



## Media Fellowship House Housing Stability Counseling Program

Media Fellowship House is committed to empowering households by providing them with the guidance, resources, and advocacy needed to overcome obstacles and secure stable housing arrangements. In the face of unprecedented economic uncertainties, exacerbated by the COVID-19 pandemic, ensuring housing stability for all is paramount. The Housing Stability Counseling Program offers comprehensive support through personalized counseling sessions. Our dedicated team is committed to understanding your unique circumstances and providing tailored solutions.

Whether you're struggling financially, facing foreclosure, or need guidance in navigating the housing market, we're here to support you every step of the way. Together, we can build a stronger, more resilient community where every individual and family has access to safe, stable, and affordable housing options.

To schedule an appointment, please submit a completed application and the following applicable documents.

Applications can be dropped off at our office Monday through Friday 9 to 3, or there is a locked drop box outside our office where the application and documents can be left after office hours (in an envelope with your name on it).

### APPLICATION CHECKLIST

#### Identification

- ☐ Photo ID (for all adults on the mortgage or lease)
- ☐ Social Security Card (for all household members)

#### Proof of Housing

- ☐ Copy of Mortgage/Deed (if homeowner)
- ☐ Copy of Rental Lease Agreement (if renter)
- ☐ Documentation of Current Home Insurance (request declaration page from Home Insurance Company)

#### Proof of Income and Banking Information (for all household members 18 years and older)

- ☐ 2 months of proof of income (ex: pay stubs, SSI, child support)
- ☐ 2 months of bank statements (all pages, no summary statements)
- ☐ 2 years of tax returns (all pages and schedules; transcripts available at IRS.gov)

#### Documentation of Housing and Financial Hardship (all that apply to you)

- ☐ Act 91 or Act 6 (if applicable)
- ☐ Correspondence from mortgage company, tax department, HOA and/or Home Insurance
- ☐ Notice of Sheriff's Sale or Upset Sale
- ☐ Judgment and/or Eviction Notice
- ☐ Bills for past due taxes (municipal, real estate & school taxes)
- ☐ Proof of Payment Plan on back taxes and documentation of payments
- ☐ Documentation of any liens against your property
- ☐ Documentation of back due Condo or HOA Fees (monthly and 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
- ☐ Hardship letter (dated and signed letter explaining your circumstance and plan to retain home)



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 style="display: flex; justify-content: space-between;"> <div> <b>Applicant</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div> <b>Co-Applicant</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div>			
How did you hear about us?				Do you have any rental units? <div style="display: flex; justify-content: space-between;"> <div> <b>Applicant</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div> <b>Co-Applicant</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div>			
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. <span style="border: 1px solid black; padding: 2px 10px;"> / </span> <div style="text-align: right; font-size: small;">Initials</div>			
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.

<b>MONTHLY INCOME:</b>	<b>Applicant:</b>	<b>Co-Applicant</b>	<b>H.H. Member #1</b> _____	<b>H.H. Member #2</b> _____
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.

<b>ASSETS:</b>	<b>Applicant:</b>	<b>Co-Applicant</b>	<b>H.H. Member #1</b>	<b>H.H. Member #2</b>
<b>Checking Account #1</b>	\$	\$	\$	\$
Bank Name				
<b>Checking Account #2</b>	\$	\$	\$	\$
Bank Name				
<b>Savings Account #1</b>	\$	\$	\$	\$
Bank Name				
<b>Savings Account #2</b>	\$	\$	\$	\$
Bank Name				
<b>Retirement Acct #1</b>	\$	\$	\$	\$
Held by				
<b>Retirement Acct #2</b>	\$	\$	\$	\$
Held by				
<b>Retirement Acct #3</b>	\$	\$	\$	\$
Held by				
<b>Gift Funds</b>	\$	\$	\$	\$
From				
<b>Other:</b>	\$	\$	\$	\$
Source				
<b>Other:</b>	\$	\$	\$	\$
Source				

Applicant Name

Applicant Signature

Date

Co-Applicant Name

Co-Applicant Signature

Date

<b>Bankruptcy</b>	<b>Applicant</b>	<b>Co-Applicant</b>
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

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

Applicant Name	Applicant Signature	Date
Co-Applicant Name	Co-Applicant Signature	Date



## CORONAVIRUS IMPACT

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: \_\_\_\_\_

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## Media Fellowship House

### Termination of Assistance Policy

As a participant of Media Fellowship House's Housing Counseling programs, it is your responsibility to follow through and comply with the following:

- Report any changes in income, employment and assets
- Report any new household members living with you
- Meet with your counselor as required
- Actively participate with your counselor
- Actively work towards your housing goals
- Comply with all counseling program rules and regulations

### Dismissal Procedures

It is expected that any client participating in Media Fellowship House's housing programs will follow through with the policies and procedures of the programs or they may be terminated from the programs. The following is a non-exhaustive list of conditions that will result in termination of your case:

- Falsifying or withholding information
- No longer eligible for the program as per program requirements
- Choosing not to work towards your housing goals
- Not following the policies of the housing programs
- No longer communicating with or responding to communications from the housing counselor or counseling agency

THE ACT OF WITHHOLDING OR FALSIFYING INFORMATION AT ANY TIME DURING YOUR PARTICIPATION IN THIS PROGRAM (INCLUDING APPLICATION AND ASSESSMENT), IS CONSIDERED PROGRAM NON-COMPLIANCE AND WILL RESULT IN YOUR IMMEDIATE TERMINATION FROM THE PROGRAM.

Please sign below to indicate that you have read and fully understand the above stated contents.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
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 checked="" 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>Misty Farrow</u>	Phone:	<u>610-565-0434</u>
Counseling Agency:	<u>Media Fellowship House</u>	Email:	<u>Misty@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)

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):

1. \_\_\_\_\_  
2. \_\_\_\_\_

CLIENT SIGNATURE(S):

\_\_\_\_\_  
\_\_\_\_\_

DATE:

\_\_\_\_\_  
\_\_\_\_\_

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

## COUNSELING AGENCY DISCLOSURES

For Client:

**Please Initial**

\_\_\_\_\_ 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](http://www.hud.gov) and click on "File a Discrimination Complaint"
- Email a complaint to [complaintsoffice03@hud.gov](mailto: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](http://www.phrc.pa.gov) to download complaint forms

## Housing Equality Center of Pennsylvania:

- Call 267-419-8918
- Visit [www.equalhousing.org](http://www.equalhousing.org)

## Disability Rights PA

- Visit [www.disabilityrightspa.org](http://www.disabilityrightspa.org)
- Email [intake@disabilityrightspa.org](mailto: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](mailto:drnpa-phila@drnpa.org)