



STRAWBERRY MANSION
T O W N H O M E S

PRELIMINARY APPLICATION AND ELIGIBILITY ASSESSMENT

Application Date:

Household # of Children:

Household # of Adults:

Applicant Name:

First

Middle

Last

Social Security Number:

Date of Birth:

Address Line 1:

Street

Address Line 2:

City

State

Zip code

Home Phone:

Work Phone:

Cell Phone:

Annual Income:

Name of Employer:

Occupation:

Address of Employer:

Number of Years Employed:

Employer Phone:

List Former Employer if less than 2 years on Current Job:

Co-Applicant Name:

First

Middle

Last

Social Security Number:

Date of Birth:

Address Line 1:

Street

Address Line 2:

City

State

Zip code

Home Phone:

Work Phone:

Cell Phone:

Annual Income: \$

Name of Employer:

Occupation:

Address of Employer:

Number of Years Employed:

Employer Phone:

List Former Employer if less than 2 years on Current Job:



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Do you or the co-applicant have any other Source of Income? Yes No

Are you or the co-applicant receiving SSI or Social Security benefits? Yes No

Name of Bank(s):

Checking Balance: \$ Savings Balance: \$

Have you ever filed for Bankruptcy? Yes No

Are you a first time Homebuyer? Yes No

If no, please explain:

Have you completed Pre-Purchase Counseling? Yes No

Where?

If accepted, you will be required to place a deposit of \$1,000. The deposit will be credited towards Buyer's Contribution.

Buyer agrees to have Credit Report information disclosed to Friends Rehabilitation Program and Realtor, in order to process for Preliminary Application.

My signature confirms that all the information is accurate. Additionally, my signature confirms that I understand completion of this application does not guarantee my eligibility to participate in Friends Rehabilitation Program's Strawberry Mansion Townhomes project. Furthermore, I understand that Friends Rehabilitation Program bears no responsibility for my ability or inability to secure a mortgage.

Applicant's Name:

(Please Print)

Applicant's Signature:

Date:

Co-Applicant's Name:

(Please Print)

Co-Applicant's Signature:

Date:



STRAWBERRY MANSION T O W N H O M E S

PRELIMINARY APPLICATION AND ELIGIBILITY ASSESSMENT

Please return completed form to:

Sierra Thomas, Esq.
Friends Rehabilitation Program, Inc.
704 W. Girard Avenue
Philadelphia, PA 19123
Email: stomas@frpinc.org
Fax: (215) 825-8865
Phone: (215) 825-8800 x110