TENFOLD COMMUNITY LENDING
YORK HOMEBUYER ASSISTANCE PROGRAM APPLICATION

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GENERAL INFORMATION   Date:

	APPLICANT	CO-APPLICANT
Full Name		
Date of Birth / Age		
Marital Status *(Must have documentation of separation)*	☐ Single ☐ Married ☐ Separated_____Months	☐ Single ☐ Married ☐ Separated_____Months
Home Phone (Incl. Area Code)		
Cellular Phone (Incl. Area Code)		
E-Mail Address		
Present Address (Street)		
City, State, Zip Code		
☐ Own ☐ Rent No. Yrs. _____	Monthly Rent/Mortgage Pymt.:	$
Landlord/Manager Name:		Phone:
Address:		

Household Member Name(s)	Date of Birth	Relationship to Applicant	Social Security #	Have Income?
				☐ Y ☐ N
				☐ Y ☐ N
				☐ Y ☐ N
				☐ Y ☐ N
				☐ Y ☐ N
				☐ Y ☐ N

Do you expect any changes to your household in the next twelve (12) months? ☐ Y ☐ N

If yes, explain:_____

ETHNICITY/RACE: *(For HUD Statistical Reporting Purposes)*
Please check (a) one ethnic group and (b) one or more race group that identifies the Head of Household

(a) Ethnic Group: ☐ Hispanic or ☐ Non-Hispanic
(b) Race Group: ☐ White ☐ Black/African American ☐ Asian ☐ American Indian/Alaskan Native
☐ Native Hawaiian/Other Pacific Islander   ☐ Other:

STUDENT STATUS: *(Higher Education Only)*

Is any household member, age 18 or older, currently a student of higher education? ☐ Y ☐ N

If yes, please list name(s):_____

Name of educational facility:_____

EMPLOYMENT INFORMATION:

	APPLICANT	CO-APPLICANT
Employer Name		
Employer Address		
City/State/Zip Code		
Employer Phone #		
Position/Title		
Time/Dates Employed		
Pay Rate & Frequency/# Hours		

If currently employed in more than one position, complete the following:

	APPLICANT	CO-APPLICANT
Employer Name		
Employer Address		
City/State/Zip Code		
Employer Phone #	( )	( )
Position/Title		
Time/Dates Employed		
Pay Rate & Frequency/# Hours		

NOTE: Attach additional sheets as necessary for ALL EMPLOYED household members age 18 and older

OTHER SOURCES OF INCOME:
(For ALL Household Members age 18 and Older) List Business or Rental Income, Child Support, Alimony, Social Security, Pensions, Unemployment or Workers Compensation, Long Term Disability, Welfare, etc.

Name of Recipient	Type of Income	Gross Annual Income
		$
		$
		$
		$
		$

ASSETS AND ASSET INCOME:
(For ALL Household Members, Including Minors) List all Checking, Savings or Club Accounts, IRA, Annuity, 401K, 403B, CD, Mutual Funds, Stocks, Bonds, Savings Bonds, Life Insurance Policies, etc.

Type of Asset:	Asset Value	Bank/Ins. Co. Name	Account #	Annual Asset Income
	$			$
	$			$
	$			$
	$			$
	$			$

LIABILITIES:

(For ALL Household Members 18 and Over) List Credit Card Debt, Auto/Personal/Mortgage Loans, etc.

Type: (Credit/Loan, etc.)	Creditor's Name	Balance Owed	Monthly Payment
		$	$
		$	$
		$	$
		$	$
		$	$
Total Monthly Payments:			

I/We hereby certify that the above information is true, complete and correct, and that I/We have provided information for <u>all</u> members of my/our household and any changes expected within the next twelve (12) months. I/We understand that failure to disclose all information regarding my household's eligibility for homebuyer assistance may be cause for denial of my/our application.

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department of the United States as to any matter within its jurisdiction.

_____
Applicant Signature and Date

_____
Co-Applicant Signature and Date