

**DELAWARE COUNTY HOMEOWNERSHIP FIRST PROGRAM  
FOR REVITALIZATION PROGRAM COMMUNITIES  
CHESTER COMMUNITY IMPROVEMENT PROJECT**

Dear First Time Buyer:

Thank you for your recent inquiry regarding the Delaware County Homeownership First Program for Revitalization Program communities. The purpose of the Program is to provide assistance to qualified low and moderate-income families interested in purchasing their first home in Revitalization Program communities (See attached chart). The Program provides financial assistance toward the down payment and with the closing costs associated with home purchase.

Not everyone is eligible for this unique Program. To qualify, you must be 18 years of age or older, and have not owned property (or had a deed in your name) for three (3) years prior to the date of application. You may also qualify if you are a displaced homemaker.

Your household's income must fall at or below the income limits outlined on the attached chart. Funds are only available for those households with an income at or below 80% of the Median Family Income (MFI). **Furthermore, applicants may not have signed an Agreement of Sale for any property prior to undergoing group and individual counseling, the Agreement of Sale reviewed by counseling agency and issuing a Letter to the Realtor.**

It is necessary that you provide at least \$1,000 towards the down payment of a home. You must also complete homeownership counseling classes and all other program requirements. The amount of assistance for which you would qualify is based on your individual circumstances as determined by your application and your initial interview. **The funds are 0% interest loans, which must be repaid upon the future sale or transfer of the property. The loan will be forgiven after five years.** In addition, the County will only subordinate for the refinancing of the existing first mortgage to a lower interest rate. The new loan amount cannot exceed the existing principal amount plus closing costs associated with the new first mortgage. The County will not subordinate for any type of home equity or debt consolidation loan and will require that all County funds be returned to the County upon the settlement of any such loan.

If you are interested in this Program and qualify within the attached income guidelines, please complete the enclosed Qualification Form, Counseling Agreement and Homeownership First Acknowledgment Form. Be sure to include all requested documentation with your application and mail (**DO NOT FAX**) the package to:

CHESTER COMMUNITY IMPROVEMENT PROJECT  
23 East 5<sup>th</sup> Street 2<sup>nd</sup> Floor  
Chester, PA 19013-0541  
610-876-8663 Fax 610-876-3449

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 individuals who complete the program will receive financial assistance.

Once again, thank you for your interest in the Delaware County Homeownership First Program. Please feel free to call if you have any questions.

Sincerely,  
**Annette Pyatt**  
Executive Director

**DELAWARE COUNTY HOMEOWNERSHIP FIRST PROGRAM  
FOR REVITALIZATION PROGRAM COMMUNITIES  
CHESTER COMMUNITY IMPROVEMENT PROJECT**

**Program Description**

- Purpose:** To provide homeownership opportunities to first time homebuyers in Delaware County through pre and post purchase homeownership counseling, as well as, down payment 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 not eligible.
- Homebuyer Assistance:** Each applicant will be evaluated based upon income, credit history, and available assets. Total assistance will not exceed \$10,000 and may be used for down-payment and/or closing costs.
- Terms of Assistance:** 0% interest loan that is repayable upon sale or transfer of the property or if the loan is refinanced for debt consolidation. The loan may be subordinated if refinanced for a lower interest rate. 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 (3) points charged and have a minimum 90% loan to value ratio. Applicant maybe eligible to use rehabilitation mortgage loan programs.
- 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 at the time of application and after settlement, excluding retirement funds, may not exceed \$15,000.
- 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:** **\$290,000.00**

**DELAWARE COUNTY HOMEOWNERSHIP FIRST PROGRAM  
FOR REVITALIZATION PROGRAM COMMUNITIES  
CHESTER COMMUNITY IMPROVEMENT PROJECT  
(Effective 6/15/2023)**

**2023 Income Limits**

To qualify for the Homeownership First Program for Revitalization Program Communities, 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, eighteen years of age or older, who will be residing in the new property.** The **MAXIMUM** gross annual income limits are as follows:

