



Mmb 02/08/10

REASON FOR APPLICATION (Mark all that apply)

- Pre-Purchase Homeownership
- Rental Housing
- Fair Housing Issues
- Credit/Budgeting/Refinancing
- Mortgage Delinquency/Foreclosure
- Eviction/Homelessness

Sponsored by:  
 Housing Authority of the County of Butler  
 114 Woody Drive, Butler PA 16001  
 Telephone: 724/287-6797 1-800-433-6327  
 E-Mail: bcha@housingauthority.com



## BUTLER COUNTY HOMEOWNERSHIP – HOUSING COUNSELING PROGRAM APPLICATION

Please return to: Housing Authority of the County of Butler, 114 Woody Drive, Butler PA 16001

Applicant First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Co-Applicant First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Telephone \_\_\_\_\_  
*(must provide home, work, or cell)*

Are you currently a Butler County Resident?  Yes  No If yes, how long? \_\_\_\_\_

Do you currently  own  rent How long? \_\_\_\_\_ Monthly rent/mortgage payment \$ \_\_\_\_\_.

Original Mortgage date? \_\_\_\_\_ Have you refinanced?  Yes  No If yes when? \_\_\_\_\_

Do you own any other properties?  Yes  No If yes, indicate location \_\_\_\_\_

**Are you a client in any of our following programs?**

**Section 8 Rental Assistance**  Yes  No **Public Housing Client?**  Yes  No **Family Self-Sufficiency**  Yes  No

**Have you ever filed bankruptcy, or had any judgments /liens placed against you?** \_\_\_ Yes \_\_\_ No  
**Bankruptcy discharge date** \_\_\_\_\_

**Do you own a reliable vehicle?** \_\_\_ Yes \_\_\_ No Initial \_\_\_\_/\_\_\_\_



Total **gross** annual income for last year \$ \_\_\_\_\_  
 Total household members \_\_\_\_\_


Household monthly Net Income \$ \_\_\_\_\_

**INCOME SOURCE** (past two years) Please list most recent employment first.

| Name                | Income Source (Employment, SS, SSI, Child Support, Pension, Alimony, etc.) | Dates Employed | Annual Salary |
|---------------------|--|----------------|---------------|
| Applicant           |  |                |               |
|                     |  |                |               |
| <i>Co-Applicant</i> |  |                |               |
|                     |  |                |               |

**BANK ACCOUNTS** (\*Savings, Checking, CD, Stocks, Mutual Funds, etc.)

| Bank/Savings Institution | *Type of Account | Current Balance |
|--------------------------|------------------|-----------------|
|                          |                  |                 |
|                          |                  |                 |

 Where did you hear about this program? \_\_\_\_\_



Initial \_\_\_\_/\_\_\_\_



## **PROGRAM AGREEMENT**

Initial\_\_\_\_/\_\_\_\_

I/We certify that the information given to the Butler County Homeownership Program regarding household composition, income, assets, employment, landlords and credit history is accurate and complete to the best of my/our knowledge and belief. I/We also understand that any false statements or information are grounds for rejection of assistance from the Butler County Homeownership Program.

The information is collected by the Housing Authority to determine an applicant's eligibility for the Butler County Homeownership Program and utilizes the "Home Counselor online" data collection system (HCO). It will be used to provide the basis for managing the programs covered by this form and for verifying the accuracy of the information furnished.

## **CREDIT REPORT AUTHORIZATION**

Initial\_\_\_\_/\_\_\_\_

I hereby authorize and instruct Butler County Homeownership Program to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by Butler County Homeownership Program. I understand and agree that Butler County Homeownership Program intends to use the credit report for the purpose of evaluating my financial readiness and resources available.

Initial\_\_\_\_/\_\_\_\_

In determining my ability to obtain a loan, I authorize Butler County Homeownership Program to share with potential mortgage lenders my credit report and any information that I have provided including any computation and assessments that have been produced based upon such information. These lenders may contact me to discuss loans for which I may be eligible.

Initial\_\_\_\_/\_\_\_\_

In addition for billing purposes and program evaluation to provide additional resources, I authorize Butler County Homeownership Program to share with counseling agencies my information and allow the counseling agencies to review my file for program monitoring purposes. In addition I permit to have my credit pulled two additional times to conduct program evaluations. These counseling agencies may contact me to discuss counseling services.

\_\_\_\_PHFA    \_\_\_\_USDA

# **HOUSING COUNSELING CLIENT DISCLOSURE FORM**

Initial\_\_\_\_/\_\_\_\_

I have been informed by the Butler County Homeownership Program that I am not required to use any other services or products offered by the housing counseling agency or any of its affiliates. This is including but not limited to the Housing counseling program, Public Housing Program, Family Savings Account Program, Family Self Sufficiency Program, Emergency Repair Program, Home Repair Grant Program, Homeless Housing, or Section 8 Rental Assistance.

Initial\_\_\_\_/\_\_\_\_

I understand that I may revoke any consent to these disclosures by notifying Butler County Homeownership Program in writing, signed and dated by all parties.

\_\_\_\_\_  
**Client Name Print**

\_\_\_\_\_  
**Client Signature**

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

\_\_\_\_\_  
**Client Name Print**

\_\_\_\_\_  
**Client Signature**

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



## **What to Expect from the Housing Counseling Program**

If you are a first time homebuyer and are getting started in the Home buying process we suggested enrolling into our Homebuyer Education Class and taking that before you schedule your first appointment. This class gives a general overview of the purchasing process and what to expect. It is a group workshop with speakers to present information.

Once an application is submitted you will be contacted to schedule an appointment with Housing Counselor. At this time please bring the following items that pertain to your situation:

1. **Hardship Letter**-This is if foreclosure prevention, a letter and supporting documentation outlining the events which have caused you difficulty in maintaining your monthly house payment.
2. **Income Tax Returns**- The two most recent years' tax returns.
3. **Pay Stubs**- The two most recent pay stubs.
4. **Bank Statements**- The two most recent month's bank statements, including checking and savings.
5. **Year to Date Profit and Loss statement**- (If Applicable) A statement received when self employed
6. **Household Budget**
7. **(2) Utility Bills**
8. **All mortgage information-Last mortgage statement; Lender contact information**
9. **Act 91, or any correspondences from Mortgage Company**

### **At your first scheduled appointment the housing counselor will do the following:**

- Upon your signed permission- run and review credit report
  - complete credit counseling and make a plan for improvement if needed
- Create and review a household budget
- Complete an analysis of your current situation and create a plan of action
- If you are in foreclosure or attempting to avoid foreclosure different options will be discussed and a work out packet maybe completed.