



Delaware County Delinquent Mortgage Assistance Application Checklist *Administered by Media Fellowship House*

The documents and application must be gathered/completed and returned to our office before an appointment is scheduled. Once received, we will reach out to schedule an appointment. Applications can be dropped off at our office Monday through Thursday 9 to 4, or there is a locked drop box outside our office for after hours.

- **Complete all pages of the application**
- **Please gather copies of the following items and return them with your application**

Identification

- ☐ Photo ID (for all adults on the mortgage or deed)
- ☐ Social Security Card (for all adults on the mortgage or deed)
- ☐ Names and Birthdates of everyone in the household

Proof of Housing

- ☐ Most recent escrow mortgage disclosure statement (*Call mortgage company to request*)
- ☐ Documentation of current home insurance (*Request declaration page*)

Documentation of Housing Issues (*All that apply to you*)

- ☐ Act 91 or Act 6 (Act 91 notice? Call Clarifi at 215-563-5665 to start a HEMAP application)
- ☐ Correspondence from landlord or mortgage company
- ☐ Notice of Sheriff's Sale or Upset Sale
- ☐ Bills for past due taxes (municipal, real estate & school taxes)
- ☐ Proof of payment plan on back taxes and documentation of payments (if applicable)
- ☐ Documentation of any liens against your property
- ☐ Documentation of back due Condo or HOA Fees (monthly & annual)
- ☐ Chapter 7 or Chapter 13 bankruptcy: documentation if still open OR discharge paperwork
- ☐ Shut-off notice for any utilities
- ☐ Bills for back due Trash and Sewer bills

Proof of income (*for all members of the household 18 or older*)

- ☐ Last month of paystubs
- ☐ Documentation of other income (Social Security, SSDI, Pensions, Unemployment, etc.)
- ☐ 2021 and 2022 1040s, w2s and 1099s

OR transcripts for each year from the IRS www.irs.gov/individuals/get-transcript

Bank Accounts (*for all members of the household 18 or older*)

- ☐ Last 3 months of bank statements for all savings and checking accounts
- ☐ Statements for retirement accounts such as 401(k)s, IRAs, etc. (if applicable)
- ☐ Statements for money markets, CDs, etc. (if applicable)

Bills (*All that apply to you*)

- ☐ Current bill for electric, gas, water, cable, internet, cell phone, home phone, HOA/Condo, car ins, life ins, sewer, trash, tuition, etc.
- ☐ Tax Bills for current year (municipal, real estate and school taxes)
- ☐ Current bill for all Credit cards
- ☐ Current Mortgage statements (for all mortgages on the property)
- ☐ Current Loan statements (car loans, student loans, personal loans, installment loans etc.)
- ☐ Documentation of payment plan with IRS on overdue income tax



Applicant Information				Co-Applicant Information			
Name:				Name:			
Email:				Email:			
Phone:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Phone:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Best Time to Contact:		Preferred method: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Email <input type="checkbox"/> Work		Best Time to Contact:		Preferred method: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Email <input type="checkbox"/> Work	
Preferred Language:				Preferred Language:			
DOB:		SSN:		DOB:		SSN:	
How long with Current Employer:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		How long with Current Employer:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
_____ Years _____ Months				_____ Years _____ Months			
Annual Gross Income:				Annual Gross Income:			
Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____				Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____			
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino				Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino			
Race:				Race:			
Military Status: <input type="checkbox"/> None <input type="checkbox"/> Active <input type="checkbox"/> Veteran				Military Status: <input type="checkbox"/> None <input type="checkbox"/> Active <input type="checkbox"/> Veteran			
Highest Education: <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> Bachelor's <input type="checkbox"/> Masters <input type="checkbox"/> PHD <input type="checkbox"/> Other: _____				Highest Education: <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> Bachelor's <input type="checkbox"/> Masters <input type="checkbox"/> PHD <input type="checkbox"/> Other: _____			
Marital Status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widowed				Marital Status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widowed			
Street:							
City:		State:		Zip Code:		County:	
Living Status: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Friends <input type="checkbox"/> Live with Parents <input type="checkbox"/> Homeless				Do you own more than one property? <div> <div>Applicant</div> <div>Co-Applicant</div> </div> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No			
How did you hear about us?				Do you have any rental units? <div> <div>Applicant</div> <div>Co-Applicant</div> </div> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No			
Household: <input type="checkbox"/> Single <input type="checkbox"/> Married w/o Dependents <input type="checkbox"/> Married with Dependents <input type="checkbox"/> Singled Parent Female <input type="checkbox"/> Single Parent Male <input type="checkbox"/> 2+ unrelated Adults							
Total # of people in household:		Total # of dependents:		I have received the handout on Fair Housing Rights. / Initials			
Reason for housing instability:							



Homeowner Information

Type of Loan?

