



226 South Maple Avenue
Greensburg, PA 15601
724.834.1260
1.800.816.0022
Fax: 724.838.9563
www.westmorelandca.org
info@westmorelandca.org

Dear Future Homebuyer,

Enclosed please find your application. Be sure to carefully complete all fields, and provide proof of all sources of income for all household occupants for the past ninety days or the most recent paystub with a year-to-date gross amount. Income should include the following sources:

- Wages
- SSI
- SSD
- Social Security
- Child Support
- Pension
- Unemployment Compensation
- Worker's Compensation
- Alimony
- Survivor Benefits

Proof of income includes paystubs, award letters, bank statements and court ordered documents for child support.

IF THE INFORMATION IS PROVIDED IS NOT COMPLETE WE WILL CONTACT YOU TO REQUEST THE MISSING INFORMATION. IF THE MISSING INFORMATION IS NOT PROVIDED TO US, WE WILL NOT BE ABLE TO PROCESS YOUR APPLICATION.

Upon completing the processing of your application, you will be contacted to schedule an appointment. Counseling sessions will include an assessment of your credit and financial profile, measurement of your loan repayment ability, credit enhancement, development of a plan to become mortgage ready, comparison of loan programs and budgeting for a home purchase.

Sincerely,

Whitney Stinebiser
Phone: 724-834-1260 Ext. 150
Fax: 724-838-9563, Attn: Whitney
Wstinebiser@westmorelandca.org

Rudy Horwatt
Phone: 724-834-1260 Ext. 146
Fax: 724-838-9563, Attn: Rudy
Rhorwatt@westmorelandca.org



Westmoreland Community Action strengthens communities and families to eliminate poverty.

Westmoreland Community Action is a 501(c)3 tax exempt organization under the Internal Revenue Service Code. The official registration and financial information of Westmoreland Community Action may be obtained from the PA Dept of State by calling toll free, within PA, 1-800-732-0999. Registration does not imply endorsement. Registered at the Bureau of Charitable Organizations website: www.state.pa.us/char.

ARE YOU READY TO BE A HOMEOWNER? SELF ASSESSMENT TOOL

- | | |
|--|--------------------|
| 1. Being in debt does not bother me. | Yes _____ No _____ |
| 2. The thought of having long-term debt is disturbing to me. | Yes _____ No _____ |
| 3. I enjoy working around the house and yard. | Yes _____ No _____ |
| 4. I would much rather shop, go out to eat, or read a book then spend any time around the house or yard. | Yes _____ No _____ |
| 5. I prefer finding a good job and staying with it. | Yes _____ No _____ |
| 6. I prefer changing jobs from time to time, finding excitement in starting all over. | Yes _____ No _____ |
| 7. I prefer staying in one place and being committed to one community. | Yes _____ No _____ |
| 8. I do not like being limited to one community or location for a long period of time. | Yes _____ No _____ |
| 9. I am able to handle the financial responsibilities of mortgage payments now. | Yes _____ No _____ |
| 10. I would be better off waiting until I can save more money or my financial situation improves. | Yes _____ No _____ |

OTHER QUESTIONS TO HELP YOU MAKE THE HOME BUYING DECISION

- | | |
|---|---|
| 1. Is owning a home important to you? | Yes _____ No _____ |
| 2. Are you currently renting a home or apartment? | Home _____ Apartment _____
Other _____ |
| 3. Are you paying your rent on time? | Yes _____ No _____ |
| 4. Do you have any outstanding debt? | Yes _____ No _____ |
| 5. Are you paying this debt on time? | Yes _____ No _____ |
| 6. Do you have any forms of credit? | Yes _____ No _____ |
| 7. Do you have a bank account? | Yes _____ No _____ |
| 8. Do you have a checking account? | Yes _____ No _____ |
| 9. Are you responsible for your utilities? | Yes _____ No _____ |
| 10. Do you pay your utility bill on time? | Yes _____ No _____ |
| 11. How is your credit? | Good _____ Bad _____ Ok _____ |

**WESTMORELAND COMMUNITY ACTION
HOUSING COUNSELING AND MONEY MANAGEMENT CENTER
INTAKE APPLICATION**

Date: _____

Applicant: _____

Address: _____

How long have you lived at this address? _____

Date of Birth: _____ Social Security No. _____

Single ____ Married ____ Divorced ____ Separated ____ Widowed ____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Co-Applicant: _____

(Co-Applicant MUST have a source of income, if not list as other property occupants.)

Address (if different from applicant): _____

Date of Birth: _____ Social Security No. _____

Single ____ Married ____ Divorced ____ Separated ____ Widowed ____

Home Phone: _____ Cell Phone: _____

Email Address: _____

LIST ALL OTHER PROPERTY OCCUPANTS. DO NOT INCLUDE APPLICANT / CO-APPLICANT LISTED ABOVE.

