



pcdc 費城華埠發展會
PHILADELPHIA CHINATOWN DEVELOPMENT CORPORATION

北第 11 街住宅第一期 项目资料与申请表



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本文件的中文译本仅供参考。如英文原文与中文译文之间存在任何不一致或歧义，应以英文原文为准，英文版本为最终及具有决定效力的版本。

关于费城华埠发展会（PCDC）

费城华埠发展会（PCDC）是一家根据《美国国内税收法》第 501(c)(3) 条注册的非营利机构，拥有六十年服务费城华埠社区的经验，在为低收入居民服务方面成绩卓著，并深受政府机构信任。PCDC 是市政府认可的社区发展机构（NAC）、美国住房与城市发展部（HUD）批准的住房咨询机构、美国国税局批准的 VITA（志愿者报税援助）站点、注册社区组织（RCO），以及住房与社区发展部（DHCD）批准的 PHL 房租援助服务点。

关于北第 11 街住宅第一期

“北第 11 街住宅第一期”是由 PCDC 牵头实施的一系列可负担住房项目之一，旨在为低收入的首次购房者提供置业机会。该项目是 PCDC 提供可负担住房综合努力的一部分。

北第 11 街住宅——第一期包括位于以下地址的 4 套新建联排住宅：610 N. 11th Street、1103 Clay Street、1105 Clay Street 和 1107 Clay Street。所有住宅均为三层独立单户住宅，主要特点包括：

- 三间卧室
- 1.5 间浴室
- 约 1,350 平方英尺居住面积
- 后院
- 配备洗衣机/烘干机、中央供暖与空调、洗碗机、电炉和冰箱

周边配套

住宅周边 0.5 英里范围内可到达以下设施：

- 公共交通
- 超市
- 社区中心
- 学校
- 游乐场
- 教堂
- 医疗服务机构
- PCDC 费城华埠发展会办公室（提供住房咨询及公共福利服务）
- Crane 鼎华社区中心（提供室内活动、青少年项目和社区服务）

