



1. Household Composition

Applicant Name: _____ DOB: _____ S.S.# _____
 Co-owner/Co-applicant: _____ DOB: _____ S.S.# _____

Address: _____

Telephone – Home: _____ Telephone – Work: _____

Cell: _____

Applicant Employer: _____

Occupation: _____

Employer Address: _____ Years Employed: _____

Significant Other's employment: _____

Occupation: _____

Employer Address: _____ Years Employed: _____

Owner of Property: Yes No Occupant of Property: Yes No

Is this property co-owned with a spouse/significant other? Yes No

Total number of property occupants: _____

Please list the name and age of all other property occupants, whether or not they are related to you (Excluding Applicant/Significant Other)

Full Name	Age	Currently receiving monthly income (Yes or No)

2. Monthly Income Verification

Please list the gross amount of income per month (prior to deduction) of all property occupants. Include alimony, black lung, child support, dividends, interest, net business income, pensions, public assistance, rental income, social security, unemployment/worker's compensation, wages, etc.

Applicant:

Wages	\$ _____	Vet. Pension	\$ _____	Pension	\$ _____
Cash Assistance	\$ _____	Unemployment	\$ _____	Insurance	\$ _____
SSI	\$ _____	Rental Property	\$ _____	Soc. Security	\$ _____
SSD	\$ _____	Child Support	\$ _____	Alimony	\$ _____
Net Bus. Income	\$ _____				\$ _____
		Other: Please specify:			\$ _____
				Total of all columns:	

Significant Other:

Wages	\$ _____	Vet. Pension	\$ _____	Pension	\$ _____
Cash Assistance	\$ _____	Unemployment	\$ _____	Insurance	\$ _____
SSI	\$ _____	Rental Property	\$ _____	Soc. Security	\$ _____
SSD	\$ _____	Child Support	\$ _____	Alimony	\$ _____
Net Bus. Income	\$ _____				\$ _____
		Other: Please specify:			\$ _____
				Total of all columns:	

Other household members:

Wages	\$ _____	Vet. Pension	\$ _____	Pension	\$ _____
Cash Assistance	\$ _____	Unemployment	\$ _____	Insurance	\$ _____
SSI	\$ _____	Rental Property	\$ _____	Soc. Security	\$ _____
SSD	\$ _____	Child Support	\$ _____	Alimony	\$ _____
Net Bus. Income	\$ _____				\$ _____
		Other: Please specify:			\$ _____
				Total of all columns:	

PAGE TOTAL _____

Other household members:

Wages	\$ _____	Vet. Pension	\$ _____	Pension	\$ _____
Cash Assistance	\$ _____	Unemployment	\$ _____	Insurance	\$ _____
SSI	\$ _____	Rental Property	\$ _____	Soc. Security	\$ _____
SSD	\$ _____	Child Support	\$ _____	Alimony	\$ _____
Net Bus. Income	\$ _____				\$ _____
		Other: Please specify:			\$ _____

Total of all columns:

Other household members:

Wages	\$ _____	Vet. Pension	\$ _____	Pension	\$ _____
Cash Assistance	\$ _____	Unemployment	\$ _____	Insurance	\$ _____
SSI	\$ _____	Rental Property	\$ _____	Soc. Security	\$ _____
SSD	\$ _____	Child Support	\$ _____	Alimony	\$ _____
Net Bus. Income	\$ _____				\$ _____
		Other: Please specify:			\$ _____

Total of all columns:

Other household members:

Wages	\$ _____	Vet. Pension	\$ _____	Pension	\$ _____
Cash Assistance	\$ _____	Unemployment	\$ _____	Insurance	\$ _____
SSI	\$ _____	Rental Property	\$ _____	Soc. Security	\$ _____
SSD	\$ _____	Child Support	\$ _____	Alimony	\$ _____
Net Bus. Income	\$ _____				\$ _____
		Other: Please specify:			\$ _____

Total of all columns:

PAGE TOTAL _____

3. Outstanding Mortgages Against the Property

Mortgage Company Name, Address & Phone Number	Balance	Account #

- a. How far behind are you with your mortgage payments? _____
- b. How long have you lived in your home? _____
- c. What is the loan term and percentage rate of your mortgage? _____
- d.. Please enclose a copy of your latest mortgage payment receipt

4. Monthly Expenses - please provide an estimate of your monthly expenses.

Bills:

Mortgage \$ _____ per month

Please provide the following breakdown of your mortgage payment:

