

☞ 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 Strawberry Mansion Community Development Corp.
2829 West Diamond Street, Philadelphia, PA 19121****

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: 1st Choice _____ 2nd Choice _____
 3rd Choice _____ 4th 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.

Receipt acknowledged:

Applicant _____ Date _____ Co-Applicant _____ Date _____

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