

**PRE-APPLICATION
FIRST TIME HOME BUYERS PROGRAM**

The Lackawanna County Department of Planning and Economic Development will use the information on this form to determine if you will be considered for participation in the First Time Home Buyers Program Public Lottery. This is a PRE-APPLICATION and should not be considered an application for a mortgage loan. **PLEASE FILL OUT COMPLETELY!**

| | |
|-------|-------------------------|
| NAMES | SOCIAL SECURITY NUMBERS |
| 1) | |
| 2) | |

| | | | | |
|----------------|------|--------|-------|----------|
| STREET ADDRESS | CITY | COUNTY | STATE | ZIP CODE |
| | | | | |

LIST ALL INDIVIDUALS (INCLUDING APPLICANT(S)) BY NAME, AGE AND RELATIONSHIP, WHO WILL RESIDE IN PURCHASED PROPERTY:

| | | | | | |
|------|-----|--------------|------|-----|--------------|
| Name | Age | Relationship | Name | Age | Relationship |
| | | | | | |
| | | | | | |

LIST EMPLOYMENT DATA FOR ALL PERSONS WHOSE INCOME(S) WILL BE USED TO MEET FAMILY OBLIGATIONS:

| Name | Current Employer | Part/Full Time | Date Started | Position | Gross/Monthly |
|------|------------------|----------------|--------------|----------|---------------|
| 1) | | | | | |
| 2) | | | | | |

IF YOU ARE NOT EMPLOYED, DO YOU RECEIVE UNEMPLOYMENT COMPENSATION? YES _____ NO _____

FULL AMOUNT \$ _____ PARTIAL AMOUNT \$ _____ BENEFITS EXPIRE ON: _____

DO YOU RECEIVE INCOME FROM ANY OTHER SOURCE? YES _____ NO _____

LIST ALL OTHER SOURCES OF INCOME: (e.g. INTEREST, DIVIDENDS, PENSIONS, WORKERS COMPENSATION, CHILD SUPPORT, etc):

| Source | Amount Monthly | Description |
|--------|----------------|-------------|
| 1) | | |
| 2) | | |

PLEASE INDICATE THE SOURCE AND AMOUNT OF FUNDS YOU HAVE AVAILABLE FOR PURCHASE:

| | Amount | Depository Name/Address |
|---------------------|--------|-------------------------|
| Checking Account(s) | | |
| Savings Account(s) | | |
| Other | | |
| TOTAL: | | |

| | |
|--|--|
| HAVE YOU EVER FILED BANKRUPTCY? Yes ___ No ___ | ARE YOU PRE-APPROVED FOR A MORTGAGE LOAN? Yes ___ No ___ |
| ANY OUTSTANDING JUDGEMENTS AGAINST YOU? Yes ___ No ___ | HAVE YOU COMPLETED HOUSING COUNSELING? Yes ___ No ___ |
| HAVE YOU EVER OWNED A HOME? Yes ___ No ___ | |
| HAVE YOU EVER LOST PROPERTY TO FORECLOSURE: Yes ___ No ___ | |

I/WE FULLY UNDERSTAND THAT ANY INTENTIONAL MISREPRESENTATION OR OMISSION ON MY PART OF ANY FINANCIAL INFORMATION REQUESTED BY THE COUNTY OF LACKAWANNA WILL RESULT IN DENIAL OF ASSISTANCE.

| | |
|-----------------------|--------------------------|
| Applicant's Signature | Co-Applicant's Signature |
| Home Phone | Home Phone |
| Date | Date |
| Business Phone | Business Phone |