Principal \$ _____
 Interest \$ _____
 Escrow amount \$ _____

Food \$ _____	Auto Insurance \$ _____	Car payment \$ _____
Clothing \$ _____	Medical Insurance \$ _____	Transportation (bus, taxi, tolls, shared ride) \$ _____
Credit Cards \$ _____	Life Insurance \$ _____	Gasoline \$ _____
Prescriptions \$ _____	Other Insurance \$ _____	Other Loans (Explain) _____

Sub-Total \$ _____

Phone \$ _____	Water \$ _____	Education/Tuition (Explain) \$ _____
Cell phone \$ _____	Sewage \$ _____	Other (Explain) \$ _____
Electric \$ _____	Medical \$ _____	Other (Explain) \$ _____
Home heating fuel (propane, oil, gas) \$ _____	Internet \$ _____	Other (Explain) \$ _____

Sub-Total \$ _____

Total \$ _____

- 5. Please provide a detailed narrative describing the reason(s) you have fallen behind in paying your mortgage. Please include any details you feel we should be made aware of in determining your eligibility for mortgage assistance funds.**

- 6. If you are eligible for the mortgage assistance program and are provided with up to two months of mortgage payments, what is your plan for then being able to resume making regular mortgage payments? Please provide a detailed description of this plan.**

- 7. Are you behind on any other bills at the current time? If so, what and how much?**

- 8. Where did you hear about this program?
Who (if anyone) referred you to our program?**

- 9. What other agencies are you currently working with? (For example, Catholic Charities, Dept. of Welfare, etc.)**

- 10. If you are not eligible for our program, can we refer you to other agencies that may be able to assist you with issues other than mortgage assistance?**

Westmoreland Community Action Mortgage Assistance Program

Eligibility Release Form

Organization requesting release of information (Name, address, telephone and date)

Westmoreland Community Action, 226 South Maple Avenue – Greensburg, PA 15601 724-834-1260

Purpose: Your signature on this Mortgage Assistance Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility in the Westmoreland Community Action Mortgage Assistance Program.

Privacy Act Notice Statement: Westmoreland Community Action, Inc. is requiring the collection of the information derived from this form to determine an applicant's eligibility in mortgage assistance program and to identify the necessary amount of assistance using mortgage assistance funds. Additionally, this information will be used to protect the agency's financial interest; and to verify the accuracy of the information furnished. When relevant, this information may be released to appropriate Federal, State and Local agencies; to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide all required information may delay the processing of your application or may result in your eligibility being denied.

Instructions: Each adult member of the household must sign a Mortgage Assistance Program Eligibility Release Form prior to the receipt of benefit. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

Authorization: I authorize the above-named Westmoreland Community Action to obtain information about me and my household that is pertinent to eligibility for participation in the Mortgage Assistance Program.

I acknowledge that:

1. A photocopy of this form is as valid as the original.
2. I, and a person of my choosing, have the right to review the file and the information obtained from this form.
3. I have the right to copy information from this file and to request correction of information I believe inaccurate.
4. All adult household members will sign this form and cooperate with the owner in this process.

Head of Household – Signature, Printed Name and Date X	Other Adult Member of the Household – Signature, Printed Name and Date X
Other Adult Member of the Household – Signature, Printed Name and Date X	Other Adult Member of the Household – Signature, Printed Name and Date X

Westmoreland Community Action Mortgage Assistance Program

Mortgage Company Release Form

I, hereby authorize Westmoreland Community Action, if deemed necessary, to contact the institution holding my mortgage for mortgage verification/status purposes. I understand this information will be kept confidential and will be used only for the purpose of determining my eligibility for mortgage assistance.

Mortgage Company Name

Account Number

Mortgage Company Address & Phone Number

Applicant Signature

Date

If at all possible, please have your spouse/significant other sign this release form if they co-own the property.

Co-owner/Co-applicant

Date

Westmoreland Community Action Mortgage Assistance Program

Verification of Employment Form

Authorization: Federal regulations require us to verify Employment Income of all members of the household applying for participation in the Mortgage Assistance Program. *Please attach 2 current pay stubs.* We ask your cooperation in providing this information. This information will be used only to determine the eligibility status and level of benefit of the household.

Your prompt return of the requested information will be appreciated.

Release: I hereby authorized the release for the requested information:

Applicant Name

Address

City/State/Zip

Date

Employer Information:

Name

Address

City/State/Zip

Phone

Signature of Authorized Representative

Title

Phone

Social Security #

Employed Since

Occupation

Salary

Effective date of last increase

Base pay rate:

Hourly: \$ _____ Week: \$ _____

Month: \$ _____

Average hours/week at base pay rate: _____

Weeks _____ or # weeks _____ worked per year.

