



**Media Fellowship House**  
302 S. Jackson Street  
Media, PA 19063  
610-565-0434 FAX: 610-565-8567  
[www.mediafellowshiphouse.org](http://www.mediafellowshiphouse.org)

Delaware County First Time Homebuyer Program  
Administered by Media Fellowship House

Dear First Time Homebuyer:

I'd like to thank you for your inquiry regarding Delaware County's First Time Homebuyer Program. Actually, there are two programs that are very similar but with some important differences you should know about. The purpose of both programs, **Homeownership First** and **Revitalization Homeownership First**, is to provide financial assistance to qualified low and moderate income families interested in purchasing their first home in specific areas of Delaware County. This financial assistance is designed to help with down payment and/or closing costs associated with buying a home.

To qualify for both programs, you must be at least 18 years old and have not owned a property for the three years prior to the date of your application. You may also qualify if you are a displaced homemaker. Your household's income must be at or below the limits on the attached chart and you may **NOT** have signed an Agreement of Sale for any property prior to undergoing the **required group and individual counseling sessions**. You must provide at least \$1,000 towards the purchase of your home and the purchase price may not exceed \$209,000. You may not purchase a home in Chester City, Haverford Township or Upper Darby Township and all houses must be a single family dwelling. For both programs, the financial assistance is in the form of a 0% interest loan which must be repaid upon sale or transfer of the property unless you take part in the **Revitalization Homeownership First Program**. Total financial assistance will not exceed \$5,000.

Here are the differences...you choose where to buy:

1. **Homeownership First Program:**

- Must pay back the financial assistance upon sale or transfer of the property
- Homes must be purchased in the following communities: *Aston, Bethel, Brookhaven, Chadds Ford, Chester Heights, Concord, Edgmont, Marple, Media, Middletown, Nether Providence, Newtown, Radnor, Rose Valley, Springfield, Swarthmore, Thornbury, Upper Chichester and Upper Providence.*

2. **Revitalization Homeownership First Program:**

- Financial assistance does not have to be paid back if you live in the house for 5 years.
- Homes must be purchased in the following communities: *Aldan, Chester Township, Clifton Heights, Collingdale, Colwyn, Darby, East Lansdowne, Eddystone, Folcroft, Glenolden, Lansdowne, Lower Chichester, Marcus Hook, Millbourne, Morton, Norwood, Parkside, Prospect Park, Ridley Township, Ridley Park, Rutledge, Sharon Hill, Tinicum, Trainer, Upland and Yeadon.*

If you are interested in either program and make less than the attached income limits, complete the enclosed application in full. Use only **ONE** application for each program and we'll contact you after receiving it. **DO NOT FAX** the application and only send us **COPIES** of the required documents.

Updated 9/1/17

**DELAWARE COUNTY  
HOMEOWNERSHIP FIRST REVITALIZATION PROGRAM  
MEDIA FELLOWSHIP HOUSE**

**IMPORTANT DISCLAIMERS**

**Lead Based Paint:**

Due to Lead Based Paint Hazard regulations, the Delaware County Homeownership First Revitalization Program can not accept properties that have deteriorated interior or exterior painted surfaces. The regulations define deteriorated paint as “any interior or exterior or other coating that is peeling, chipping, chalking, or any paint or coating located on an interior or exterior surface or fixture that is otherwise damaged or separated from the substrate.”

These regulations have serious ramifications for all Delaware County Homeownership First applicants and clients. If your selected property (with an MFH approved Agreement of Sale) fails item *11. Lead Based Paint* on the HQS inspection form, it will no longer be considered an eligible property for the program. You will need to begin shopping for another home. You will not be reimbursed for the cost of the initial home inspection. If, in spite of the LBP regulation, you elect to purchase the failing property, you will forfeit any and all financial assistance from the Delaware County Homeownership First Revitalization Program.