预计可入住时间

项目预计于 2026 年 7 月 22 日完成施工，并计划于 2026 年 7 月底开始入住。

定价与可负担性

本项目共 4 个住宅单元，其中 1 套面向家庭收入不超过费城地区收入中位数（AMI）50% 的家庭，另 3 套面向家庭收入不超过 AMI 60% 的家庭。

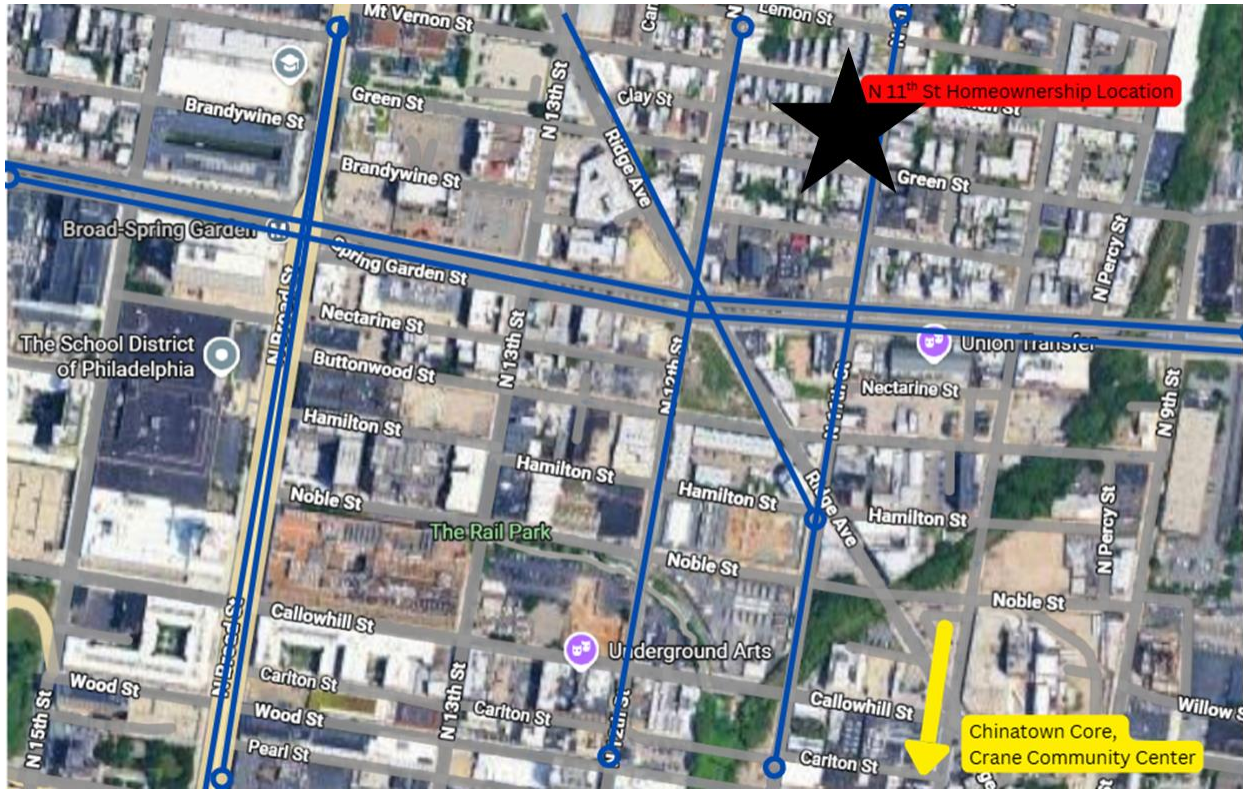
表：住宅价格与收入限制

地址	建筑面积 (平方英尺)	卧室数	浴室数	AMI 比例	销售价
610 N 11th	1,386	3	1.5	60%	\$319,500
