



## 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                           |  | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work                                |  |
| Best Time to Contact:   |  | Preferred method:  |  | Best Time to Contact:   |  | Preferred method:  |  |
|   |  | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Email <input type="checkbox"/> Work |  |   |  | <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   |  | How long with Current Employer:   |  | <input type="checkbox"/> Full Time   |  |
| _____ Years _____ Months  |  | <input type="checkbox"/> Part Time   |  | _____ Years _____ Months  |  | <input type="checkbox"/> Part Time   |  |
| 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           |  | 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: _____                      |  |   |  | <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 |  |  |  | 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 |  | Do you own more than one property? |  | <b>Applicant</b>   |  | <b>Co-Applicant</b>                                      |  |  |  |
| <input type="checkbox"/> Live with Parents <input type="checkbox"/> Homeless   |  |                                    |  | <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?                            |  | <b>Applicant</b>   |  | <b>Co-Applicant</b>                                      |  |
|  |  |                                    |  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

Household:  Single  Married w/o Dependents  Married with Dependents  Singled Parent Female  Single Parent Male  2+ unrelated Adults

|                                       |  |                              |  |  |  |
|---------------------------------------|--|------------------------------|--|--|--|
| Total # of people in household: _____ |  | Total # of dependents: _____ |  | I have received the handout on Fair Housing Rights. _____ / _____<br><small>Initials</small> |  |
|---------------------------------------|--|------------------------------|--|--|--|

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<br>_____ | H.H. Member #2<br>_____ |
|-----------------------|------------|--------------|-------------------------|-------------------------|
| 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 \_\_\_\_\_



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

# 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 [ww.equalhousing.org](http://ww.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)