



APPLICATION

Date Completed: _____
Date Received: _____
Reviewed by: _____

*Application for a **Delco CARES** Homeowner Assistance Program grant must be made by the Homeowner and, if relevant, Co-Homeowner. This application package must be completed and submitted along with the applicable supporting documents. Applications are processed in the order received.*

This application is for:

- Mortgage Assistance Utility Assistance Both

Section 1: APPLICANT INFORMATION

Applicant Name: _____ **Date of Birth:** _____

Address: _____

Municipality: _____ **Zip Code:** _____

Telephone Numbers: _____ (Cell)
_____ (Home)
_____ (Work)

E-mail Address: _____

Co-Applicant Name: _____ **Date of Birth:** _____

Telephone Numbers: _____ (Cell)
_____ (Home)
_____ (Work)

E-mail Address: _____

Section 2: OWNER DEMOGRAPHIC INFORMATION

*The race and ethnicity information below is requested solely for the purpose of determining compliance with Federal civil rights law and for the U.S. Department of Housing and Urban Development reporting requirements.
Your response will not affect consideration of your application.*

Applicant Ethnicity (Please check one): Hispanic/Latino Non-Hispanic/Latino

Applicant Race (Please check one):

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian and White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Black/African American and White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native American/Alaskan Native and White |
| <input type="checkbox"/> Native American/Alaskan Native | <input type="checkbox"/> Native American/Alaskan Native and Black/African American |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Other/Multi-Racial |



Section 3: PROPERTY & MORTGAGE DETAILS

1. Is the property your primary residence? YES NO
2. Does the property contain any rental unit(s)? YES NO
3. Do you have a mortgage on the property? YES NO
 First Mortgage Value: \$ _____ Second Mortgage Value: \$ _____
4. Are there any liens/judgements on the property? YES NO
 If yes, please describe: _____
5. Are taxes current? YES NO
6. Have you ever filed for bankruptcy? YES NO
 If Yes, what year did you file? _____
7. Do you own any other real estate? YES NO
 If yes, please provide address and date of purchase: _____

Section 4: HOUSEHOLD COMPOSITION

1. Is the Head of Household a female? (Circle one) YES NO
2. How many people live in the Household? _____
 How many of these are adults (18 and over)? _____
 How many of these are young children (6 or under)? _____
 How many of these have a disability? _____

List the Head of the Household first, and then all individuals who live in the house. Indicate relationship of each member as Husband, Wife, Child, Aunt, etc.

Full Name	Relationship	Age

Please attach another sheet if necessary



Section 5: HOUSEHOLD INCOME and ASSETS

Attach documentation of your household income/assets as of January 1, 2020 or the period prior to being impacted by the **Coronavirus pandemic. Documentation may include the 2019 Federal Tax Return, the 2019 W-2 and/or at least two (2) months of pay stubs from the period prior to unemployment for **all household members over the age of 18** who reside at in the household.**

What Is Income?

- Wages, salaries, tips, etc. (Provide 3 most recent paystubs for all household members over the age of 18)
- Taxable interest
- Dividends
- Taxable refunds, credits, offsets of State and local income taxes
- Alimony (or separate maintenance payments) received
- Business income (or loss)
- Capital Gain (or loss)
- Other gains (i.e. assets used in a trade or business that were exchanged or sold)
- Taxable amount of individual retirement accounts (IRA) distributions. (Includes simplified employee pension (SEP) and savings incentive match plan for employees (SIMPLE IRA))
- Taxable amount of pension and annuity payments
- Rental real estate, royalties, partnerships, S corporations, trusts, etc.
- Farm Income (or loss)
- Unemployment compensation payments
- Taxable amount of social security benefits
- Other income (Including prizes, awards, gambling, Lottery, raffle winnings, and periodic assistance or any other payments or contributions which are received on a recurrent basis and which might be reasonably expected to continue).