1103 Clay	1,353	3	1.5	60%	\$319,500
1105 Clay	1,353	3	1.5	60%	\$319,500
1107 Clay	1,343	3	1.5	50%	\$255,000

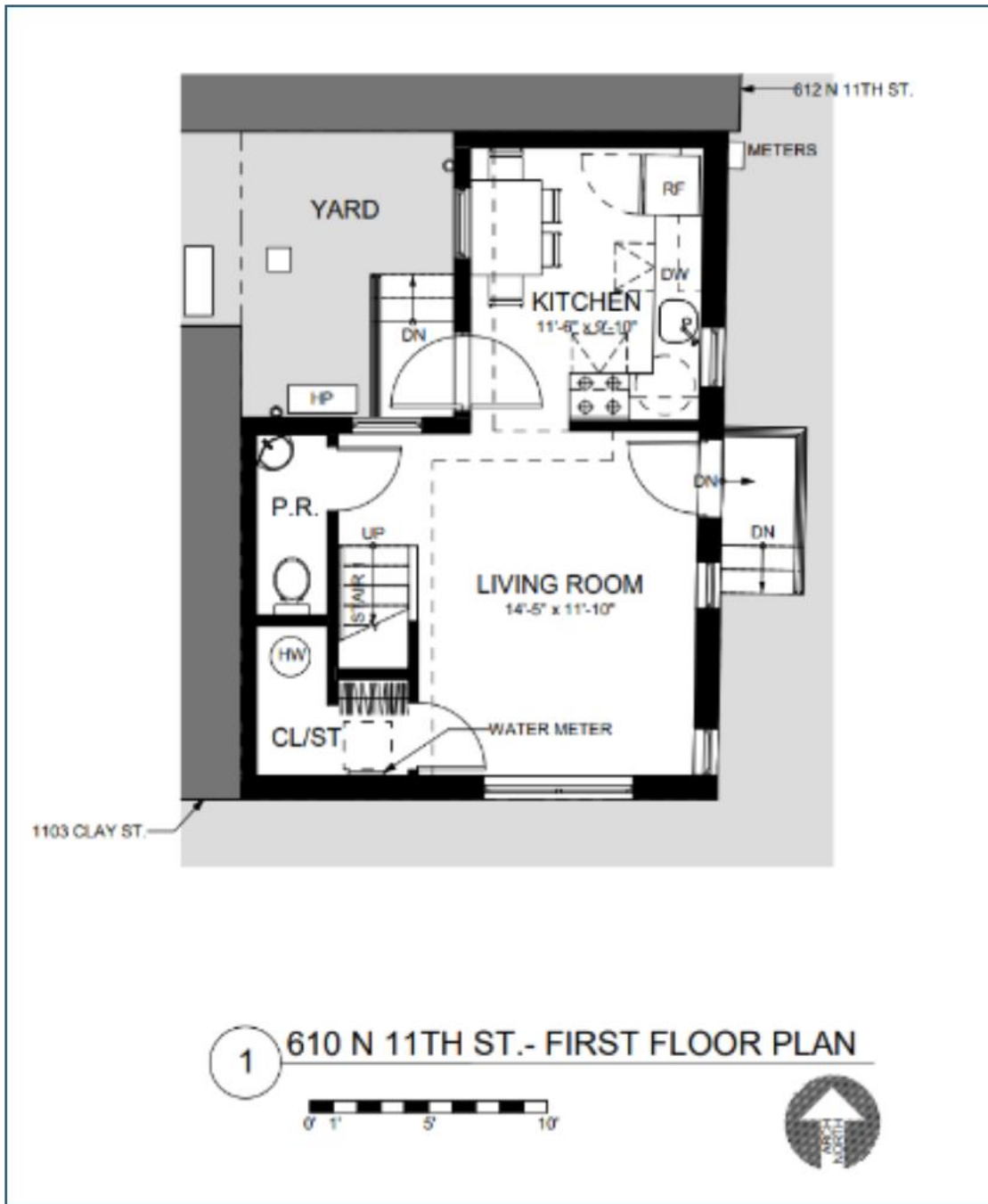
PCDC 是平等住房机会的提供者。我们不因种族、肤色、宗教/信仰、性别、国籍、年龄、家庭状况、残疾、性取向或性别认同而进行歧视。所有项目均遵循地方、州及联邦反歧视法律，包括《联邦公平住房法》（42 USC 3600 及后续条款）。



