

LOWER MERION AFFORDABLE HOUSING CORPORATION
AFFORDABLE HOME PURCHASE PROGRAM

Complete the following information and the enclosed authorization for a credit report.

Name of Applicant _____

Name of Co-Applicant _____

Current Address _____ How long? _____

City _____ State _____ Zip Code _____

Daytime phone # _____ Cell phone # _____

Email address _____

Are you a First-Time Homebuyer? _____

Do you currently reside in Lower Merion Township? _____

Do you currently work in Lower Merion Township? _____

Number of Adults _____ and Children _____ in the Household

Annual Household Income from ALL Sources \$ _____

Estimated Amount of Funds Available for Down Payment \$ _____

Signature _____ Signature _____

- Applicants will be required to verify information later in the process
- All information will be held in strict confidence

RETURN APPLICATION AND CREDIT AUTHORIZATION FORMS TO:

Genesis Housing Corporation
1430 DeKalb Street, Suite 2020
Norristown, PA 19401

PHONE: 610-275-4357
FAX: 610-275-1357
EMAIL: info@genesishousing.org

CREDIT REPORT AUTHORIZATION AND PRIVACY DISCLOSURE FORM

I hereby authorize and instruct Genesis Housing Corporation to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by Genesis Housing Corporation. I understand and agree that Genesis Housing Corporation intends to use the credit report for the purpose of evaluating my financial readiness to purchase a home, or to assist me with financial counseling.

My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to Genesis Housing Corporation in connection with such evaluation. Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

In addition, in connection with determining my ability to obtain a loan, I authorize Genesis Housing Corporation to share with potential lenders and/or counseling agencies my credit report and any information that I have provided, including any computations and assessments that have been produced based upon such information. These lenders may contact me to discuss loans for which I may be eligible, and these counseling agencies may contact me to discuss counseling services.

I understand that I may revoke my consent to these disclosures by notifying Genesis Housing Corporation in writing.

Client's Name

Client's Name

Client's Signature

Client's Signature

Social Security Number

Social Security Number

Date of birth

Date of birth

Address

Address

City, State, Zip

City, State, Zip

Daytime Phone number

Daytime Phone number

Date

Date