Complete the following table for household income as of January 1, 2020:

	Applicant	Co-Applicant	Other Household Member over 18	Other Household Member over 18
Name				
Wages, Salaries, Tips				
Interest and Dividends				
Taxable Refunds				
Alimony				
Business Income				
Capital Gain				
IRA Distributions				



Pensions, Annuities				
Unemployment				
Social Security				
Other Income				
TOTAL ANNUAL INCOME				

Please attach another sheet if necessary

As of January 1, 2020:

Total annual household income of all Adults (18 or over) living in the household \$ _____

Complete the following table for household assets as of January 1, 2020:

Type of Asset	Name of Account Holder	Name of Bank/Depository	Balance
Savings Accounts			
Checking Accounts			
Stocks, Bonds			
CDs			

Please attach another sheet if necessary



Section 6: CORONAVIRUS IMPACT

You may be requested to provide relevant documentation.

Since **March 1, 2020**:

- | | | | | |
|---|-----|----|-----|----|
| 1. Has any household member become sick with COVID-19? | YES | NO | | |
| 2. Has any household member chosen to leave a job due personal or familial health concerns? | | | YES | NO |
| 3. Has any household member lost a job? | YES | NO | | |
| 4. Has any household member lost income due to reduced hours? | YES | NO | | |
| 5. Has any household member filed for unemployment compensation? | YES | NO | | |
| 6. Has any household member received governmental assistance? | YES | NO | | |

If you answered YES to any of the questions, briefly describe: _____

Complete the following table for current household income:

	Applicant	Co-Applicant	Other Household Member over 18	Other Household Member over 18
Name				
Wages, Salaries, Tips				
Other Income (support from family/friends)				
TOTAL CURRENT INCOME				



CORONAVIRUS IMPACT SELF-CERTIFICATION

I, _____, certify all information provided in this application, including the following statements to be true by my initial next to each statement and by providing my signature on the form.

Initial the following that you are certifying to as part of your application for assistance:

_____ I have a loss of income as a direct result of the COVID-19 pandemic, equal to or exceeding the grant amount.

_____ I have not been reimbursed, nor will I apply for future reimbursement for the amount of income loss, for the months of mortgage grant funds have/will be provided, by any program of insurance or other government program.

Initial the following, as relevant:

_____ State funds received related to COVID-19, explain: _____

_____ Federal funds received related to COVID-19, explain: _____

_____ PHFA Mortgage Assistance funds received related to COVID-19, explain: _____

_____ Other funds received related to COVID-19, explain: _____

_____ Any other mortgage assistance, amounts and months: _____

Applicant's Signature

Date

Co-Applicant's Signature

Date



ADDITIONAL CERTIFICATIONS

The following certifications are required by law for federally funded programs:

1. I certify that I as the property owner am:

A citizen of the United States

A legal resident Alien

2. I certify that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining a grant under Title I of the Housing and Community Development Act of 1974 and is true and complete to the best of the Applicant(s) knowledge and belief.

3. I understand that under the U.S.C. Title 18, Section 1001, any untruthful or deliberately misleading statements made by me on this application or my use of any untruthful or misleading statement on a document supporting this application can result in prosecution under Federal Law, and that I can be fined, not more than \$10,000 and/or imprisoned for more than five (5) years if found guilty.

4. _____ (Initial) I have received the **Delco CARES Program Guide** and will abide by the policies and procedures as outlined within it.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Please use the Checklist on the next page to make sure that your application is complete.

Only complete applications will be reviewed.

Return application with required documentation to:

Media Fellowship House
302 S. Jackson Street
Media, PA 19063
Attn: Housing Counselor

If you have any questions, please contact Media Fellowship House at (610) 565-0434
or email jerry@mediafellowshiphouse.org



APPLICATION CHECKLIST

Use this checklist to make sure that you have attached required documentation:

- _____ Copy of photo ID
- _____ Completed and signed **Delco CARES** Application
- _____ Most recent mortgage statement
- _____ Proof of homeowner's insurance and, if relevant, flood insurance
- _____ Two (2) months most recent bank statements for each adult household member
- _____ Documentation for all income and assets indicated in Sections 5 and 6
- _____ Most recent utility statement(s)
- _____ 2019 Federal Tax Return, W-2 or two (2) months pay stubs for each adult household member
- _____ Unemployment compensation statement(s)
- _____ Statement(s) of other governmental response assistance
- _____ Letter/notification from employer regarding loss of hours or job
- _____ Other proof of business closing or pandemic related impact

If you have any questions, please contact:

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302 S. Jackson Street
Media, PA 19063
(610) 565-0434
jerry@mediafellowshiphouse.org
www.mediafellowshiphouse.org

