

**☞ Strawberry Mansion Homeownership Application ☜**

**Please complete the information to the best of your abilities. If you have difficulties completing the application, please ask for our assistance. Please READ the application completely before starting.**

**\*\*\*Please return completed application to Community Ventures, 1501 Cherry St., Philadelphia 19102\*\*\***

**PART 1**

**Applicant's Name** \_\_\_\_\_

Address \_\_\_\_\_ Apt.# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_ Email \_\_\_\_\_

Applicant's Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*☞ If less than two years at this address, please provide previous address:*

Address \_\_\_\_\_ Apt.# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Co-Applicant's Name** \_\_\_\_\_

Address \_\_\_\_\_ Apt.# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_ Email \_\_\_\_\_

Co-Applicant's Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*☞ If less than two years at this address, please provide previous address:*

Address \_\_\_\_\_ Apt.# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PART 2**

**Applicant's Employer** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long employed here? Years: \_\_\_\_ Months: \_\_\_\_ Annual Salary? \_\_\_\_\_

Full-Time \_\_\_\_ (Y/N) or Part-Time \_\_\_\_\_ (Hours & rate)

*☞ If employed less than two years, please provide name of previous employer:*

Previous Employer \_\_\_\_\_

Date employment started \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ended \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Other Source(s) & Amount(s) of Income: Child Support \_\_\_\_\_ Public Assistance \_\_\_\_\_

Pension \_\_\_\_\_ Social Security \_\_\_\_\_ SSI \_\_\_\_\_ Disability \_\_\_\_\_

Other(s) Please specify \_\_\_\_\_

**Co-Applicant's Employer** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long employed here? Years: \_\_\_\_ Months: \_\_\_\_ Annual Salary? \_\_\_\_\_

Full-Time \_\_\_\_ (Y/N) or Part-Time \_\_\_\_\_ (Hours & rate)

*☞ If employed less than two years, please provide name of previous employer:*

Previous Employer \_\_\_\_\_

Date employment started \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ended \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Other Source(s) & Amount(s) of Income: Child Support \_\_\_\_\_ Public Assistance \_\_\_\_\_

Pension \_\_\_\_\_ Social Security \_\_\_\_\_ SSI \_\_\_\_\_ Disability \_\_\_\_\_

Other(s) Please specify \_\_\_\_\_

**PART 3**

Please indicate the banks/institutions in which you keep funds for down-payment and settlement costs.

Banks/Institution	Type of account	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**PART 4**

Please indicate your current debts (credit cards, car loans, student loans etc.) and account balances.

Creditor (ALL)	Monthly Payment	Balance
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**PART 5**

Household Members - Please list all persons who will be living with you.

Name	Sex (M/F)	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of bedrooms needed: \_\_\_\_\_

Addresses Desired: 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_  
 3<sup>rd</sup> Choice \_\_\_\_\_ 4<sup>th</sup> Choice \_\_\_\_\_

**CERTIFICATION & CONSENT TO CREDIT HISTORY SEARCH**

I hereby certify that the information I have provided is true and correct, to the best of my knowledge. I understand that inaccurate information may be grounds for disqualification.

I/we understand that Community Ventures will obtain a record of my/our credit history (a "credit report") for the purpose of evaluating my/our ability to borrow funds to purchase a home. This credit report may also be shared with a housing counseling agency certified by the City of Philadelphia as a part of this same evaluation process. I/we hereby consent to Community Ventures' obtaining my/our credit report and to its sharing that report with a housing counseling agency certified by the City of Philadelphia.

I/we further understand that financial records involving my/our transaction will be made available to the Redevelopment Authority of the City of Philadelphia without further notice or authorization, but will not be disclosed or released to another government agency or department without my/our consent, except as required or permitted by law.

Applicant \_\_\_\_\_ Date \_\_\_\_\_ Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_