<b><u>Household Size</u></b>	<b><u>&lt;80% MFI</u></b>
1	\$ 62,500
2	\$ 71,400
3	\$ 80,350
4	\$ 89,250
5	\$ 96,400
6	\$ 103,550
7	\$ 110,700
8	\$ 117,850

**DELAWARE COUNTY**  
**HOMEOWNERSHIP FIRST**  
**REVITALIZATION PROGRAM COMMUNITIES**

Aldan Borough  
Chester Township  
Clifton Heights Borough  
Collingdale Borough  
Colwyn Borough  
Darby Borough  
Darby Township  
East Lansdowne Borough  
Eddystone Borough  
Folcroft Borough  
Glenolden Borough  
Lansdowne Borough  
Lower Chichester Township  
Marcus Hook Borough  
Millbourne Borough  
Morton Borough  
Norwood Borough  
Parkside Borough  
Prospect Park Borough  
Ridley Township  
Ridley Park Borough  
Rutledge Borough  
Sharon Hill Borough  
Tinicum Township  
Trainer Borough  
Upland Borough  
Yeadon Borough



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CHESTER COMMUNITY IMPROVEMENT PROJECT**  
**(Effective 6/15/2023)**

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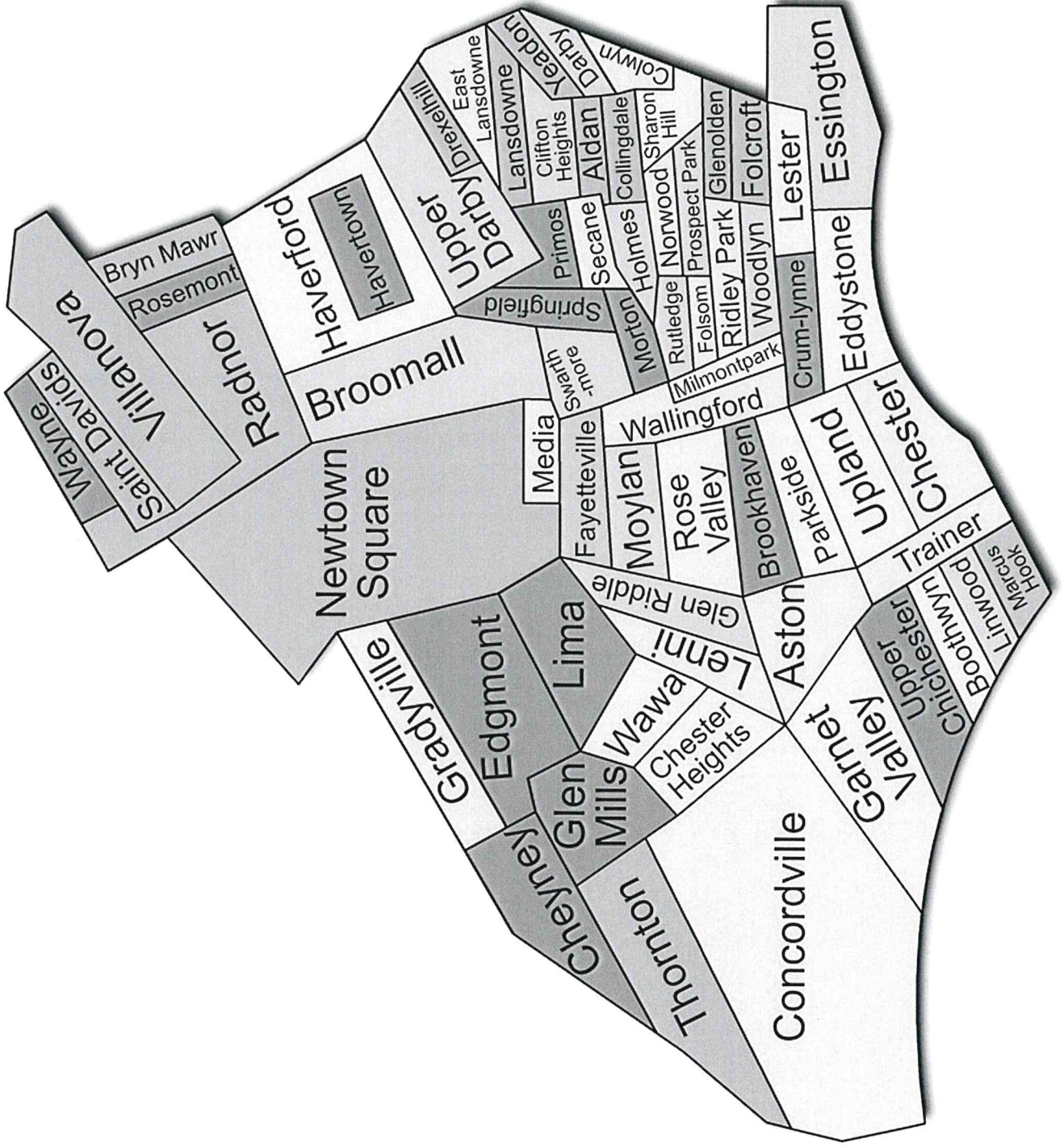
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**DELAWARE COUNTY**  
**HOMEOWNERSHIP FIRST PROGRAM**  
**COMMUNITIES**