Does your loan have mortgage insurance?

Who insures your loan?

Loan Servicer:

Phone:

Email:

Loan Number:

Loan Balance:

Monthly Payment:

Number of Loan Payments missed:

Interest rate:

Is it a fixed rate?

Have you received an Act 91 or Act 6 notice?

Name of Condo Association or HOA:

Phone number:

Address:

Back taxes owed for:

Year	Township Tax	Real Estate Tax	School Tax

Financial Information: Income

Income for all household members 18 years old or older (H.H. Member) must be disclosed.

MONTHLY INCOME:	Applicant:	Co-Applicant	H.H. Member #1 _____	H.H. Member #2 _____
Salaries/Wages:				
Bonuses:				
Overtime:				
Commission:				
Fees:				
Tips:				
Armed Forces:				
Unemployment:				
Alimony/Child Support				
Welfare/TANF:				
Social Security:				
SSI:				
SSDI:				
Death Benefits:				
Disability Income:				
Worker's Comp:				
Severance Pay:				
Pension:				
Retirement Funds:				
Annuities:				
Insurance Policies:				
Business Income:				
Interest Dividends				
Other:_____				
Other:_____				
Other:_____				
Other:_____				

Applicant Name
Applicant Signature
Date

Co-Applicant Name
Co-Applicant Signature
Date

Financial Information: Bank Accounts

Assets for all household members 18 years old or older (H.H. Member) must be disclosed.

MONTHLY INCOME:	Applicant:	Co-Applicant	H.H. Member #1 _____	H.H. Member #2 _____
Checking Account #1	\$ _____	\$ _____	\$ _____	\$ _____
Bank:				
Checking Account #2	\$ _____	\$ _____	\$ _____	\$ _____
Bank:				
Savings Account #1	\$ _____	\$ _____	\$ _____	\$ _____
Bank:				
Savings Account #2	\$ _____	\$ _____	\$ _____	\$ _____
Bank:				
Retirement Acct #1	\$ _____	\$ _____	\$ _____	\$ _____
Held by:				
Retirement Acct #2	\$ _____	\$ _____	\$ _____	\$ _____
Held by:				
Retirement Acct #3	\$ _____	\$ _____	\$ _____	\$ _____
Held by:				
Gift Funds	\$ _____	\$ _____	\$ _____	\$ _____
From:				
Other:	\$ _____	\$ _____	\$ _____	\$ _____
Source:				
Other:	\$ _____	\$ _____	\$ _____	\$ _____
Source:				

Applicant Name

Applicant Signature

Date

Co-Applicant Name

Co-Applicant Signature

Date

Bankruptcy	Applicant	Co-Applicant
Have you ever filed bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chapter 7 or Chapter 13?		
When?		
Has the bankruptcy been discharged?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Expenses	Monthly Payment	Expenses	Monthly Payment	Expenses	Monthly Payment
Mortgage		Tobacco products		Children's Activities	
HOA/Condo Fees		Formula/Diapers		Allowance	
Home Repairs		Groceries		Tuition	
Home Insurance		Eating Out		Alimony pmts	
Taxes		School Lunches		Child Support pmts	
Storage Unit		Clothing		\$ to family/friends	
Gas & Electric		Laundromat		Alcohol	
Water & Sewer		Dry Cleaning		Gambling/ Lottery Tickets	
Trash/Recycling		Hair Cuts		Bank Charges/Fees	
Lawn Care		Toiletries/Hair Care		IRS pmt (income taxes)	
Cell Phone		Manicure/Pedicure		Court Costs/Fines	
Landline		Massages		401(k) deductions	
Internet		Prescriptions		Health Savings deduction	
Cable/Streaming		Co-Pays		Life Insurance	
Car Payment 1		Church/Charity		Medical Insurance	
Car Payment 2		Entertainment		# of Student Loans: _____	
Auto Insurance		Gym Membership		Total min. pmt. (all loans)	
Fuel/Gas		Day Care/Babysitter		# of Credit Cards: _____	
Car Repair		Vacation		Total min. pmt. (all cards)	
Toll Roads		Hobbies		# of Installment Loans: _____	
Parking		Presents		Total min. pmt. (all loans)	
Bus/Taxi/Uber		Pets		# of Personal Loans: _____	
Union Dues		Monthly Subscriptions		Total min. pmt. (all loans)	
Uniforms		App purchases		Other:	
Tools		Family/School Pictures		Other:	
Coffee		School/Sport Fundraisers		Other:	

