



FIRST TIME HOME BUYER PROGRAM

APPLICATION

DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT

401 Main Street

Johnstown PA, 15901

814-539-2504 ext. 118

FIRST TIME HOME BUYER
APPLICATION

Received Date: _____

COJ Initials: _____

1. Borrower Name: _____ Age: _____ Marital Status: _____

Current Address: _____ Phone Number: _____

2. Co-Borrower Name: _____ Age: _____ Marital Status: _____

Current Address: _____ Phone Number: _____

3. Household Composition:

***If more than 6, please include requested information on a separate sheet of paper.**

Full Name	Relationship	Birth Date	Social Security #	Age	Sex
1.					
2.					
3.					
4.					
5.					
6.					

4. The following questions are regarding the lead-based paint section of the program. Please circle Yes or No.

a. Is there a child 5-years or younger who lives or expected to live at this address? Yes or No

- If Yes, has the child been tested for elevated blood levels? Yes or No

b. Is there a child 5-years or younger, who spends a minimum of 6 hours per week at this address?

Yes or No

***If you answered yes to these questions above, the occupancy may not be permitted during lead-based paint renovation activities, therefore, arrangements to remain at your current location or with relatives/friends during the renovation period should be made.**

5. The following information is requested for Government monitoring purposes only to ensure the lenders compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish the information. The lender may neither discriminate based on this information nor on whether you choose to furnish it. However, if you choose not to furnish it under Federal regulation this lender is required to note race and sex based on visual observation or surname:

	White		Native Hawaiian/Other Pacific Islander
	Black/African American		Native American/Alaskan Native
	Asian American		American Indian/Alaskan Native and White
	American Indian/Alaskan Native and Black/African American		Black/African American and White
	Hispanic and Latino American		Other Multi-racial

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6. The following documentation must be submitted with your application. Failure to include all required information will result in the delay of processing your loan request. Please do not submit original documents with your application.

- Executed Sales Agreement
- Mortgage approval letter from your selected lender.
- Income verification, (1040 income tax form, social security award letter, pension award letter, etc.)
- Tenant income verification, (or tenant information form) \
- 5 years and younger: If child tested for elevated lead blood levels, provide a copy of the test results. If your child was not tested, the city will pay for screening through a local laboratory.
- Additional information may be requested.

Household Income Limits Summary for FY 2025

Household Members:	1	2	3	4	5	6	7	8
Maximum Income	\$47,250	\$54,000	\$60,750	\$67,500	\$72,900	\$78,300	\$83,700	\$89,100

If your household income exceeds the maximum allowance indicated on the chart, you are not qualified to receive assistance under this program. Household members 18 years and older must report income.

7. Income Verification: Disclose all income for every household member over 18 years old. Include earned income, taxable interest, dividends, taxable refunds, alimony, business income or loss, taxable IRA amounts, taxable pension and annuity, taxable social security benefits, prizes and awards such as gambling, lottery raffle winnings. Proof of income shall be attached:

Source of Income	Amount of Income
Salary and Wages: Include name/address of employer:	\$
Social Security:	\$
Pension Benefit	\$
Interest Income:	\$
Dividends:	\$
Rental Income:	\$
Business Income or Loss	\$
Other:	\$
Other:	\$

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The applicant certifies that the above information is true and correct to the best of his/her knowledge. Verification of any of the information contained in this application may be obtained from any source named herein.

Penalty for false or fraudulent statement; U.S.C. Title 18, Section 1001, provides; "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsified or make any false writing or document the same to contain false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both".

X _____ **Date:** _____

X _____ **Date:** _____

If you have any questions or require assistance in completing this application,
please contact the City of Johnstown, Department of Community and
Economic Development at 814-539-2504. Our office mailing address is as
follows:

City of Johnstown Department of Community and Economic
Development City Hall, 2nd Floor
401 Main Street
Johnstown, PA15901
(814) 539-2504 Ext. 118

For Official Use Only

Income Verification: Monthly: _____ Yearly: _____

Income Category: 80% limits: _____ / VLI: _____ / LI: _____

Application Received on: _____ By: _____

Verification on File Documentation By: _____

Guidelines subject to change at any time without notice.