

Application - Part A

Home in the City
Employee Eligibility and Application Form

Mail or fax completed form to Home in the City c/o APS, 607 N Duke St., Lancaster, PA 17602
Phone: (717) 544-5231; Fax: (717) 544-1913

Please complete the following

Employee Name: _____ Employee Number: _____

Current employer entity:

- Lancaster General Hospital
- Lancaster General Services Business Trust
- Lancaster General Medical Group
- Lancaster General College of Nursing and Health Sciences
- Central Pennsylvania Nursing Alliance (Maple Farm)
- VNA Community Care, Inc
- Lancaster Cleft Palate Clinic

Department _____

Job Title _____

Phone number(s): _____

E-mail: _____

Current mailing address: _____

I am interested in settlement assistance and mortgage insurance (complete and submit Part B of the application when information is available)

I am interested in Curb Appeal (complete Part C)

Employee Signature

Once you receive notification that you are qualified to participate in the program you will need to complete the following page(s) for settlement assistance, mortgage insurance and/or curb appeal.

HITC Administrator use only

Date received _____ by _____

Approval criteria:

- Employee is in good standing
- Employee for 90 days
- Employee is within income limit
- Employee is full-time (minimum .8 FTE)

HR approval date _____

Home in the City
Settlement Assistance/Private Mortgage Insurance Request Form

Mail or fax completed form to Home in the City c/o APS, 607 N Duke St., Lancaster, PA 17602
Phone: (717) 544-5231; Fax: (717) 544-1913

Employee name: _____

Address of new home: _____

Are you a first-time home-buyer? _____ yes _____ no

If "yes" have you completed the First-time Homebuyers Workshop offered by the Lancaster County Housing Opportunity Partnership? _____ yes _____ no

If "yes" please attach the certificate of course completion

If "no" please visit the LHOP web site at www.lancasterhousing.org for workshop information. (You can still submit this form if you have not yet completed the course however funds will not be disbursed until the certificate of completion is submitted.)

Settlement Assistance requested for:

___ Primary Area (\$10,000)

___ Secondary Area (\$5,000)

Do you need mortgage insurance? ___ yes ___ no ___ unsure

Please provide contact information for the following:

Realtor: _____ Contact person _____

Phone no.(s): _____ E-mail: _____

Fax no. _____

Mortgage Lender: _____ Contact person _____

Phone no.(s): _____ E-mail: _____

Fax no. _____

Settlement Company: _____ Contact person _____

Phone no.(s): _____ E-mail: _____

Fax no. _____

Home in the City
Curb Appeal Request Form

Mail or fax completed form to Home in the City c/o APS, 607 N Duke St., Lancaster, PA 17602
Phone: (717) 544-5231; Fax: (717) 544-1913

Employee name: _____

Address of home: _____

Description of work to be done (attach plans if available):

Estimates for work to be done (attach quotes if available):

To be completed by Home in the City Administrator:

(initial)

_____ Plans and estimated costs received Date _____

_____ "Before" photos taken by administrator Date _____

_____ Request is approved ___ denied ___ Date _____

_____ Signed Curb Appeal agreement received Date _____

_____ Invoices received from employee Date _____

_____ Proof of payment received from employee Date _____

_____ "After" photos taken by administrator Date _____