Applicant Name

Applicant Signature

Date

Co-Applicant Name

Co-Applicant Signature

Date

Authorization, Disclosure, Privacy Statement (3-in-1)

MY PERSONAL INFORMATION AND COUNSELING SERVICES

By signing this form I agree to share my personal financial and other private information. Signing this form also allows lenders and the Counseling Agency to discuss my accounts, credit, and finances, and to share my nonpublic personal information, described in the Privacy Policy provided with this authorization.

I understand that funders provide grants to make the counseling services possible, and that the Counseling Agency shares my information with these funders. These funders review Counseling Agency files, including my file, and may contact me to evaluate the counseling services that I receive.

I authorize my Counselor and the Counseling Agency to negotiate for me. The counseling services are offered free of charge, and neither the Counselor, nor the Counseling Agency, guarantees any result or outcome. I may be referred to other housing agencies for their services.

I understand that my Counselor cannot offer me legal or other professional advice or representation. If I need legal or other professional services I can ask my Counselor for information about referral services.

Counseling Services Checklist

Client must initial all items that are applicable:

- ☒ I have been verbally advised of the fee schedule, if any, prior to services being provided
- ☐ I have discussed Home Buyer Options and related Pre-Purchase topics and I have received the HUD forms: "Ten Important Questions to Ask Your Home Inspector" & "For Your Protection: Get a Home Inspection"
- ☒ I have received and reviewed a copy of the Fair Housing Pamphlet
- ☒ I understand that the counselor will discuss my budget with me and I will receive a copy of my budget
- ☒ I understand that the counselor will discuss my Action Plan with me and I will receive a copy of my Action Plan
- ☒ I understand the counselor will explain the next steps needed to reach my financial goal to my satisfaction
- | | |
|--|---|
| <input type="checkbox"/> Homebuyer Counseling | <input type="checkbox"/> Homebuyer Education |
| <input type="checkbox"/> Homeowner Counseling | <input type="checkbox"/> Homeowner Education |
| <input checked="" type="checkbox"/> Delinquency and Default Counseling | <input type="checkbox"/> Delinquency and Default Education |
| <input type="checkbox"/> Reverse Mortgage Counseling | <input type="checkbox"/> Fair Housing Education |
| <input type="checkbox"/> Tenant Counseling | <input type="checkbox"/> Homelessness and Displacement Counseling |
- ☐ I want to buy a home in the next six (6) months
- ☐ I want to buy a home, but not in the next six (6) months
- ☐ Other programs, services, or products:

Counseling Agency Information

Counselor Name:	<u>Bridget Ryan</u>	Phone:	<u>610-565-0434</u>
Counseling Agency:	<u>Media Fellowship House</u>	Email:	<u>bridget@mediafellowshiphouse.org</u>
RX Client Number:	<u></u>	Fax:	<u>610-565-8567</u>

PRIVACY POLICY

This Counseling Agency respects the privacy of the people that come to us for assistance. We understand that the matters you discuss with us are very personal. All spoken and written information shared with us will be managed with our legal and ethical obligations to you taken into consideration. We will not sell your personal information and we only share it to provide you with counseling services.

Authorization, Disclosure, Privacy Statement (3-in-1) - HSCP

MY PERSONAL INFORMATION AND COUNSELING SERVICES

By signing this form I agree to share my personal financial and other private information. Signing this form also allows lenders and the Counseling Agency to discuss my accounts, credit, and finances, and to share my nonpublic personal information, described in the Privacy Policy provided with this authorization.

I understand that funders provide grants to make the counseling services possible, and that the Counseling Agency shares my information with these funders. These funders review Counseling Agency files, including my file, and may contact me between now and June 30, 2026, to evaluate the counseling services that I receive.