Aston Township  
Bethel Township  
Brookhaven Borough  
Chadds Ford Township  
Chester Heights Borough  
Concord Township  
Edgmont Township  
Marple Township  
Media Borough  
Middletown Township  
Nether Providence Township  
Newtown Township  
Radnor Township  
Rose Valley Borough  
Springfield Township  
Swarthmore Borough  
Thornbury Township  
Upper Chichester Township  
Upper Providence Township



# Delaware County



**DELAWARE COUNTY  
HOMEOWNERSHIP FIRST REVITALIZATION PROGRAM  
CHESTER COMMUNITY IMPROVEMENT PROJECT**

**IMPORTANT NOTICE**

Due to Lead Based Paint Hazard regulations, the Delaware County Homeownership First Revitalization Program cannot 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 a CCIP 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.

## APPLICATION CHECKLIST

Do not send originals. **Note: Please make a copy of all requested documents, except original signed Qualification Form Documents. (YOUR APPLICATION WILL NOT BE PROCESSED UNTIL ALL REQUIRED DOCUMENTS HAVE BEEN SENT TO CHESTER COMMUNITY IMPROVEMENT PROJECT.)**

In order to evaluate your financial situation, certain documents need to be submitted to Chester Community Improvement Project for review and evaluation. **BEFORE MAILING OR DROPPING OFF YOUR APPLICATION, PLEASE BE SURE TO INCLUDE THE FOLLOWING DOCUMENTS AND FILL OUT APPLICATION COMPLETELY: EMAILED OR FAXED APPLICATIONS WILL NOT BE ACCEPTED.**

