

**APPLICATION
FIRST TIME HOME BUYERS PROGRAM**

The Lackawanna County Department of Planning and Economic Development will use the information on this form to determine your eligibility for participation in the Lackawanna County Act 137 First Time Home Buyers Program.

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 ___

ANY OUTSTANDING JUDGEMENTS AGAINST YOU? Yes ___ No ___

HAVE YOU EVER OWNED A HOME? Yes ___ No ___

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

ARE YOU PRE-QUALIFIED THROUGH NHS? Yes ___ No ___

HAVE YOU COMPLETED NHS HOUSING COUNSELING? 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 _____

Business Phone _____

Date _____

Business Phone _____