I authorize my Counselor and the Counseling Agency to negotiate for me. The counseling services are offered free of charge, and neither the Counselor, nor the Counseling Agency, guarantees any result or outcome. I may be referred to other housing agencies for their services.

I understand that my Counselor cannot offer me legal or other professional advice or representation. If I need legal or other professional services I can ask my Counselor for information about referral services.

Counseling Services Checklist

- ☐ I have been verbally advised of the fee schedule, if any, prior to services being provided
- ☐ I understand that the counselor will discuss my budget with me and I will receive a copy of my budget
- ☐ I understand that the counselor will discuss my Action Plan with me and I will receive a copy of my
- ☐ Action Plan I understand the counselor will explain the next steps needed to reach my financial goal to my satisfaction
- ☐ Default and Delinquency Counseling – includes Foreclosure Intervention Services
- ☐ Tenant/Rental Housing Counseling
- ☐ Homeless Prevention Counseling
- ☐ Other programs, services, or products:

Counseling Agency Information

Counselor Name:	<u>Bridget Ryan</u>	Phone:	<u>610-565-0434 x103</u>
Counseling Agency:	<u>Media Fellowship House</u>	Email:	<u>bridget@mediafellowshiphouse.org</u>
RX Client Number:	<u></u>	Fax:	<u>610-565-8567</u>

PRIVACY POLICY

This Counseling Agency respects the privacy of the people that come to us for assistance. We understand that the matters you discuss with us are very personal. All spoken and written information shared with us will be managed with our legal and ethical obligations to you taken into consideration. We will not sell your personal information and we only share it to provide you with counseling services.

Your "nonpublic personal information" (including total debt information, income, living expenses, and personal information concerning your financial circumstances) will be shared with creditors, funders, and others only after you sign the Counseling Services Authorization. We may also collect, use, and share anonymous aggregated case file information to evaluate our services, to gather valuable research information, and to design future programs.

Types of Information That We Gather About You:

- Spoken or written information on applications and other documents, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

You May Opt-Out If You Do Not Want Us to Share Your Information:

- You may "opt-out" to prevent the disclosure of your nonpublic personal information to third parties (such as your creditors).
- If you opt-out we cannot share your nonpublic information and we cannot answer questions from your creditors. We need to share your information to provide you with most services.
- You may opt-out at any time by calling the Counseling Agency at the phone number listed on the Counseling Services Authorization provided with this Privacy Policy.

How We Use Your Information:

- If you do not opt-out we may share information that we collect about you with your creditors or others if we think it would be helpful to you, would help us counsel you, or when required by funders that make our services possible.
- We may share information about you to anyone as permitted or as required by law (e.g., if a court requires us to provide it with documents).
- Within our organization, we restrict access to your information to those employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards to protect your information as required by federal and state law.

Client Authorization

By signing below I authorize my employers, lenders, creditors, servicers, and others to share personal and financial information with my Counselor and the Counseling Agency. I authorize my Counselor and the Counseling Agency to collect information about my accounts and to share this information with others, including funders, as needed to provide counseling services, to seek assistance from programs, or for related products and services. I authorize funders to contact me to evaluate programs that I participate in.

CLIENT NAME(S):

CLIENT SIGNATURE(S):

DATE:

1. _____

2. _____

COUNSELING AGENCY DISCLOSURES

For Client:

Please Initial

I understand I am **not** obligated to receive, purchase, or use services or products from the Counseling Agency, its partners, or any organization I am referred to by the Counseling Agency.

The Counseling Agency has described in detail the different types of services provided and any exclusive, financial or other relationship between the Counseling Agency and any other industry partners that may be relevant to my services, including the relationship between the Counseling Agency and funders.

I have been offered information on alternative services, programs, and products.

For Counseling Agency:

In compliance with all programmatic disclosure and conflict of interest requirements set forth in 24 C.F.R. Part 214, 2 C.F.R. § 200.112, HUD Handbook 7610.1 REV-5, and any applicable HUD and funder requirements, below is a description of various types of services provided and financial relationships between funders and the Counseling Agency as well as any other industry partners. This list may include, but is not limited to, any other services offered by the Counseling Agency such as utility assistance, rental assistance, rental properties or lender services. This list should be tailored to the specific services sought by the client.