Any other compensation, such as overtime, shift differential, not include in base pay rate (specify for commissions, bonuses, tips, etc.)

Expected average # of hours: _____

For: _____ \$ _____ per _____.

Is pay received for vacation? Yes No

Number of days/year: _____

Total earnings for the last 12 months: \$ _____

Anticipated future employment status:

Seasonal Temporary

Part time Full time

Does the employee have access to a retirement account? Yes No

If yes, what amount can they get access to? \$ _____

Please return to:

Westmoreland Community Action
Mortgage Assistance Program
226 South Maple Avenue
Greensburg, PA 15601

Westmoreland Community Action Mortgage Assistance Program

Verification of Assets on Deposit

(★ ★ Please attach your current bank statement ★ ★)

Financial Institution (Name & Phone Number)

Authorization: Federal regulations require us to verify income from assets of all members of the household in the mortgage assistance program, which we operate. We ask your cooperation in providing this information. This information will be used only to determine the eligibility status and level of benefit of the household.	Each Checking Account #	Average Monthly Balance for last 6 months	Current Interest Rate	Interest earned in the last 12 months
<p style="text-align: center;">Attention: Applicant</p> <p><i>RELEASE: I hereby authorize the release of all requested information.</i></p> Name: _____ Address: _____ <hr/> Soc. Sec. #: _____ Date: _____ <hr/> Applicant's Signature	Each Savings Account #	Current Balance	Current Interest Rate	Interest Earned in the last 12 months
<p style="text-align: center;">Attention: Financial Institution</p> <p><i>Your prompt return of the requested information is greatly appreciated.</i></p> <hr/> Signature/Authorized Representative Title: _____ Date: _____ Phone: _____ Please return to: Westmoreland Community Action Mortgage Assistance Program 226 S. Maple Ave. Greensburg, PA 15601	Certificate of Deposit Account #	Amount	Withdrawal Penalty	Current Interest Rate
The following information pertains to IRA, Keogh, and Retirement accounts				
	Account #	Amount	Withdraw penalty	Current Interest Rate
	Money Market Funds	Amount (Average balance last 6 months)	Interest Rate	Interest earned in the last 12 months

Warning: Title 18, section 1001 of the U.S. Code states that the person is guilty of a felony if he knowingly and willingly makes false or fraudulent statements to any department of the United States Government.

Westmoreland Community Action Mortgage Assistance Program

Verification of Pension and Annuities

(Please attach your current statement)

(Name of Institution)	Current monthly gross amount of pension or annuity	\$
	Deductions from gross for medical insurance premiums	\$
	Date of initial award	
	Effective date of current amount	
<p>Authorization: Federal Regulations require us to verify Pension and Annuities income of all members of the household in the Mortgage Assistance Program, which we operate. We ask your cooperation in providing this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p>	Contributions to company retirement/pension fund	\$
	Amount received in a lump sum	\$
Attention: Applicant	Attention: Participating Institution	
<p><i>RELEASE: I hereby authorize the release of all requested information.</i></p> <p>Name: _____</p> <p>Date: _____</p> <hr/> <p>Applicant's Signature</p>	<p><i>Your prompt return of the requested information is greatly appreciated.</i></p> <p>_____</p> <p>Signature/Authorized Representative</p> <p>Title: _____</p> <p>Date: _____</p> <p>Phone: _____</p> <p><i>Please return to:</i> Westmoreland Community Action Mortgage Assistance Program 226 S. Maple Ave. Greensburg, PA 15601</p>	

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Westmoreland Community Action Mortgage Assistance Program

Verification of Public Assistance Income

(Please attach your current statement)

(Name of Institution)	PUBLIC ASSISTANCE DATA	RATE PER MONTH
	Number in family	
	Aid to Families with Dependent Children	\$
	General Assistance	\$
<p>Authorization: Federal Regulations require us to verify Public Assistance income of all members of the household in the Mortgage Assistance Program which we operate. We ask your cooperation in providing this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p>	Does this amount include court awarded support payments? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Amount specifically designated for shelter and utilities	\$
	Other assistance:	\$
	Total Monthly Grant	
	Other income – source/amount	\$
	Amount of public assistance received in the last 12 months	\$
Attention: Applicant	Attention: Participating Institution	
<p><i>RELEASE: I hereby authorize the release of all requested information.</i></p> <p>Name: _____</p> <p>Date: _____</p> <hr style="border: 1px solid black;"/> <p>Applicant's Signature</p>	<p><i>Your prompt return of the requested information is greatly appreciated.</i></p> <p>_____</p> <p>Signature/Authorized Representative</p> <p>Title: _____</p> <p>Date: _____</p> <p>Phone: _____</p> <p><i>Please return to:</i> Westmoreland Community Action Mortgage Assistance Program 226 S. Maple Ave. Greensburg, PA 15601</p>	