**Funding:**

Funding for the program is limited. Funds will be made available on a first-come, first served basis until all funds are exhausted

**2018 Income Limits:**

To qualify for either program, your current household income may not exceed 80% of the Median Family Income (MFI) for the area. Remember that household income includes the income of all household members, at least 18 years old, who will be residing in the new property. The MAXIMUM gross annual income limits are as follows:

<b>Household Size</b>	<b>Maximum Annual Income</b>
<b>1</b>	<b>\$46,600</b>
<b>2</b>	<b>\$53,250</b>
<b>3</b>	<b>\$59,900</b>
<b>4</b>	<b>\$66,550</b>
<b>5</b>	<b>\$71,900</b>
<b>6</b>	<b>\$77,200</b>
<b>7</b>	<b>\$82,550</b>
<b>8</b>	<b>\$87,850</b>

## **DELAWARE COUNTY HOMEOWNERSHIP FIRST PROGRAM**

- Purpose:** To provide homeownership opportunities to first time homebuyers in Delaware County through pre and post purchase homeownership counseling, as well as, downpayment and closing cost assistance.
- Eligible Homebuyers:** Low and moderate income first time homebuyers, purchasing a home in Delaware County. A first time homebuyer is someone who has not owned a home in the last three (3) years, or is a displaced homemaker. Homebuyers are only eligible for funds through the Homeownership First Program once.
- Eligible Properties:** Single family, residential, owner occupied houses (detached, twin, rowhouse, townhouse or apt. condominium) which are in compliance with County housing quality standards. Renter occupied properties, duplexes and properties that are located in and pay property taxes to Chester City, Haverford Township or Upper Darby Township are also not eligible.
- Homebuyer Assistance:** Each borrower will be evaluated based upon income, credit history, and available assets. Total assistance will not exceed \$5,000. Down- payment assistance will be limited to an amount equal to 2% of the sales price of the home. The balance of funds will be applied to eligible closing costs as needed.
- Terms of Assistance:** 0% interest loan that is only repayable upon sale or transfer of the property. Loans that are made in County designated Revitalization Areas are forgiven **if** the homeowner remains in the home for 5 years.
- Primary Lenders:** Applicants are required to secure a first mortgage. Local banks or mortgage companies will be encouraged to offer discounted interest rates and fees for first time buyers. First mortgages must be 30 year fixed, at or below market interest rate, with no more than three points charged, and have a minimum 95% loan to value ratio.
- Minimum Contribution:** A minimum of \$1,000 toward the purchase of the home must come from the borrower. Typically, lenders will require at least 3.5% of the sales price from the borrower's savings. A borrower's liquid assets after settlement, excluding retirement funds, may not exceed \$5,000.00
- Additional Requirements:** Eight hours of group homeownership counseling and at least one individual counseling session are mandatory. A Certificate of Achievement for the successful completion of the homeownership counseling will be issued once the client establishes good credit and completes their Action Plan.
- Maximum Sale Price:** \$209,000.00
- Contact:** Media Fellowship House (610) 565-0434

## APPLICATION CHECKLIST

In order to evaluate your financial situation, certain documents need to be submitted to Media Fellowship House for review and evaluation. Before mailing your application, please be sure to include the following documents:

- \_\_\_\_\_ Signed Qualification Form
- \_\_\_\_\_ Signed Counseling Agreement
- \_\_\_\_\_ Signed Acknowledgment Form
- \_\_\_\_\_ Signed Certification of Household Income
- \_\_\_\_\_ Signed 3-in-1 Form
- \_\_\_\_\_ Signed Equal Housing Opportunity Form
- \_\_\_\_\_ Completed Homeowner's Financial Information (2-page income/expense sheet)
- \_\_\_\_\_ Six (6) months current bank statements for all accounts. Must be complete statements. Summaries cannot be accepted.
- \_\_\_\_\_ Two (2) most recent Federal Tax returns (1040s) – **AND** – two (2) most recent W-2's for all household members, over 18 years of age, who will be residing in the new property.
- \_\_\_\_\_ Four (4) most recent, consecutive pay stubs for all household members, over 18 years of age, who will be residing in the new property. Also provide any other sources of income (Soc Sec, Child Support, Pensions, etc.)
- \_\_\_\_\_ Copy of Driver's License or picture ID for all household members.
- \_\_\_\_\_ Copy of Social Security Card for all household members.
- \_\_\_\_\_ A list of all recurring monthly debts, account numbers, outstanding balances and addresses for payments. These include credit cards, student loans, car payments, etc.
- \_\_\_\_\_ **\$29.00 MONEY ORDER** (\$58.00 for two applicants) so that we may order a merged credit report for you. Please make money order payable to Media Fellowship House. Please do not send a copy of your own credit report. Additional credit reports may need to be ordered over time so an additional \$29.00 money order will be required for each new credit report. Personal checks are not accepted.