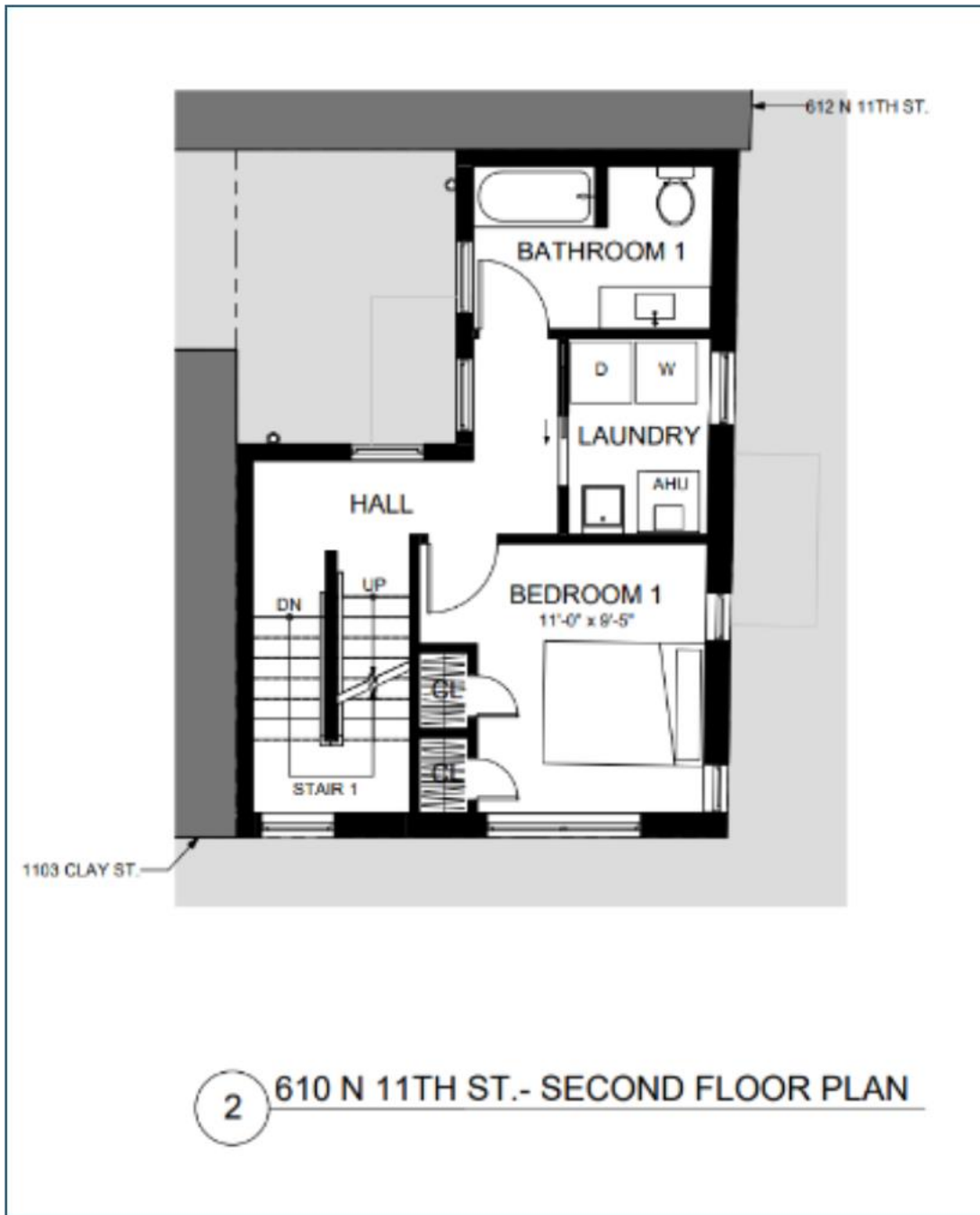
位置图



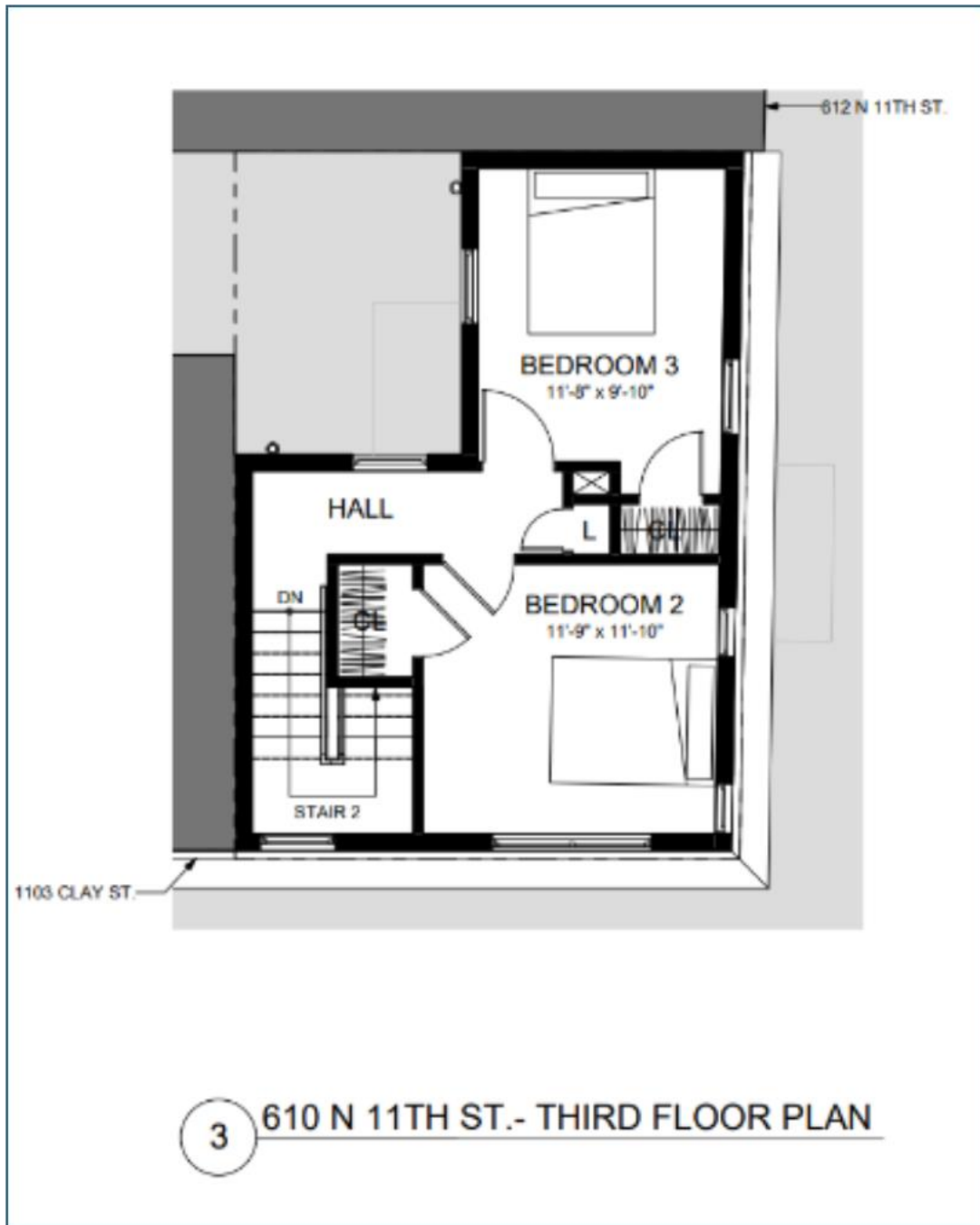
单位信息 - 610 N 11th (*设计如有更改, 恕不另行通知)