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Westmoreland Community Action Mortgage Assistance Program

Verification of Social Security Benefits

(Please attach your current statement)

(Name of Institution)	SOCIAL SECURITY DATA	
		Date of birth
	\$	Gross monthly Social Security benefit amount
		Type of benefit
	\$	Gross monthly Supplemental Security income payment amount (including State supplement), type of benefit
<p>Authorization: Federal Regulations require us to verify Social Security benefits of all members of the household in the mortgage assistance program, which we operate. We ask your cooperation in providing this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p>		
Attention: Applicant	Attention: Participating Institution	
<p><i>RELEASE: I hereby authorize the release of all requested information.</i></p> <p>Name: _____</p> <p>Date: _____</p> <hr style="border: 1px solid black;"/> <p>Applicant's Signature</p>	<p><i>Your prompt return of the requested information is greatly appreciated.</i></p> <p>_____</p> <p>Signature/Authorized Representative</p> <p>Title: _____</p> <p>Date: _____</p> <p>Phone: _____</p> <p><i>Please return to:</i> Westmoreland Community Action Mortgage Assistance Program 226 S. Maple Ave. Greensburg, PA 15601</p>	

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Westmoreland Community Action Mortgage Assistance Program

Verification of Unemployment Benefits

(Please attach your current statement)

(Name of Institution)	BENEFITS	
	Are benefits being paid now? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, what is Gross Weekly Payment?	\$
	Date of initial payment	
<p>Authorization: Federal Regulations require us to verify Unemployment Benefits income of all members of the household in the Mortgage Assistance Program, which we operate. We ask your cooperation in providing this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p>	Duration of Benefits weeks	
	If no, what is the termination date of benefits?	
<p>Attention: Applicant</p> <p><i>RELEASE: I hereby authorize the release of all requested information.</i></p> <p>Name: _____</p> <p>Date: _____</p> <hr style="border: 1px solid black;"/> <p>Applicant's Signature</p>	<p>Attention: Participating Institution</p> <p><i>Your prompt return of the requested information is greatly appreciated.</i></p> <p>_____</p> <p>Signature/Authorized Representative</p> <p>Title: _____</p> <p>Date: _____</p> <p>Phone: _____</p> <p><i>Please return to:</i> Westmoreland Community Action Mortgage Assistance Program 226 S. Maple Ave. Greensburg, PA 15601</p>	

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Westmoreland Community Action Mortgage Assistance Program

Verification of Child Support Payments

(Please attach your current statement)

(Name of Institution)	Name of person paying child support:
Authorization: Federal Regulations require us to verify Child Support Payments made to all members of the household in the Mortgage Assistance Program, which we operate. We ask your cooperation in providing this information. This information will be used only to determine the eligibility status and level of benefit of the household.	Address of person paying child support:
	Support is for: <input type="checkbox"/> his <input type="checkbox"/> her children.
	Name(s) of children being supported:
	Amount of support:
	\$ <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

Attention: Applicant <i>RELEASE: I hereby authorize the release of all requested information.</i> Name: _____ Date: _____ <hr style="border: 1px solid black;"/> Applicant's Signature	Attention: Participating Institution <i>Your prompt return of the requested information is greatly appreciated.</i> _____ Signature/Authorized Representative Title: _____ Date: _____ Phone: _____ <i>Please return to:</i> Westmoreland Community Action Mortgage Assistance Program 226 S. Maple Ave. Greensburg, PA 15601

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Required Documentation to be submitted with this application:

- A. Signed Mortgage Assistance Program Eligibility release form (Page 6)
- B. Mortgage Institution Release Form (Page 7)
- C. Copy of latest Mortgage Payment Receipt
- D. Verification of Employment Form (Page 8)
- E. Copy of 2 current pay stubs (if employed)
- F. Verification of Assets on Deposit Form (Page 9)
- G. Verification of Pension and Annuities Form (Page 10)
- H. Verification of Recurring Cash Contributions Form (Page 11)
- I. Verification of Public Assistance Form (Page 12)
- J. Verification of Social Security Benefits form or letter from County Assistance Office (Page 13)
- K. Verification of Unemployment Benefits Form or letter from Unemployment Office (Page 14)
- L. Verification of Child Support Payments or letter from ex-spouse making child support payments (Page 15)