

DATE/TIME RECEIVED
DATE: _____
TIME: _____
INITIALS OF PERSON WHO ACCEPTED THE APPLICATION: _____

PRELIMINARY APPLICATION ASSISTANCE
VENANGO COUNTY AFFORDABLE HOUSING TRUST FUND
CLOSING COSTS/DOWN PAYMENT ASSISTANCE PILOT LOAN PROGRAM
FOR FIRST-TIME HOME BUYERS

This form is to be completed by those applicants desiring to utilize the Venango County Affordable Housing Trust Fund Board's Closing Costs/Down Payment Assistance Pilot Loan Program for First-Time Home buyers. Once you have completed all items, please submit it to the Venango County Regional Planning Commission as facilitator of the program. Further, the applicant should obtain a copy of the program guidelines from the Venango County Regional Planning Commission for complete details of the program.

APPLICANT (S) NAME (S) _____
 CURRENT ADDRESS _____
 APPLICANT=S TELEPHONE NUMBER: (H) _____ (W) _____
 (CELL) _____

If you have lived at your current address for less than 12 months, please list the last two (2) addresses:
 Address 1: _____ Address 2: _____

1. FAMILY SIZE

Total number of persons in household _____.
 Please list all household members below.

RELATIONSHIP	NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH
Head of Household			
Co-Head of Household			

2. **INCOME**

Income is defined as, but not limited to: **Wages and salaries; social security benefits; unemployment or workmen=s compensation; private and public pensions; dividends; interest; rental income; welfare; child support; disability payments.** The County of Venango will secure documentation of each household member=s income and project it over a 12-month period.

Total income of ALL members of the household _____.

Please list all sources of income below.

HOUSEHOLD MEMBER	TYPE OF INCOME (WAGES, SSI, WELFARE, PENSION)	SOURCE	FREQUENCY (WEEKLY, BI-WEEKLY, SEMI- MONTHLY, MONTHLY)	AMOUNT

3. **FIRST TIME HOME BUYER**

Have you or other members of your household previously owned a home in the last 3 years?

YES___ NO___ If YES, please explain:

4. **PRINCIPAL RESIDENCE**

Will this be your primary residence?

YES___ NO___

5. **HOME LOCATION AND PURCHASE PRICE**

Is the house you want to buy located in Venango County, Pennsylvania?

YES___ NO___

If YES, please give the address:

Purchase Price \$ _____

6. **RESIDENCY**

Have you lived in Venango County prior to the date of this application?

YES___ NO___ Dates of Residency: _____

7. **DOWN PAYMENT**

Do you understand that you must contribute from your own savings/assets a minimum of 2% of the purchase price?

YES___ NO___

8. MANDATORY FIRST TIME HOME OWNER TRAINING

To be eligible for this program, you must obtain a certificate from an approved, Housing Ownership Training Program. Do you currently have a certificate from a First-Time Home Buyer Training Program? YES___ NO___

If YES, please include a copy of the certificate with this application.

If NO, you must make the necessary arrangement to participate and successfully complete a First-Time Home Buyer Program.

9. ADDITIONAL INFORMATION

Please provide any additional information that you feel may help the Venango County Affordable Housing Trust Board with its decision. Such information may include but is not limited to previous place(s) of employment, residency over the years, etc.

10. APPROVAL/PREAPPROVAL

Please provide the necessary documentation with this application of your preapproval (or approval) from a lending institution that does business from an office located in Venango County or from a licensed mortgage broker who maintains an office in Venango County that will be used in conjunction with the Venango County Affordable Housing Trust assistance. The approved interest rate cannot be more than 3 percent above the 30-year fixed rate average for banking institutions located in Venango County. A copy of the appraisal of the home must be submitted. Broker fee not to exceed 3% of the 1st mortgage amount.

11. REFERRAL

Please indicate who referred you to this program or where you first heard about this program. _____

CERTIFICATION OF INFORMATION

I/We do hereby certify that the above information is true, accurate, and complete to the best of my/our knowledge.

I/We understand that I/we will be asked to sign releases to verify the information on this application or any other information as it pertains to this application.

I/We understand that any misrepresentation of information or failure to disclose information requested in the application may disqualify me/us from consideration for this grant.

(Borrower) Date (Co-borrower, if applicable) Date

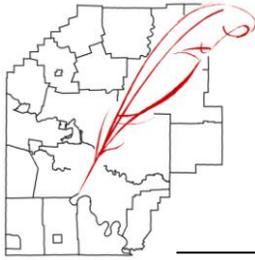
OFFICE USE ONLY

DO NOT WRITE BELOW THIS LINE

Date Reviewed _____

Is the applicant eligible? _____ YES _____ NO

If NO, why not _____



Venango County Regional Planning Commission

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*Planning Venango
County's future.
It's your county.*

VENANGO COUNTY AFFORDABLE HOUSING TRUST FUND CLOSING COSTS/DOWN PAYMENT ASSISTANCE PILOT LOAN PROGRAM FOR FIRST-TIME HOMEBUYERS RELEASE OF INFORMATION

I authorize and direct any federal, state, or local agency, organization, business or individual to release to the County of Venango any information or materials needed to complete and verify my application for participation in the Closing Costs/Down Payment Assistance Pilot Loan Program for First-Time Homebuyers. I understand that all the information obtained with this application will be given to and used by the County of Venango for verification of my eligibility for this program and will be held in the strictest confidence.

I authorize the County of Venango to allow the primary lending institution to release family income, property appraisal information, and any other information that pertains to this program.

I authorize the County of Venango to verify information that pertains to the individuals listed on the application that includes but is not limited to past and present employers, Department of Public Welfare, child support providers, credit providers and credit bureaus, utility companies, current and previous landlords, and public housing authorities.

I also consent for the County of Venango to release any information from my file to credit bureaus, collection agencies, and utility companies. This includes records on my mortgage and tax payment history.

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for the Closing Costs/Down Payment Assistance Pilot Loan Program for First-Time Homebuyers.

I agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file with the County of Venango. I understand that I have the right to review my file and correct any information that I can prove is incorrect.

I understand that according to Title 18 of the United States Code, Section 1001, it is a criminal offense to willfully make false statements or misrepresentations to any Department or Agency of the United States or to any local entity that administers programs under their jurisdiction.

Applicant

Date

Co-Applicant

Date

APPROVED BY THE AFFORDABLE HOUSING TRUST BOARD ON July 7, 2009