- Pennsylvania Housing and Finance Agency (PHFA)

- Housing and Urban Development (HUD)

- Housing and Community Development - Delaware County

- Pennsylvania Homeowner Assistance Fund (PAHAF)

UNDERSTANDING YOUR FAIR HOUSING RIGHTS

IS THE KEY TO PROTECTING THEM

The Fair Housing Act protects individuals' fair housing rights from discrimination when they are renting or buying a home, getting a mortgage, seeking housing assistance or engaging in other housing-related activities. Additional protections apply to federally-assisted housing.

The Act prohibits discrimination in housing because of:

- Race
- Color
- National Origin
- Religion
- Sex
- Familial Status
- Disability

Most types of housing are covered by the Act. Exemptions include limited circumstances such as owner-occupied buildings with no more than four units, single-family houses sold or rented by the owner without the use of an agent and housing operated by religious organizations and private clubs that limit occupancy to members.

Prohibited Actions That Impact Your Fair Housing Rights

It is illegal discrimination to take any of the following actions because of race, color, religion, sex, disability, familial status or national origin when it comes to renting or selling a home:

- Refusal to rent or sell housing
- Refusal to negotiate for housing
- Otherwise making housing unavailable
- Setting different terms, conditions or privileges for sale or rental of a dwelling
- Providing a person different housing services or facilities
- Falsely denying that housing is available for inspection, sale or rental
- Making, printing or publishing any notice, statement or advertisement with respect to the sale or rental of a dwelling that indicates any preference, limitation or discrimination
- Imposing different sales prices or rental charges for the sale or rental of a dwelling
- Using different qualification criteria for applications, or sale or rental standards or procedures, such as income standards, application requirements, application fees, credit analyses, sale or rental approval procedures or other requirements
- Evicting a tenant or a tenant's guest
- Harassing a person
- Failing to perform or delaying performance of maintenance or repairs
- Limiting privileges, services or facilities of a dwelling
- Discouraging the purchase or rental of a dwelling
- Assigning a person to a particular building or neighborhood or section of a building or neighborhood
- For profit, persuading, or trying to persuade, homeowners to sell their homes by suggesting that people of a particular protected characteristic are about to move into the neighborhood (blockbusting)
- Refusal to provide or discriminating in the terms or conditions of homeowners insurance because of the race, color, religion, sex, disability, familial status, or national origin of the owner and/or occupants of a dwelling
- Denying access to or membership in any multiple listing service or real estate brokers' organization

In mortgage lending, the following actions affecting your fair housing rights are prohibited:

- Refusal to make a mortgage loan or provide other financial assistance for a dwelling
- Refusal to provide information regarding loans

- Imposing different terms or conditions on a loan, such as different interest rates, points or fees
- Discriminating in appraising a dwelling
- Conditioning the availability of a loan on a person's response to harassment
- Refusal to purchase a loan

Harassment, Disabilities and Other Prohibitions

The Fair Housing Act makes it illegal to harass persons based on these protected characteristics. Among other things, this forbids sexual harassment.

The Act also protects the fair housing rights of persons with disabilities. Housing providers must make reasonable accommodations and allow reasonable modifications that may be necessary to allow persons with disabilities to enjoy their housing. Certain multifamily housing must be accessible to persons with disabilities.

In addition, threatening, coercing, intimidating or otherwise interfering with anyone exercising their fair housing rights or assisting others who exercise their rights counts as discrimination. Retaliating against someone who has filed a fair housing complaint or assisted in an investigation also falls under this label.

REPORT HOUSING DISCRIMINATION

If you believe you have been discriminated against in your efforts to find housing, report your experience. You can file complaints with the following organizations:

HUD: *Complaints must be filed within 1 year from the date of the incident*

- Call 1-888-799-2085 (HUD's TDD number is 1-800-877-8339)
- To file an online complaint: visit www.hud.gov and click on "File a Discrimination Complaint"
- Email a complaint to complaintsoffice03@hud.gov
- Mail a complaint to HUD FHEO, Attn: Intake Branch, 100 Penn Square East, Philadelphia, PA 19107

PA Human Relations Commission: *Complaints must be filed within 180 days of the incident*

- Call 215-560-2496
- Visit www.phrc.pa.gov to download complaint forms

Housing Equality Center of Pennsylvania:

