

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

The Lackawanna County Office of Economic and Community Development will use the information on this form to determine if you can be considered for participation in the First Time Home Buyers Program. This is a PRE-APPLICATION and should not be considered to be an application for a mortgage loan.

NAMES	SOCIAL SECURITY NUMBERS
1)	
2)	

STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
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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: i.e. INTEREST, DIVIDENDS, PENSIONS, COMPENSATION, FOOD STAMPS, CHILD SUPPORT:

Source	Amount Monthly	Description
1)		
2)		

HAVE YOU EVER FILED BANKRUPTCY? Yes ___ No ___

ANY OUTSTANDING JUDGEMENTS AGAINST YOU? Yes ___ No ___

HAVE YOU EVER OWNED A HOME? Yes ___ No ___

HAVE YOU EVER LOST PROPERTY TO FORECLOSURE: Yes ___ No ___

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:		

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 _____