Name	Age	Date of Birth	Social Security Number	Ethnicity	Race	Education	Health Insurance

Applicant: Employment Information (Include All Employers for the Past Two Years)

Employer Name	Dates Employed	Rate of Pay	Hours per Week	Job Title

Co-Applicant: Employment Information (Include All Employers for the Past Two Years)

Employer Name	Dates Employed	Rate of Pay	Hours per Week	Job Title

Please answer the following questions:

	Applicant	Co-Applicant
Do you own a car?		
Do you have a valid driver's license?		
Do you have health insurance?		
Who is your provider?		
Are you a veteran?		
Are you disabled?		
Do you have a checking account?		
Do you have a savings account?		

Please list the GROSS AMOUNT (before taxes) of income for all current property occupants. Include wages, business income, unemployment, worker's compensation, public assistance, social security, pension, alimony, child support, etc.

Name of Occupant	Amount of Income	Income Source

Ethnicity	Applicant	Co-Applicant
Hispanic		
Non-Hispanic		

Race (Check All That Apply)	Applicant	Co-Applicant
American Indian/ Alaskan Native		
Asian		
Black/ African American		
Native Hawaiian/ Pacific Islander		
White		

Education- Highest Level	Applicant	Co-Applicant
Non-Graduate		
High School Graduate		
GED		
Some Post-Secondary		
2 Year Degree		
4 Year Degree		
List Degrees		

	Applicant	Co-Applicant
Did you receive Earned Income Tax Credit for the previous year?		
Did you receive the Federal Child Tax Credit for the previous year?		
Have you ever owned a home?		
If yes, how long ago?		

I certify that the above information is true and correct to the best of my knowledge. I, we, fully understand that Westmoreland Community Action's Housing Counseling & Money Management Center does not guarantee me/us approval of a residential mortgage application with any financial institution.

I hereby give Westmoreland Community Action's Housing Counseling & Money Management Center permission to discuss any of the enclosed information for the sole purpose of helping me apply for a mortgage. I understand that I must first be notified before this occurs.

In order to review my credit history, I also give permission for my credit report to be obtained and for the preparation of a Credit Analysis.

Applicant: _____

Date: _____

Co-Applicant: _____

Date: _____

HCMCC: _____

Date: _____

WESTMORELAND COMMUNITY ACTION
 HOUSING COUNSELING AND MONEY MANAGEMENT CENTER
 HOUSEHOLD BUDGET WORKSHEET
(COMPLETION REQUIRED FOR PROGRAM PARTICIPATION)

Monthly Take Home Income	
Salary/ Wages/ Self	
Salary/ Wages/ Spouse	
Social Security	
SSI/SSD	
Pension/ Retirement	
Interest on Accounts	
Alimony/ Child Support Received	
Investment Dividends	
Unemployment	
Cash Assistance	
Other	
TOTAL	

Monthly Debt Payments	
Auto Loan	
Credit Card	
Credit Card	
Credit Card	
Credit Card	
Personal Loan	
Personal Loan	
Student Loan	
Student Loan	
Child Support	
Alimony	
Other	
Other	
Total	

Monthly Living Expenses	
Rent/ Lot Rent	
Alimony/ Child Support	
Auto Gas/ Repairs	
Auto Insurance	
Cable TV/ Satellite	
Child Care	
Children's Activities	
Clothing Purchases	
Electric Bill	
Food (Groceries)	
Food (Dining Out)	
Gas/ Oil Bill (Home)	
Health/ Dental Insurance	
Renter's Insurance	
Household Items	
Internet Access	
Life/ Disability Ins.	
Memberships	
Personal Care Products	
Prescriptions	
Sewage	
Telephone (home)	
Telephone (cell)	
Trash	
Water	
Other	
Other	
Total	

Savings	
Monthly Savings	
Total Savings	

WESTMORELAND COMMUNITY ACTION
HOUSING COUNSELING & MONEY MANAGEMENT CENTER
CURRENT ACCOUNTS
(Completion Required for Program Participation)

Type of Asset	Yes/No	Name of Institution	Current Amount
Checking Account	_____	_____	_____
Savings Account	_____	_____	_____
Trusts	_____	_____	_____
Rental Property	_____	_____	_____
Capital Investment	_____	_____	_____
Stocks	_____	_____	_____
Bonds	_____	_____	_____
CD's	_____	_____	_____
Money Market	_____	_____	_____
IRA (Private)	_____	_____	_____
401K/403B (work)	_____	_____	_____
Income/Lump Sum For Retirement/ Pension	_____	_____	_____
Assets/ Lump Sum	_____	_____	_____
Inheritances	_____	_____	_____
Capital Gains	_____	_____	_____
Lottery Winnings	_____	_____	_____
Insurance Settlements	_____	_____	_____

HOUSING COUNSELING AND MONEY MANAGEMENT CENTER

CREDIT REPORT AUTHORIZATION

In order to review my credit history, I request that a credit report be prepared for me.

