

Pennsylvania Interfaith Community Programs, Inc.  
40 East High Street, Gettysburg, PA 17325  
Homeownership Enrollment Form

**Applicant** \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell# \_\_\_\_\_ E-mail \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Marital Status: Married \_\_\_\_ Unmarried \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_

**Co-Applicant** \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell# \_\_\_\_\_ E-mail \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Marital Status: Married \_\_\_\_ Unmarried \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_

**Please list all dependents:**

Full Name	Age	Sex (M or F)

Applicant

Occupation \_\_\_\_\_ Number of years in present occupation \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

If less than 2 years at present employer:

Previous Employer's Name \_\_\_\_\_

Previous Employer's Address \_\_\_\_\_

Co-Applicant

Occupation \_\_\_\_\_ Number of years in present occupation \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

If less than 2 years at present employer:

Previous Employer's Name \_\_\_\_\_

Previous Employer's Address \_\_\_\_\_

Please list any part time jobs held by applicant and/or co-applicant

Employer's Name & Phone Number \_\_\_\_\_

Employer's Address \_\_\_\_\_

**ASSETS**

(Please list all checking accounts, savings accounts, IRA, etc.)

Bank	Acct#	Balance

**MONTHLY DEBTS**

(Please list all installments, auto, personal and student loans, lines of credit, revolving charge cards, etc.)

Creditor	Acct#	Balance	Minimum Payment

Do you pay for child care? \_\_\_\_\_ Weekly \_\_\_\_\_

**PRESENT HOUSING EXPENSE**

Do you currently receive Housing Choice Voucher Rental subsidy? \_\_\_\_\_

Do you rent? \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Have you ever been more than 15 days late on your rent? \_\_\_\_\_

If yes, how many times? \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

**CREDIT HISTORY**

Have you ever filed for bankruptcy? \_\_\_\_\_ When was it filed and discharge? \_\_\_\_\_

Do you have any outstanding judgments or collections? \_\_\_\_\_

Are you liable to pay child support or alimony? \_\_\_\_\_ If so, how much per week? \_\_\_\_\_

Have you ever owned a home before? \_\_\_\_\_ If so, what happened to it? \_\_\_\_\_

\_\_\_\_\_

MONTHLY WORK INCOME = pay per hour x hours worked per week x 52 weeks a year ÷ 12

	Pay per hour	#hrs. Worked per week	Monthly Amount
Applicant			
Co-Applicant			

OTHER INCOME	Name of Recipient	Monthly Amount
Social Security Benefits		
Child Support		
Alimony		
VA Benefits		
Other, Explain		
Other, Explain		
Total Family Monthly Income		

- Please send along with enrollment form the following for intake of application and credit report:
  - \$25.00 for a single applicant or married couple
  - 50.00 for applicant and co-applicant
- Please make check payable to Pennsylvania Interfaith Community Programs, Inc.
- Please indicate if you are paying by check or money order.  
 Check \_\_\_\_\_ Money order \_\_\_\_\_

I/we understand that Pennsylvania Interfaith Community Programs, Inc. (PICPI) services are available to income eligible individuals and families.

I/we agree that a credit report may be obtained solely for the purpose of identification of debt to pre-qualify for a mortgage. It is not to be used to deny or approve a mortgage application.

I/we hereby authorize PICPI to request any information they deem necessary to determine my/our eligibility for this program, i.e.; Employers, Realtors, Mortgage Companies, etc.

My/our receipt of any or all related services or assistance from PICPI or its affiliates does not guarantee a mortgage loan, house or any tangible or intangible benefits.

THE UNDERSIGNED DO HEREBY CERTIFY THAT ALL THE INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF THEIR ABILITY.

Head of Household \_\_\_\_\_ Date \_\_\_\_\_

Spouse or Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

You must also fill out USDA form Authorization to Release Information.

"This institution is an equal opportunity provider."