单位信息 - 610 N 11th (*设计如有更改, 恕不另行通知)

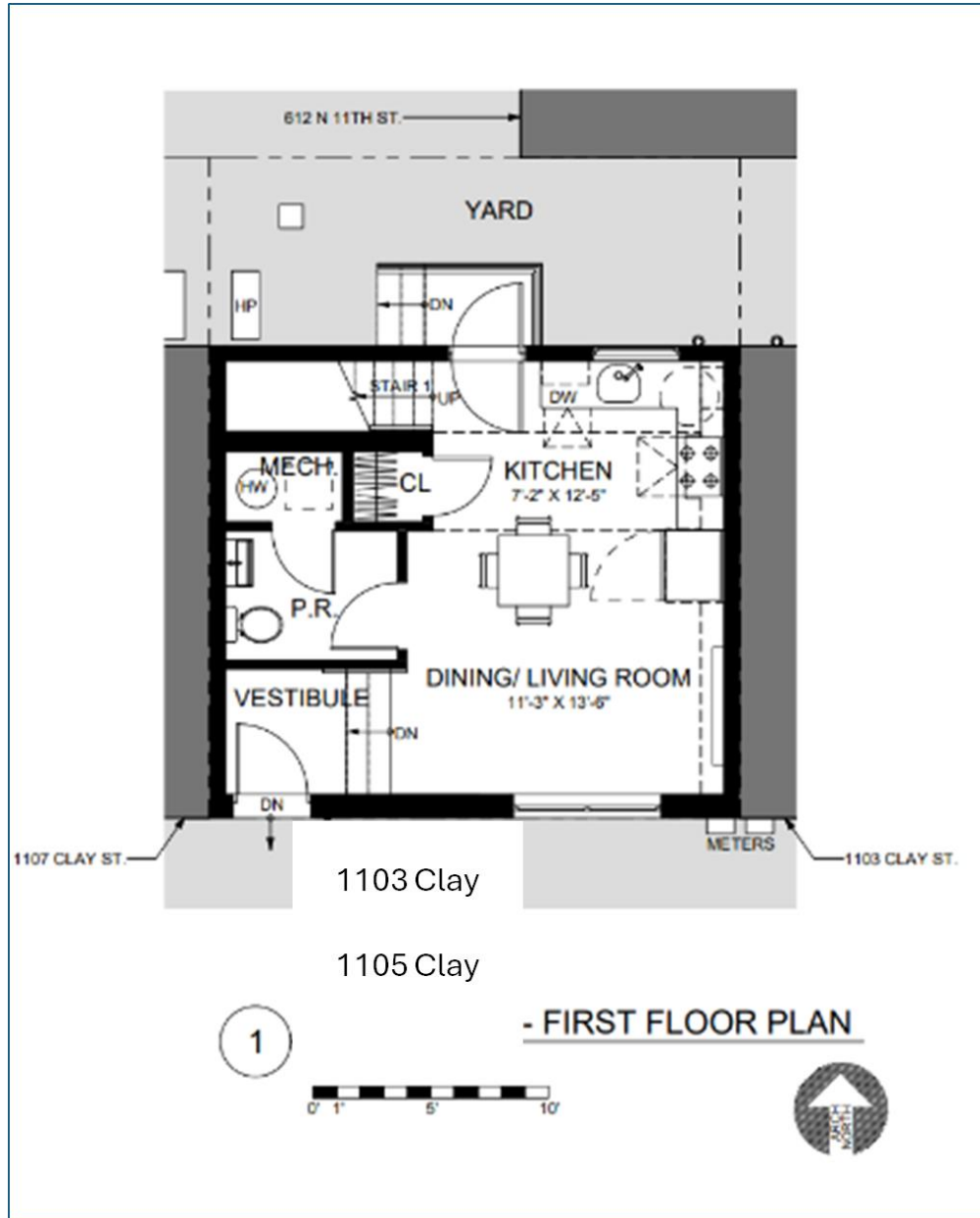


单位信息 - 610 N 11th (*设计如有更改, 恕不另行通知)



