

**HOMEBUYER ASSISTANCE PROGRAM
WASHINGTON COUNTY
PRE-APPLICATION**

Please complete this form and return **BY MAIL ONLY** to:

Redevelopment Authority of the County of Washington
100 West Beau Street, Suite 603
Washington, PA 15301

1. Applicant(s): _____
Name Social Security #

Name Social Security #

2. Present mailing address: _____
Street

City State Zip code

3. Home Telephone #: _____ Daytime Telephone #: _____

4. Current Housing Status: Owner _____ Renter _____

If you are presently a renter, please complete the following information:

Name of Landlord: _____ Phone: _____

Years renting from Landlord: _____

5. Have you ever owned a home? Yes _____ No _____ If yes, when? _____

6. Number of Persons including yourself, living in your present home: _____

7. Do you understand that you are required to attend a Homebuyer Counseling Class for the Homebuyer Assistance Program? Yes _____ No _____

8. Do you understand that you are required to contribute 3% of the purchase price of the home? Yes _____ No _____

9. Do you understand that you are required to have a satisfactory credit history? Yes _____ No _____

10. Do you understand that you are required to occupy the house as your principal residence? Yes _____ No _____

11. Number of persons, including yourself, that will be living in the home you plan to purchase through the Homebuyer Assistance Program: _____

12. Household Composition & Income: You must list in the chart below the name of every person including children that would live in the house to be purchased and their gross income and source.

	NAME	AGE	MONTHLY AMOUNT OF GROSS INCOME	SOURCE
Ex.	Jane Doe	39	\$ 1,400	employment
1			\$	
2			\$	
3			\$	
4			\$	
5			\$	
6			\$	
7			\$	
8			\$	
TOTAL GROSS INCOME			\$	

13. Did you file an Income Tax Return with the Federal Government last year? Yes ____ No ____
 If yes, what was the amount of annual adjusted gross income you reported? \$ _____

In accordance with the Fair Housing Act of 1988, the American Disabilities Act of 1990, the Equal Credit Opportunity Act, and the Rehabilitation Act of 1973, as amended; the Redevelopment Authority of the County of Washington does not discriminate on the basis of race, color, religion, sex, handicap, familial status, national origin, marital status, or age.

NOTE: All financial information is kept confidential and is used only for the purpose of determining eligibility for this program.
WARNING: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willfully false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction. In addition, if you give false information or fail to report any income, you may have to pay back part or all of the money paid by the government on your behalf, as well as standing a chance of losing your home.

I (We) agree that all information given on this pre-application is correct. I (We) agree that the Redevelopment Authority may obtain and review my (our) credit report(s). I (We) agree that the Redevelopment Authority may provide information contained in this pre-application to Community Action Southwest for the purpose of contacting applicants about credit counseling.

Signature of Applicant(s) _____ Date _____

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