- \_\_\_\_\_ Signed Qualification Form
- \_\_\_\_\_ Signed Acknowledgement
- \_\_\_\_\_ Signed Certification of Household Income
- \_\_\_\_\_ Signed Counseling Agreement
- \_\_\_\_\_ Signed Credit Report Authorization
- \_\_\_\_\_ Signed Monthly Expense Sheet
- \_\_\_\_\_ Three (3) months current bank statements for **all accounts.**
- \_\_\_\_\_ Two (2) most recent Federal Tax returns with W-2's **FOR ALL HOUSEHOLD MEMBERS, OVER 18 YEARS OF AGE, WHO WILL BE RESIDING IN THE NEW PROPERTY.**
- \_\_\_\_\_ Two (2) most recent pay stubs **FOR ALL HOUSEHOLD MEMBERS, OVER 18 YEARS OF AGE, WHO WILL BE RESIDING IN THE NEW PROPERTY.**
- \_\_\_\_\_ Copy of Driver's License **FOR ALL HOUSEHOLD MEMBERS.**
- \_\_\_\_\_ Copy of Social Security Card and Birth Certificate.  
If the applicant and/or co-applicant are other than American Citizens One of the following is requested. A PASS from the Immigration and Naturalization Service (INS) which must show legal entry in the U.S. or GREEN CARD(s) which must show the time limit residency within the U.S. **FOR ALL HOUSEHOLD MEMBERS.**
- \_\_\_\_\_ A copy of all recurring monthly debts (Bills) and outstanding balances. These include credit cards, student loans, car payments, etc.
- \_\_\_\_\_ **\$21.20 MONEY ORDER (Per Applicant)** so that we may order a merged credit report for you. **PLEASE MAKE MONEY ORDER PAYABLE TO CHESTER COMMUNITY IMPROVEMENT PROJECT.** Please do not send a copy of your own credit report. **(NO PERSONAL CHECKS)**



**DELAWARE COUNTY HOMEOWNERSHIP FIRST PROGRAM / REVITALIZATION PROGRAM  
CHESTER COMMUNITY IMPROVEMENT PROJECT**

**Qualification Form**

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

**APPLICANT:**

Name: \_\_\_\_\_  
Phone (w): \_\_\_\_\_ (h): \_\_\_\_\_ (c) \_\_\_\_\_  
Email : \_\_\_\_\_ 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: \_\_\_\_\_  
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: \_\_\_\_\_



How did you hear about the program? \_\_\_\_\_

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 <u>Monthly Income:</u></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 Chester Community Improvement Project for the purpose of purchasing a home in Delaware County. I/We understand that Chester Community Improvement Project will verify the information I/We have provided in this application, and I/We give Chester Community Improvement Project 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 Chester Community Improvement Project.

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  
CHESTER COMMUNITY IMPROVEMENT PROJECT

ACKNOWLEDGEMENT

I acknowledge that the amount of funds offered by the Delaware County Homeownership First Revitalization 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 Revitalization Program requirements will receive financial assistance.

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

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

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\_\_\_\_\_  
Date

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Applicant Name (PLEASE PRINT)

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

\_\_\_\_\_  
Date



**DELAWARE COUNTY HOMEOWNERSHIP FIRST PROGRAM  
CHESTER COMMUNITY IMPROVEMENT PROJECT**

**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: \_\_\_\_\_

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**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 Chester Community Improvement Project 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 Chester Community Improvement Project, I/We understand that the assistance provided will be free of charge **(except for a one time \$21.20 fee per applicant for obtaining a merged credit report)** and authorize Chester Community Improvement Project 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 Chester Community Improvement Project, 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: \_\_\_\_\_

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

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



### Credit Report Authorization

I hereby request, authorize and instruct Experian, Equifax and Trans Union and any other credit reporting agency or similar entity to who this document is presented (each and “agency”) to furnish, from time to time upon specific request, a complete copy of any credit history in my name or relating to me (my “credit report”) maintained in the agency’s files to Chester Community Improvement Project (CCIP) in the manner and at the address that CCIP shall instruct. Credit reports will be pulled during one on one interviews.

Print full name (include middle initial): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Work phone: \_\_\_\_\_

Spouse full name (include middle initial): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_

Spouse Date of Birth: \_\_\_\_\_

Spouse work phone: \_\_\_\_\_

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

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

### Consent

I understand that by undertaking to counsel me on credit management and credit reporting matters, CCIP will interpret and explain the information that is in my credit report and that I otherwise provide. I also understand that by doing so CCIP does not assume responsibility for the completeness or accuracy of any of that information, and does not promise (and will not attempt) to affect or change my credit history or credit report in any matter.