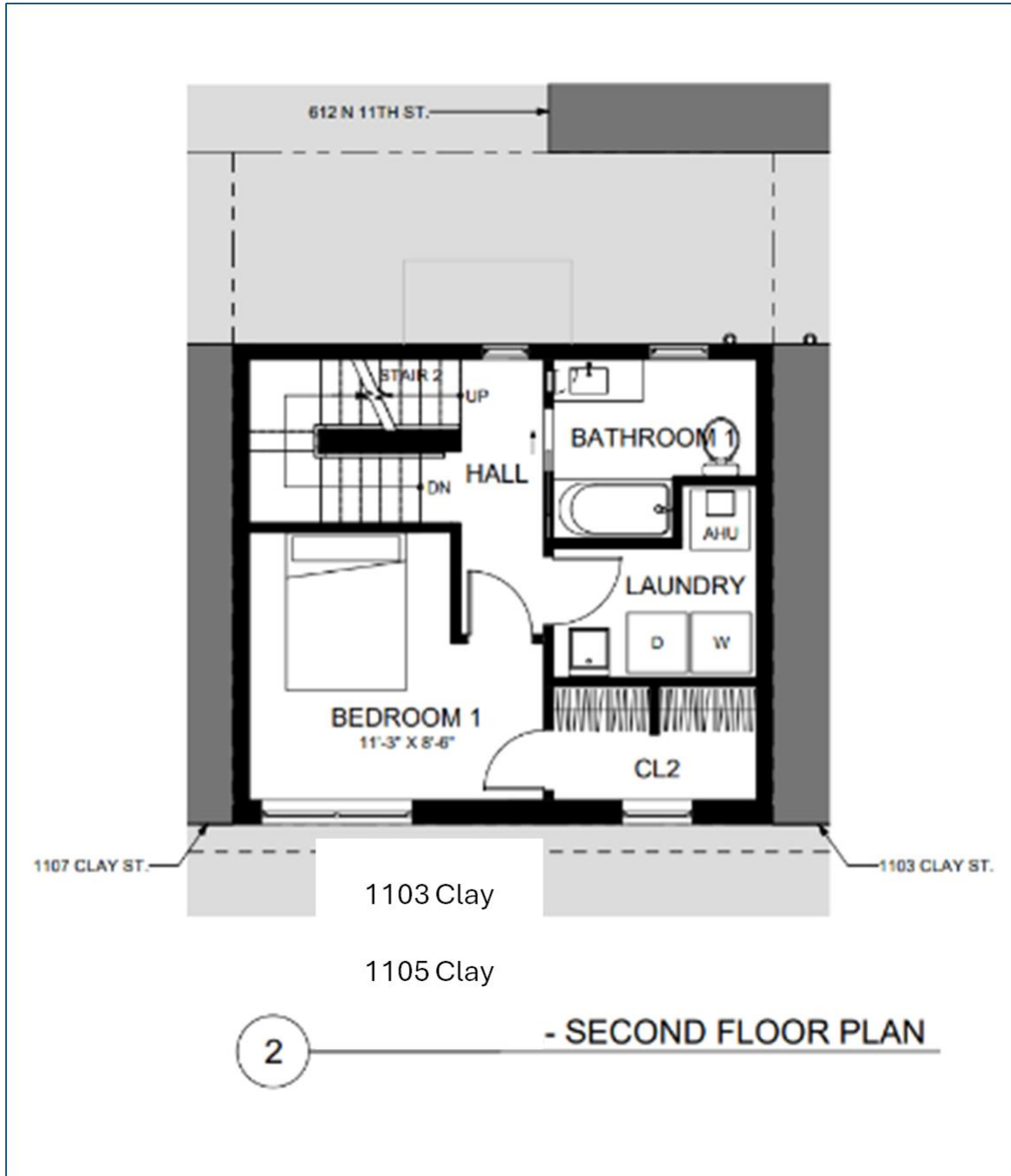
单位信息 - 1103 Clay | 1105 Clay |

1107 Clay (*设计如有更改, 恕不另行通知)



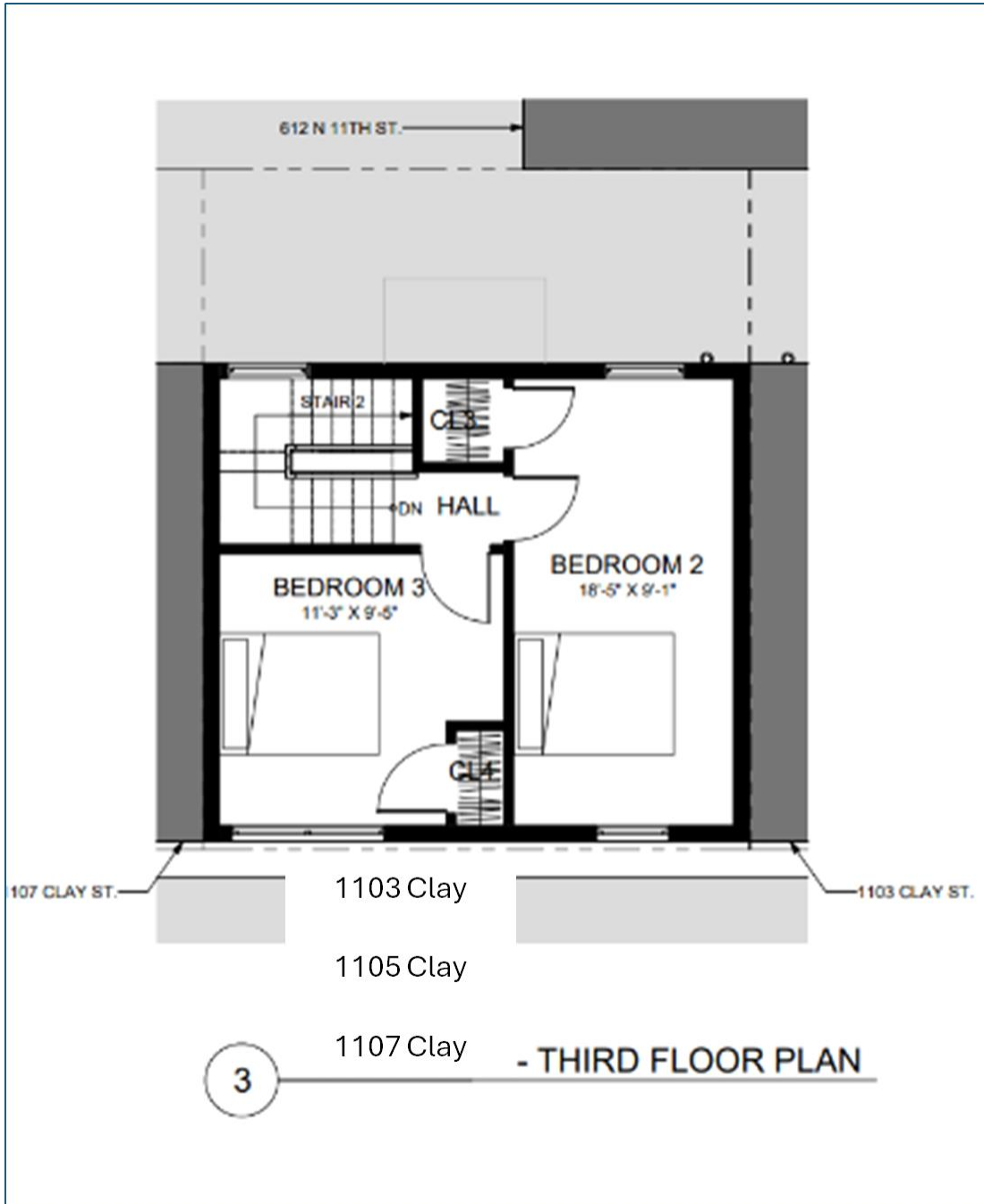
单位信息 - 1103 Clay | 1105 Clay |

1107 Clay (*设计如有更改, 恕不另行通知)



单位信息 - 1103 Clay | 1105 Clay |

1107 Clay (*设计如有更改, 恕不另行通知)



申请人资格要求

1. 必须符合收入资格要求。

根据您的家庭人口数量，若要符合资格购买这些房屋，您的家庭年收入（税前）不得超过以下限额——此限额依据美国住房与城市发展部（HUD）2025 年准则制定，并自 2026 年 3 月起生效：