Do not send originals. Please make a **COPY** of all requested documents, except original signed Qualification Form and Counseling Agreement. **Your application can not be processed until all required documents have been sent to Media Fellowship House.**

**DELAWARE COUNTY HOMEOWNERSHIP FIRST REVITALIZATION PROGRAM  
MEDIA FELLOWSHIP HOUSE**

**Qualification Form**

Date: \_\_\_\_\_

**APPLICANT:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone (w): \_\_\_\_\_ (h): \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Borough, City, or Township: \_\_\_\_\_  
Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Job Position/Title: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Years in Profession: \_\_\_\_\_  
Years with Current Employer: \_\_\_\_\_

**CO-APPLICANT:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone (w): \_\_\_\_\_ (h): \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Borough, City, or Township: \_\_\_\_\_  
Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Job Position/Title: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Years in Profession: \_\_\_\_\_  
Years with Current Employer: \_\_\_\_\_

**RACIAL/ETHNIC GROUP:**

_____ White	_____ Black/African American & White
_____ Black/African American	_____ Asian & White
_____ Asian	_____ American Indian or Alaskan Native & White
_____ Native Hawaiian or Other Pacific Isl.	_____ Am. Indian or Alaskan Native & Black/African Am.
_____ American Indian or Alaskan Native	_____ Other _____

Please select one: \_\_\_\_\_ Hispanic \_\_\_\_\_ Non-Hispanic

Do you have a disability? \_\_\_\_\_ Yes \_\_\_\_\_ No Please describe: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Unmarried \_\_\_\_\_ Separated  
Dependents: \_\_\_\_\_ Number Ages: \_\_\_\_\_

Total Number of Residents in your Household: \_\_\_\_\_  
 Are you currently working with a Realtor? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Name of Agent and Office: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Are you currently working with a Mortgage Representative? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Name of Mortgage Representative and Office: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Landlord/Management Company: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Date of Occupancy: \_\_\_\_\_ No. of Bedrooms: \_\_\_\_\_ Monthly Rent \$: \_\_\_\_\_  
 Have you ever owned a home? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, explain (when, where, dates of ownership & sale, etc.): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever filed for bankruptcy? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 When? \_\_\_\_\_ Has the bankruptcy been discharged? \_\_\_\_\_ Date: \_\_\_\_\_

**FINANCIAL INFORMATION**

Income and assets for all applicants, co-applicants, and other household members (H.H. Member) 18 years or older must be disclosed regardless of who is purchasing the home.

	<u>Applicant</u>	<u>Co-Applicant</u>	<u>H.H. Member</u>
<b>MONTHLY INCOME:</b>			
Salaries/Wages	\$ _____	\$ _____	\$ _____
Bonuses	\$ _____	\$ _____	\$ _____
Overtime	\$ _____	\$ _____	\$ _____
Commission	\$ _____	\$ _____	\$ _____
Support Payments	\$ _____	\$ _____	\$ _____
Fees	\$ _____	\$ _____	\$ _____
Tips	\$ _____	\$ _____	\$ _____
Business Income	\$ _____	\$ _____	\$ _____
Interest Dividends	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____
Annuities	\$ _____	\$ _____	\$ _____
Insurance Policies	\$ _____	\$ _____	\$ _____
Retirement Funds	\$ _____	\$ _____	\$ _____
Pension	\$ _____	\$ _____	\$ _____
Disability	\$ _____	\$ _____	\$ _____
Death Benefits	\$ _____	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____	\$ _____
Workers' Compensation	\$ _____	\$ _____	\$ _____
Severance Pay	\$ _____	\$ _____	\$ _____
Welfare	\$ _____	\$ _____	\$ _____
Alimony/Child Support	\$ _____	\$ _____	\$ _____
Armed Services	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
<b>Total Monthly Income:</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

**ASSETS:**

Checking Account	\$ _____	\$ _____	\$ _____
Savings Account	\$ _____	\$ _____	\$ _____
401K Account	\$ _____	\$ _____	\$ _____
Gift Funds	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
<b>Total Assets:</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

**MONTHLY DEBT:**

(Minimum payments required by creditor)

Charge Accounts	\$ _____	\$ _____	\$ _____
Student Loans	\$ _____	\$ _____	\$ _____
Car Loans	\$ _____	\$ _____	\$ _____
Alimony/Support	\$ _____	\$ _____	\$ _____
Personal Loans	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
<b>Total <u>Monthly</u> Debt:</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

I/We acknowledge that the information I/We have provided in this application is true and accurate to the best of my/our knowledge. I/We have given this information to Media Fellowship House for the purpose of purchasing a home in Delaware County. I/We understand that Media Fellowship House will verify the information I/We have provided in this application, and I/We give Media Fellowship House permission to obtain a credit report about me/us and that approval under the Program is subject to the verification of the information through the credit report and other means available to Media Fellowship House.

