

**WELLINGTON HEIGHTS HOME OWNERSHIP APPLICATION**

**City of Chester**  
**Chester Economic Development Authority**  
**511 Welsh Street, 3<sup>rd</sup> Floor, P.O. Box 407**  
**Chester, PA 19016-0407**  
**Phone 610-447-7850 or 1-800-654-5984 (AT & T Relay Center)**

**APPLICANT:**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone # \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Disabled: Yes ( ) No ( )

Employer's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Job Position/Title \_\_\_\_\_  
Type of Business \_\_\_\_\_ Years in Profession \_\_\_\_\_

**CO-APPLICANT:**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone # \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Disabled: Yes ( ) No ( )

Employer's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Job Position/Title \_\_\_\_\_  
Type of Business \_\_\_\_\_ Years in Profession \_\_\_\_\_

**STATEMENT OF INCOME:**

	<b>Applicant</b>	<b>Co-Applicant</b>
Employment (gross monthly pay)	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Veteran's Benefits	\$ _____	\$ _____
State Welfare Assistance	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Rental Income	\$ _____	\$ _____
Support Payments	\$ _____	\$ _____
Other (explain) _____	\$ _____	\$ _____
Applicant's Total Income From All Sources	_____	_____

**Dependent(s): children of applicant and co-applicant**

Name	Age	Social Security No.	Source of Income	Monthly Income

Joint Custody: Applicants with joint custody of children must provide proof of dependency as evidenced on recent tax return in order to consider children as part of household size.

**Others & Their Income(s)**

Please provide the following information for all others who will reside in the newly purchased property regardless of whether or not they are purchasing the property.

Name	Age	Social Security No.	Source of Income	Monthly Income

Are you currently enrolled in the CCIP/CEDA HAP Program?  Yes  No

Are you currently working with a Realtor?  Yes  No

Name of Agent and Office \_\_\_\_\_  
 Phone # \_\_\_\_\_

Have you ever owned a home?  Yes  No

If yes, explain (when, where, dates of ownership & sale, etc.):

\_\_\_\_\_

Have you ever filed bankruptcy?  Yes  No Date bankruptcy filed \_\_\_\_\_

Has bankruptcy been discharged?  Yes  No Date of discharge \_\_\_\_\_

Are you a Veteran?  Yes  No

**APPLICANTS' ASSETS:**

	Applicant	Co-Applicant
Checking Account	\$ _____	\$ _____
Saving Account	\$ _____	\$ _____
401K Account	\$ _____	\$ _____
Gift Funds	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total Assets:	\$ _____	\$ _____

**APPLICANTS' MONTHLY DEBT (Minimum payments required by creditor):**

	Applicant	Co-Applicant
Charge Accounts	\$ _____	\$ _____
Student Loans	\$ _____	\$ _____
Car Loans	\$ _____	\$ _____
Alimony/Support	\$ _____	\$ _____
Personal Loans	\$ _____	\$ _____
Other (Explain) _____	\$ _____	\$ _____
_____	\$ _____	\$ _____

**Total Monthly Debt:**

\$ \_\_\_\_\_

I/We acknowledge that the information I/We have provided in this application is true and accurate to the best of my/our knowledge. I/We have given this information to the Chester Economic Development Authority (CEDA) for the purpose of purchasing a home in the City of Chester. I/We understand that CEDA will verify the information I/We have provided in this application. I/We give CEDA permission to obtain a credit report about me/us and I/We understand that approval under the program is subject to the verification of the information through the credit report and other means available to CEDA.

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT:** U.S.C. Title 18, Section 1001, provides "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five years, or both."

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-Applicant's Signature**

\_\_\_\_\_  
**Date**