Information needed to obtain the report:

Applicant Name: _____

Applicant Social Security Number: _____

Applicant Date of Birth: _____

Co-Applicant Name: _____

Co-Applicant Social Security Number: _____

Co-Applicant Date of Birth: _____

Address:

Applicant Previous Address (if less than two years at current address)

Co-Applicant Previous Address (if less than two years at current address)

AUTHORIZATION

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

WESTMORELAND COMMUNITY ACTION
HOUSING COUNSELING AND MONEY MANAGEMENT CENTER

DISCLOSURE STATEMENT

1. The Housing Counseling and Money Management Center, certified by the U.S. Department of Housing and Urban Development (HUD) and the Pennsylvania Housing Finance Agency (PHFA), provides free comprehensive housing counseling services to all Westmoreland County residents with housing needs or problems potentially resolvable through homebuyer education and/or pre-purchase counseling. Income qualified participants of the Housing Counseling and Money Management Center are under no obligation to purchase homes or rent units owned by Westmoreland Community Action or enroll in additional programs offered by Westmoreland Community Action. Rather, the HCMMC's sole objective is to provide housing counseling that enables a client to make informed and reasonable decisions to achieve their goal of homeownership.

2. Programs include: American Architectural Salvage, Head Start, Early Head Start, Pre-K Counts, Community Prevention Services, Substance Abuse Hotline, Mothers Making More (M3), Jeannette JAYS, Energy Assistance Program, Emergency Foodbank, Foodbank, Work Ready, SNAP Work Ready, Volunteer Income Tax Assistance Program (VITA), Crisis Hotline, Crisis Mobile, New Foundations, Permanent Supportive Housing for Transitional Age and Veterans, Shared Housing, Housing Counseling & Money Management Center, Keystone Hope Development Corporation, LLC, Neighborhood Revitalization, Permanent Supportive Housing for Families, Ways to Work and Bridges.

3. The Housing Counseling & Money Management Center receives funding from the following sources: The PA Department of Community and Economic Development (DCED), the Pennsylvania Housing Finance Agency (PHFA), the United States Department of Agriculture (USDA) and Westmoreland County Housing Authority/ Section 8 Voucher Homeownership Program.

4. Clients are provided with a variety of information and are encouraged to thoroughly evaluate mortgage loan products and lenders and are free to choose the lender, loan, realtor, home inspector, contractor and attorney for their home purchase/refinance.

5. This discloser aims to avoid conflicts of interest in the delivery of housing services.

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

WESTMORELAND COMMUNITY ACTION
HOUSING COUNSELING AND MONEY MANAGEMENT CENTER
ACKNOWLEDGEMENT OF WAIVER AND RELEASE

Westmoreland Community Action (WCA) is a Pennsylvania non-profit corporation, primarily located at 226 South Maple Avenue, Greensburg, PA 15601. WCA, through their Neighborhood Revitalization Program, develops single family dwellings as a service to the community and prospective homebuyers. As part of the program, WCA offers Homebuyer Education Classes through their Housing Counseling & Money Management Center. After completion of the class, income qualified graduates may be offered, based upon availability, the option to purchase homes owned by WCA. Graduates of the class are under no obligation to purchase any property offered for sale by WCA. Rather, the Housing Counseling and Money Management Center's sole objective is to educate and guide prospective homebuyers in their pursuit of homeownership.

Now, therefore, in consideration of the above, I agree as follows:

1. I acknowledge and understand that I have no obligation to purchase property owned by WCA upon completion of any required classes or enhancement plans
2. I waive any potential conflicts of interest WCA may have in providing a Homebuyer Class and owning a property for sale.
3. I acknowledge and understand that participation in the Homebuyer Class does not entitle me to an absolute right to purchase WCA property. Instead, the WCA property will be sold, as available, pursuant to all applicable Housing and Urban Development (HUD) regulations.
4. I acknowledge and understand that I am under no obligation to utilize affordable homes, lending products and other forms of assistance made available through Westmoreland Community Action (WCA) and its partnerships.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Westmoreland Community Action
Housing Counseling and Money Management Center
Action Plan Agreement

Client(s),

As a client of Westmoreland Community Action's Housing Counseling and Money Management Center, I/we agree to follow the action plan that will be developed for me/us by the Housing Counselors. Adhering to your action plan will enable you to reach your goal of homeownership.

Further, I/we understand that I/we am required to contact the HCMMC Counselors within 60 days of receiving my/our action plan in order to assure that I/we am making progress and to assess if additional services are necessary.