Signature of Applicant: \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_

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**FOR OFFICIAL USE ONLY:**

Revitalization Homeownership Program Yes or No (circle)

Household Size: \_\_\_\_\_

Annual Income Determination: \$ \_\_\_\_\_

Monthly Income Determination: \$ \_\_\_\_\_

Asset Determination: \$ \_\_\_\_\_

Housing Counselor Name: \_\_\_\_\_

Housing Counselor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**DELAWARE COUNTY HOMEOWNERSHIP FIRST REVITALIZATION PROGRAM  
MEDIA FELLOWSHIP HOUSE**

**Counseling Agreement**

In order to qualify for the Program, the applicant recognizes the need for counseling and pledges full cooperation with the counselor. The applicant authorizes the counselor to act on his/her behalf in order to improve her/his housing situation and obtain necessary services.

The applicant understands that any information that is required to obtain the help needed, must be supplied by the applicant. The applicant gives permission to Media Fellowship House to obtain a merged credit report. The applicant further authorizes the counselor to obtain other information from outside sources when necessary. The need to exchange information or pass on information with funders of the Program is also recognized by the client.

The counselor pledges to preserve strict confidentiality concerning the applicant, and will neither give nor seek information except where others have a right to it. The counselor will make no decisions and take no actions without the knowledge and consent of the applicant. At all times, the counselor will act to protect and promote the best interests of the applicant.

As a client of Media Fellowship House, I/We understand that the assistance provided will be free of charge (except for a one time \$30.00 fee per applicant for obtaining a merged credit report) and authorize Media Fellowship House to obtain a credit report on my/our behalf. I/We understand that the staff providing counseling services will not:

- 1 - break their pledge of confidentiality
- 2 - accept fees from the services they recommend
- 3 - recommend services in which they have a financial interest
- 4 - terminate their counseling relationship without giving the reasons for such termination

I/We understand that the staff providing counseling services are not attorneys and will not provide legal advice regarding agreements of sale or mortgage financing documents entered into by the client.

In consideration for receiving assistance from Media Fellowship House, I/We hold their staff to be free and harmless from any claims, damages, liabilities, or injuries arising from these services.

Applicant: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Please note that the amount of funds available to assist first-time homebuyers is limited. Assistance will be provided on a first come first serve basis. There is **no guarantee** that households who complete the program will receive financial assistance.

**THE SIGNING OF THIS AGREEMENT DOES NOT  
CONSTITUTE A COMMITMENT TO PROVIDE FINANCIAL ASSISTANCE.**



**DELAWARE COUNTY HOMEOWNERSHIP FIRST PROGRAM**

**ACKNOWLEDGEMENT**

I acknowledge that the amount of funds offered by the Delaware County Homeownership First Program to assist first-time homebuyers is limited. I understand that the down payment and closing cost assistance is offered on a first come first serve basis.

I further acknowledge and understand that there is **no guarantee** that households who comply with all Homeownership First Program requirements will receive financial assistance.

I understand that my completion of all Homeownership First Program requirements, including all counseling sessions, does not automatically assure the provision of down payment and/or closing cost financial assistance.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name (PLEASE PRINT)

\_\_\_\_\_  
Housing Counselor

\_\_\_\_\_  
Date

**DELAWARE COUNTY HOMEOWNERSHIP FIRST REVITALIZATION PROGRAM  
MEDIA FELLOWSHIP HOUSE**

**Certification of Household Income**

I, the undersigned, do hereby certify the following:

My household income meets the eligibility requirements for low and moderate-income applicants as defined by the U.S. Department of Housing and Urban Development (HUD). (Please refer to page 3 of the application packet).

These parameters have been given to me by the counseling agency and as a result I understand the qualifying definitions of the low to moderate-income households.

Furthermore, I understand any changes to my household income must be reported to the counseling agency. Failure to do so may result in the cancellation or disqualification of my eligibility to receive counseling services provided by the agency.

Buyer Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Co-Buyer Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

## COUNSELING SERVICES AUTHORIZATION

### 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 am not obligated to accept services or products from the Counseling Agency, its partners, or any organization I am referred to.