- Call 267-419-8918
- Visit www.equalhousing.org

Disability Rights PA

- Visit www.disabilityrightspa.org
- Email intake@disabilityrightspa.org
- Contact the office closest to you:

Philadelphia Office:

The Philadelphia Building, 1315 Walnut Street, Suite 500, Philadelphia, PA 19107-4798

Phone: Call 215-238-8070 Email: drnpa-phila@drnpa.org



APPLICATION

Date Completed: _____

Date Received: _____

Reviewed by: _____

*Application for a **Delco CARES** Homeowner Assistance Program grant must be made by the Homeowner and, if relevant, Co-Homeowner. This application package must be completed and submitted along with the applicable supporting documents. If necessary, additional documentation may be required. Applications will be processed in the order received.*

This application is for:

☐ Mortgage Assistance

☐ Utility Assistance

☐ Both

Section 1: APPLICANT INFORMATION

Applicant Name: _____ **Date of Birth:** _____

Address: _____

Municipality: _____ **Zip Code:** _____

Telephone Numbers: _____ (Cell)
_____ (Home)
_____ (Work)

E-mail Address: _____

Co-Applicant Name: _____ **Date of Birth:** _____

Telephone Numbers: _____ (Cell)
_____ (Home)
_____ (Work)

E-mail Address: _____

Section 2: OWNER DEMOGRAPHIC INFORMATION

The race and ethnicity information below is requested solely for the purpose of determining compliance with Federal civil rights law and for the U.S. Department of Housing and Urban Development reporting requirements.

Your response will not affect consideration of your application.

Applicant Ethnicity (Please check one): ☐ Hispanic/Latino ☐ Non-Hispanic/Latino

Applicant Race (Please check one):

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian and White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Black/African American and White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native American/Alaskan Native and White |
| <input type="checkbox"/> Native American/Alaskan Native | <input type="checkbox"/> Native American/Alaskan Native and Black/African American |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Other/Multi-Racial |

Section 3: PROPERTY & MORTGAGE DETAILS

1. Is the property your primary residence? YES NO
2. Does the property contain any rental unit(s)? YES NO
3. Do you have a mortgage on the property? YES NO
First Mortgage Value: \$ _____ Second Mortgage Value: \$ _____
4. Are there any liens/judgements on the property? YES NO
If yes, please describe: _____
5. Are taxes current? YES NO
6. Have you ever filed for bankruptcy? YES NO
If Yes, what year did you file? _____
7. Do you own any other real estate? YES NO
If yes, please provide address and date of purchase: _____

Section 4: HOUSEHOLD COMPOSITION

1. Is the Head of Household a female? (Circle one) YES NO
2. How many people live in the Household? _____
How many of these are adults (18 and over)? _____
How many of these are young children (6 or under)? _____
How many of these have a disability? _____

List the Head of the Household first, and then all individuals who live in the house. Indicate relationship of each member as Husband, Wife, Child, Aunt, etc.

Full Name	Relationship	Age

Please attach another sheet if necessary

Section 5: HOUSEHOLD INCOME and ASSETS

Attach documentation of your household income/assets as of January 1, 2020 or the period prior to being impacted by the Coronavirus pandemic. Documentation must include the 2019 Federal Tax Return (with required Schedules), the 2019 W-2 and two (2) months of pay stubs from the period prior to unemployment for **all household members over the age of 18** who reside at in the household.

What Is Income?

- Wages, salaries, tips, etc. (Provide 3 most recent paystubs for all household members over the age of 18)
- Taxable interest
- Dividends
- Taxable refunds, credits, offsets of State and local income taxes
- Alimony (or separate maintenance payments) received
- Business income (or loss)
- Capital Gain (or loss)
- Other gains (i.e. assets used in a trade or business that were exchanged or sold)
- Taxable amount of individual retirement accounts (IRA) distributions. (Includes simplified employee pension (SEP) and savings incentive match plan for employees (SIMPLE IRA)
- Taxable amount of pension and annuity payments
- Rental real estate, royalties, partnerships, S corporations, trusts, etc.
- Farm Income (or loss)
- Unemployment compensation payments
- Taxable amount of social security benefits
- Other income (Including prizes, awards, gambling, Lottery, raffle winnings, and periodic assistance or any other payments or contributions which are received on a recurrent basis and which might be reasonably expected to continue).