Should I not contact the HCMMC in the required period of time, I/we will receive a letter requesting that I/we contact the HCMMC no later than 30 days from the date of the letter. Failure to respond to the letter will result in the mailing of a termination of counseling letter.

Participant Name: _____

Date: _____

Participant Name: _____

Date: _____

HCMMC Counselor: _____

Date: _____

HOUSING COUNSELING & MONEY MANAGEMENT CENTER

DISPOSITION OF ASSETS

I/we certify that during the two year (24 month) period preceding the effective date of my certification or recertification of eligibility for program participation, I/we have not disposed of more than \$1,000 in assets for less than fair market value.

If asset(s) were disposed of for less than fair market value, describe:

Asset Description	Date of Disposition
• _____	_____
• _____	_____
• _____	_____
• _____	_____

Check here if no assets were disposed of for less than fair market value.

Signature of Applicant #1: _____ Date: _____

Signature of Applicant #2: _____ Date: _____

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

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. _____	_____	_____

Free Language Assistance Available Upon Request

Westmoreland Community Action
Housing Counseling and Money Management Center

To request FREE interpretation or translation services, please complete this form.

The completed form should be returned to:

Whitney Stinebiser, Coordinator or Rudy Horwatt, Housing Specialist
(724) 834-1260 Ext. 150 (724) 834-1260 Ext. 146
wstinebiser@westmorelandca.org rhorratt@westmorelandca.org

Date: _____

Name: _____ Home phone: _____
Cell Phone: _____ Email: _____
Address: _____

Please check the services needed:

I need ___ Interpretation or ___ Translation services ___ relative to:

Homebuyer counseling ___

Rental counseling ___

Homeowner counseling ___

Credit counseling ___

Money management ___

Avoidance of mortgage default ___

Avoidance of eviction ___

Fair housing issue ___

Fair lending issue ___

Home repairs/maintenance ___

Homeless ___

Other (specify) _____

Some persons who are deaf or hard of hearing may prefer to use a family member or friend as an interpreter. However, family members or friends of the person will not be used for interpreters unless specifically requested by the individual and after an offer of an interpreter at no charge to the person has been made by the housing counselor. Such an offer and the response will be documented in the person's file. If the person chooses to use a family member or friend as an interpreter, the issues of competency of interpretation and confidentiality will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided.

Applicant signature _____

Date _____

Counselor signature _____

Date _____

Free Auxiliary Aids and Services for Persons with Disabilities

Westmoreland Community Action
Housing Counseling and Money Management Center

To request FREE auxiliary aids and services, please complete this form.

The completed form should be returned to:

Whitney Stinebiser, Coordinator or Rudy Horwatt, Housing Specialist
(724) 834-1260 Ext. 150 (724) 834-1260 Ext. 146
wstinebiser@westmorelandca.org rhorwatt@westmorelandca.org

Date: _____

Name: _____ Home phone: _____
Cell Phone: _____ Email: _____
Address: _____

The Housing Counseling and Money Management Center will take appropriate steps to ensure that persons with disabilities, including persons who are deaf, hard of hearing, or blind, or who have other sensory or manual impairments, have an equal opportunity to participate in our services, activities and programs. All auxiliary aids and services will be provided without cost to the person being served.

I need auxiliary aids and services relative to the following conditions (please check):

Deaf ____
Hard of hearing ____
Blind ____
Other sensory or manual impairment (please specify) _____

Applicant signature _____ Date _____

Counselor signature _____ Date _____

FOR OFFICE USE ONLY:

MORTGAGE QUALIFICATIONS & OTHER CONSIDERATIONS:

Credit Report Score _____	Gross Monthly Income _____	First Time Home Buyer Yes _____ No _____
Years of Employment _____	Net Monthly Income _____	County of Interest _____
Yearly Gross Income _____	Current Monthly Expenses _____	Purchase Price _____
Average Yearly Overtime _____	Current Monthly Rent _____	Home of Interest : Existing Home ____ New Home _____
Cash Reserves Available _____ Securities, Mutual Funds, Stocks _____	Monthly Section 8 Voucher Income _____	Monthly Child Support Payment Court Ordered Yes _____ No _____
Monthly Social Security, Disability, Public Assistance Income _____	Number of persons in Household _____	Number of Children in Household _____
Are you living with persons who are disabled Yes _____ No _____	Are you disabled? Yes _____ No _____	Front End Ratio Limits _____ Back end Ratio Limits _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: (Day) _____ (Evening) _____

(For Official Use Only)

Based on information provided, above client is:

(Check one) _____ PHFA Potential Candidate

_____ Presenting Credit Issues

Appointment (Day & Date) _____ Time: _____ AM _____ PM

Counselor Assigned _____