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

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

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

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



# Monthly Expense Sheet

## Expenses

Type	Name of Creditor/Company	Actual	
Housing/Rent payment			
Housing/Mortgage payment			
Housing/Home/Rental insurance			
Housing/Home maintenance			
Housing/Utilities - Electric			
Housing/Utilities - Natural gas			
Housing/Utilities - Sewer			
Housing/Utilities - Water			
Housing/Miscellaneous			
Food/Groceries			
Food/Eating out/ Delivery			
Food/Snacks			
Telephone/Telecom/Basic service			
Telephone/Telecom/Long distance			
Telephone/Telecom/Cell phone			
Telephone/Telecom/Internet/ISP			
Children/Child support			
Children/Tuition			
Children/Day care			
Children/Allowance			
Children/School supplies			
Children/Activities			
Children/Clothing			
Children/Haircut			
Personal care/Clothing			
Personal care/Haircuts/Barber			
Personal care/Nails			
Personal care/Dry cleaning/Laundry			
Personal care/Shoes			
Auto/Transportation/Auto loan payments			
Auto/Transportation/Public transportation			
Auto/Transportation/Auto insurance			
Auto/Transportation/Parking			
Auto/Transportation/Gas and oil			
Auto/Transportation/Car maintenance			
Auto/Transportation/Fines			
Housing/Furniture			
Donations/Church tithing			
Donations/Charities			
Entertainment/Cable			
Entertainment/Movie rentals			
Entertainment/Movies			
Entertainment/Books/Music			
Entertainment/Sporting events			
Entertainment/Vacations/Travel			
Entertainment/Lottery/Bingo			
Entertainment/Cigarettes/tobacco			
Entertainment/Holidays/Events			
Health care/Doctors' visits			
Health care/Vision			
Health care/Pharmacy			

Expenses		
Type	Name of Creditor/Company	Actual
Health care/Dental		
Health care/Medical Insurance		
Insurance/Life insurance premiums		
Insurance/Disability insurance		
Pets/Food		
Pets/Vet bills		
Liabilities/Credit cards/Installment loan payments		
Liabilities/Credit cards/Student loan		
Liabilities/Credit cards/Credit card payments		
Liabilities/Credit cards/Federal taxes		
Liabilities/Credit cards/Collections		
Savings/Savings account		
Savings/Investments		
Savings/IRA		
<b>Totals</b>		

**Client Name:**

**Date:**

**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)

**DELAWARE COUNTY HOMEOWNERSHIP FIRST REVITALIZATION PROGRAM  
CHESTER COMMUNITY IMPROVEMENT PROJECT**

**Counseling Sessions Outline**

I. Introduction and Evaluation

Homeownership First Revitalization Program Overview  
Eligibility Requirements  
Home Buying Process Overview  
Goals/Needs of Family, Obstacles to Homeownership

II. Ability to Afford a Mortgage

Importance of a Good Credit Report  
Correcting a Bad Credit Report  
Evaluation of Current Debt  
Money Management and Budgeting  
Savings Plan  
Monthly Budget  
Determination of Mortgage Amount  
Home Purchase Financial Plan

III. Mortgage Financing

Qualifying Guidelines  
Mortgage Terms and Definitions  
Anatomy of a Mortgage Payment  
Loan Shopping  
Financial Institution Information  
Mortgage Qualifying Work Sheet  
Loan Application  
Settlement Costs  
Loan Closing

IV. Home Purchasing

Affordability  
Comparison Shopping  
Location/Site Selection  
Property Inspections  
Sales Price Negotiating  
Sales Agreement  
Offering Procedures  
Fair Housing

V. Loan Closing

Commitment Letter  
Closing Requirements  
Closing Documents

VI. Avoiding Default

Budgeting  
Timely Mortgage Payments  
Foreclosure Legal Process  
Alternatives to Foreclosure

VII. Maintaining Home Value

Maintenance  
Seasonal Improvements  
Energy Conservation  
Major Renovations  
Funding Improvements

VIII. Life as a Homeowner

Financial Planning  
Home Value Appreciation  
Homeownership Tax Benefits  
Homeowner Equity