Yes _____ No

Have you had property foreclosed on in the last 7 years? _____ Yes _____ No

Are you paying alimony or child support? _____ Yes _____ No

ADDITIONAL COMMENTS:

CURRENT EMPLOYMENT

Name of Employer: _____

Occupation/Position: _____

Street Address: _____

City: _____ State: _____

Supervisor's Name: _____

Supervisor's Contact#: _____

Supervisor's Email: _____

How Long? _____ Gross Income: \$ _____ (From Prior Year Tax Filing)

PREVIOUS EMPLOYMENT (If prior employment was less than two years; please complete this section).

Company: _____

Occupation/Position: _____

How Long? _____ Gross Income: \$ _____

Street Address: _____

City: _____ State: _____



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Supervisor's Name: _____

Supervisor's Contact #: _____

Supervisor's Email: _____

PREVIOUS EMPLOYMENT (If prior employment was less than two years; please complete this section).

Company: _____

Occupation/Position: _____

How Long? _____ Gross Income: \$ _____

Street Address: _____

City: _____ State: _____

Supervisor's Name: _____

Supervisor's Contact #: _____

Supervisor's Email: _____

Have you filed taxes? _____ Yes _____ No **Years:** _____

Do you need assistance with filing your taxes? _____ Yes _____ No

FINANCIAL INFORMATION (Assets and Debt):

Name of Bank, Savings & Loan, or Credit Union: _____

Account #: _____ Type: _____ Checking _____ Savings

Account Balance: \$ _____

Do you have cash savings over \$5,000? _____ Yes _____ No **Amount saved in cash:** \$ _____

OF CREDIT CARDS: _____

Credit Card: _____ Balance: \$ _____

Credit Card: _____ Balance: \$ _____

Credit Card: _____ Balance: \$ _____

Credit Card: _____ Balance: \$ _____

Credit Card: _____ Balance: \$ _____

Credit Card: _____ Balance: \$ _____



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Will you be able to attend the following workshops?

ATTEND CREDIT COUNSELING WORKSHOPS (____ IN-PERSON/____VIRTUAL)

ATTEND BUDGET COUNSELING WORKSHOPS (____ IN-PERSON/____VIRTUAL)

ATTEND HOUSING COUNSELING WORKSHOPS (____ IN-PERSON/____VIRTUAL)

ATTEND MINOR HOME REPAIR CLASSES (____ IN-PERSON/____VIRTUAL)

ATTEND CLASS ON HOME WARRANTY & REPAIR PROGRAM (____ IN-PERSON/____VIRTUAL)

ATTEND HOME MAINTENANCE CLASSES (____ IN-PERSON/____VIRTUAL)

ATTEND ESTATE PLANNING WORKSHOPS (____ IN-PERSON/____VIRTUAL)

MONTHLY INCOME

MONTHLY EXPENSES

GROSS MONTHLY INCOME (Before Taxes)	APPLICANT	CO-APPLICANT	MONTHLY BILLS	APPLICANT	CO-APPLICANT
Gross Employment	\$	\$	Mortgage/Rent	\$	\$
SSI			Utilities: Gas		
Social Security Disability			Electric		
TANF (Public Assistance)			Water		
Food Stamps/WIC			Car Payments		
Alimony			Insurance: Life		
Child Support			Auto		
Other			Renter's		
Other			Transportation (Fuel/Bus fare or Uber)		
Other			Student Loans		
Other			Cable/Cell/Internet		
Other			Tuition		
Other			Alimony		
Other			Child Support		
Other			Food		
Other			Clothing		
Other			Entertainment		
TOTAL					



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PERSONAL REFERENCES:

Full Name: _____ **Relationship:** _____

E-Mail: _____ **Contact #:** _____

Full Name: _____ **Relationship:** _____

E-Mail: _____ **Contact #:** _____

Full Name: _____ **Relationship:** _____

E-Mail: _____ **Contact #:** _____

I hereby certify that I am at least 18 years of age. Applicant represents that all information given on this application is true, correct and complete. Applicant hereby authorizes verification of all references and facts, including but not limited to current and previous landlords, employers, and personal references. Applicant hereby authorizes Lower North Philadelphia CDC to obtain any and all Unlawful Detainer, Credit Reports, Telechecks, and/or Criminal Background Reports. Applicant agrees to furnish additional credit and/or personal references upon request, including, but not limited to tax returns, financial statements, details of assets and liabilities, pay stubs, invoices, public records, insurance declarations and policies, and other information deemed necessary to process the enclosed application. Applicant agrees to immediately notify

Lower North Philadelphia CDC of any material changes to the financial position described in this application and any accompanying documentation, and to provide a then-current statement and documentation of Applicant's financial position, if requested. Applicant authorizes Lower North Philadelphia to contact any third party noted herein and any other sources of credit information, and further authorizes anyone so contacted to furnish such information to Lower North Philadelphia CDC as LNPCDC may request. Applicant understands that incomplete or incorrect information provided in the application may cause a delay in processing which may result in denial of tenancy. Applicant hereby waives any claim and releases from liability any person providing or obtaining said verification or additional information. Applicant agrees to indemnify and hold harmless Lower North Philadelphia CDC from and against any and all claims, demands, liabilities, damages, judgments, orders, decrees, actions, proceedings, fines, penalties, costs and expenses arising out of or caused by, directly or indirectly, (i) the disclosure of any information set forth in this application or any materials delivered to Lower North Philadelphia CDC in connection herewith, and (ii) any misrepresentation by Applicant with respect to any information set forth in this application or any materials delivered to Lower North Philadelphia CDC in connection herewith.

Applicant acknowledges that nothing contained in this application shall be deemed to be a commitment to lend. Applicant further acknowledges that Lower North Philadelphia CDC will not provide any financing described herein and it is intended that any such financing may be provided by a third-party lender or mortgage company, subject to verification of the information disclosed herein (and any accompanying documentation) and satisfaction by Applicant of any other qualification and closing conditions imposed by Lower North Philadelphia CDC and the applicable mortgage company.



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Submission of the enclosed application is subject to verification and approval by Lower North Philadelphia CDC in its sole discretion. Acceptance is not guaranteed.

Applicant's Signature _____ **Date** _____

Co-Applicant's Signature _____ **Date** _____



U.S. Department of Housing and Urban Development and Fair Housing Practices



Fair Housing and Equal Opportunity