Complete the following table for household income as of January 1, 2020:

Two months of documentation must be provided for each income or indicated. Additional documentation may be required if necessary to verify program eligibility.

	Applicant	Co-Applicant	Other Household Member over 18	Other Household Member over 18
Name				
Wages, Salaries, Tips				
Interest and Dividends				
Taxable Refunds				
Alimony				
Business Income				
Capital Gain				

IRA Distributions				
Pensions, Annuities				
Unemployment				
Social Security				
Other Income				
TOTAL ANNUAL INCOME				

Please attach another sheet if necessary

As of January 1, 2020:

Total annual household income of all Adults (18 or over) living in the household \$ _____

Complete the following table for household assets as of January 1, 2020:

Two months of documentation must be provided for each account or asset indicated. Additional documentation may be required if necessary to verify program eligibility.

Type of Asset	Name of Account Holder	Name of Bank/Depository	Balance
Savings Accounts			
Checking Accounts			
Stocks, Bonds			
CDs			

Please attach another sheet if necessary

Section 6: CORONAVIRUS IMPACT

You may be requested to provide relevant documentation.

Since **March 1, 2020**:

- | | | | |
|---|-----|----|--|
| 1. Has any household member become sick with COVID-19? | YES | NO | |
| 2. Has any household member chosen to leave a job due personal or familial health concerns? | YES | NO | |
| 3. Has any household member lost a job? | YES | NO | |
| 4. Has any household member lost income due to reduced hours? | YES | NO | |
| 5. Has any household member filed for unemployment compensation? | YES | NO | |
| 6. Has any household member received governmental assistance? | YES | NO | |

If you answered YES to any of the questions, briefly describe: _____

Complete the following table for current household income:

Two months of documentation must be provided for each income or account indicated. Additional documentation may be required if necessary to verify program eligibility.

	Applicant	Co-Applicant	Other Household Member over 18	Other Household Member over 18
Name				
Wages, Salaries, Tips				
Other Income (support from family/friends)				
Current Checking Account Balance(s)				
Current Savings Account Balance(s)				

As of date of application:

Total annual household income of all Adults (18 or over) living in the household \$ _____

I, , certify all information provided in this application, including the following statements to be true by my initial next to each statement and by providing my signature on the form.

Initial the following that you are certifying to as part of your application for assistance:

I have a loss of income as a direct result of the COVID-19 pandemic, equal to or exceeding the grant amount.

I have not been reimbursed, nor will I apply for future reimbursement for the amount of income loss, for the months of mortgage grant funds have/will be provided, by any program of insurance or other government program.

Initial the following, as relevant:

_____ State funds applied for or received related to COVID-19, explain: _____

_____ Federal funds applied for or received related to COVID-19, explain: _____

PAHAF and/or PHFA Mortgage Assistance funds applied for or received related to COVID-19, explain: _____

_____ Other funds applied for or received related to COVID-19, explain: _____

_____ Any other mortgage assistance applied for or received: _____

Applicant's Signature Date

Co-Applicant's Signature Date

ADDITIONAL CERTIFICATIONS

The following certifications are required by law for federally funded programs:

1. I certify that I as the property owner am:

☐ A citizen of the United States

☐ A legal resident Alien

2. I certify that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining a grant under Title I of the Housing and Community Development Act of 1974 and is true and complete to the best of the Applicant(s) knowledge and belief.

3. I understand that under the U.S.C. Title 18, Section 1001, any untruthful or deliberately misleading statements made by me on this application or my use of any untruthful or misleading statement on a document supporting this application can result in prosecution under Federal Law, and that I can be fined, not more than \$10,000 and/or imprisoned for more than five (5) years if found guilty.

4. (Initial) I have received the **Delco CARES Program Guide** and will abide by the policies and procedures as outlined within it.

5. (Initial) I will provide required supplemental documentation as required for this application and understand that additional documentation may be required to verify eligibility and, if approved, process funding.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Please use the Checklist on the next page to make sure that your application is complete.

Only complete applications will be reviewed.

Return application with required documentation to:

Media Fellowship House
302 S. Jackson Street
Media, PA 19063
Attn: Housing Counselor

If you have any questions, please contact Media Fellowship House at (610) 565-0434
or email bridget@mediafellowshiphouse.org