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 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
  - Homebuyer Counseling  Homebuyer Education
  - Homeowner Counseling  Homeowner Education
  - Delinquency and Default Counseling  Delinquency and Default Education
  - Reverse Mortgage Counseling  Fair Housing Education
  - Tenant Counseling  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 (6) months
  - Other programs, services, or products:
- 

For Pre-Purchase Clients only:

I have received the HUD forms:

- “Ten Important Questions to Ask Your Home Inspector” & “For Your Protection: Get a Home Inspection”

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

## 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. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

U. S. Department of Housing and Urban Development

**Delaware County Homeownership First Program**



**EQUAL HOUSING OPPORTUNITY**

**We Do Business in Accordance With the Federal Fair  
Housing Law**

(The Fair Housing Amendments Act of 1988)

**It is Illegal to Discriminate Against Any Person  
Because of Race, Color, Religion, Sex, Handicap, Familial Status,  
or National Origin**

**Anyone who believes they may be a victim of housing discrimination may  
contact:**

**Housing Equality Center of PA  
455 Maryland Drive, Suite 190  
Fort Washington, PA 19034  
267-419-8918  
[www.equalhousing.org](http://www.equalhousing.org)**

**U.S. Department of Housing and  
Urban Development  
Assist Secretary for Fair Housing  
and Equal Opportunity  
Washington, DC 20410  
1-800-669-9777 (Toll Free)  
[www.hud.gov/fairhousing](http://www.hud.gov/fairhousing)**

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Signature

Date

Updated 9/1/17

# Monthly Expense Sheet

HOMEOWNER'S NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

Indicate the normal **monthly amount** of cost for each applicable expense.

*(Note: Annual or quarterly expenses will need to be divided accordingly for average monthly figures)*

<b>Housing Expenses</b>		<b>Living Expenses</b>			
Rent	\$	Groceries	\$	Magazine Subscription(s)	\$
	\$	Lunches	\$	Newspaper	\$
	\$	Paper Goods	\$	Day Care	\$
	\$	Toiletries	\$	Gifts & Entertainment	\$
Condo Fees	\$	Personal needs	\$	Pet Care	\$
Assoc. Fees	\$	Tobacco Products	\$	Child Support/ Alimony	\$
Electric	\$	Alcoholic Beverages	\$	Union Dues	\$
Gas	\$	Clothing	\$	Pension Contr.	\$
Oil	\$	Laundry Detergent	\$	IRA Contr.	\$
Water	\$	Laundromat & Dry Cleaning	\$	401K Contr.	\$
Sewer	\$	TV Cable	\$	Personal Tax	\$
Trash	\$	Telephone	\$	Education	\$
Other	\$	Internet Fees	\$	Church	\$
<b>Notes &amp; Comments:</b>		Gasoline	\$	Tuition	\$
		Car Repairs	\$	Savings	\$
		Bus	\$	Auto Ins.	\$
		Dental & Doctor Bills	\$	Life Ins.	\$
		Prescriptions	\$	Medical Ins.	\$
		Cell Phone	\$	Dental Ins.	\$

TOTAL OF ABOVE COLUMN:\$ \_\_\_\_\_

TOTAL OF ABOVE TWO COLUMNS:\$ \_\_\_\_\_

Fill in the names of those creditors where you have balances and/or payments. Examples as listed are a sample of those accounts to be considered for completion of information.

- |  |                              |                          |
|--|------------------------------|--------------------------|
| Credit Cards                           | IRS                          | Personal Loans           |
| Department Stores                      | Legal Fees                   | Delinquent Medical Bills |
| Auto Loans                             | Delinquent Real Estate Taxes | School Loans             |
| Credit Unions                          | Bankruptcy Trustee Payments  | Unsecured Loans          |
| Delinquent State or Local Tax Payments |                              | Payments on Fines        |

Account Name	Normal Monthly Payment/ Balance
_____	_____ / _____
_____	_____ / _____
_____	_____ / _____
_____	_____ / _____
_____	_____ / _____
_____	_____ / _____
_____	_____ / _____
_____	_____ / _____
_____	_____ / _____
_____	_____ / _____
_____	_____ / _____
_____	_____ / _____
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_____	_____ / _____
_____	_____ / _____
_____	_____ / _____
_____	_____ / _____
_____	_____ / _____
_____	_____ / _____
_____	_____ / _____

TOTAL PAYMENTS: / TOTAL BALANCES:

DATE COMPLETED: \_\_\_\_\_ / \_\_\_\_\_