地址	AMI 比例	销售价	收入限制：1 人家庭	收入限制：2 人家庭	收入限制：3 人家庭	收入限制：4 人家庭
610 N 11th	60%	\$319,500	\$50,160	\$57,360	\$64,476	\$71,640
1103 Clay	60%	\$319,500	\$50,160	\$57,360	\$64,476	\$71,640
1105 Clay	60%	\$319,500	\$50,160	\$57,360	\$64,476	\$71,640
*1107 Clay	50%	\$255,000	\$41,800	\$50,160	\$53,750	\$59,700

2. 必须为首次购房者。
3. 必须完成住房所有权教育课程以及由 PCDC 或其他合格机构提供的一对一咨询。

**特别说明：1107 Clay 住宅优先面向目前住房状况不稳定的申请人。*

第一步：向 PCDC 提交申请

1. 在提交申请前，请仔细阅读并确认符合申请人资格。
2. 自 2026 年 5 月 1 日起，申请可通过以下方式提交：
 - a. 亲自递交至 PCDC 总办公室（301 N. 9th Street, Philadelphia, PA 19107）
 - b. 邮寄递交
3. 申请必须于 2026 年 5 月 30 日 或之前收到（邮寄以邮戳日期为准）。逾期申请将不予受理
4. 申请材料包括（但不限于）：
 - a. 填写完整的申请表
 - b. 贷款机构出具的贷款预审批函
 - c. 收入证明
 - i. 最近两个月的工资单
 - ii. 包括子女抚养费、赡养费、社会保障金、养老金等
 - d. 2024 年及 2025 年的 W-2 表
 - e. 2024 与 2025 年联邦报税表
 - f. 最近两个月的银行对账单
 - g. 已确认预约的购房教育课程与咨询证明
 - h. 有效照片身份证明
5. 申请表必须填写完整，请勿留空。若某项问题不适用于您，请在相应填写处注明“N/A”（不适用）。
6. 所有成年家庭成员均须在填写完毕的申请表上签字。
7. 每个家庭仅限提交一份申请。同一家庭若重复提交多份申请，其申请将被驳回
8. PCDC 致力于严格遵守《公平住房法》。
9. 提交申请，或收到要求提供补充信息的通知，均不构成对您获准购买房产的保证。
10. 在遴选过程中，若有必要确保申请人符合准入条件，PCDC 可能会要求提供额外的证明文件或信息。

第二步：抽签流程

1. PCDC 将采用抽签系统来选定购房者，以确保选拔过程公平、公正且具有随机性。所有申请均将经过审核以确认资格，并根据申请人的区域中位数收入（AMI）水平进行分类，以便进行后续的抽签。
2. PCDC 可能会与您联系，要求您提供关于申请的补充信息。此类要求并不构成对您获得购房机会的保证。所需文件必须在 14 天内提交；提交方式可选择亲自送至 PCDC 办公室（地址：301 N. 9th Street），或通过电子邮件发送至 rmak@chinatown-pcdc.org。
3. PCDC 将在申请截止日期后的四（4）周内举行抽签。所有申请人均将收到关于其申请状态的通知。申请状态分为以下三类：1) 已入选并确认获得购房机会；2) 已列入候补名单；3) 未入选。
4. 入选的购房者须在 7 天内签署《购房意向书》。若入选购房者拒绝该购房邀约，或未在规定时间内作出回应，该购房机会将顺延至候补名单上的申请人。
5. AMI 水平低于 50% 的入选购房者将获得购买“1107 Clay”房产的机会。AMI 水平低于 60% 的入选购房者，将依据其抽签编号（LOTTERY NUMBER）的数字顺序，在“610 N 11th”、“1103 Clay”和“1105 Clay”这几处房产中进行选择。

第三步：购房流程

获选购房者在规定时限内签署《购房意向书》后，需履行以下事项：

1. 签署《购房协议》
2. 向 PCDC 支付 1,000 美元的定金，以此表明其购买该房屋的诚意及财务承诺
3. 从贷款机构获取《贷款协议》
4. 办理房屋保险
5. 进行房屋检查（如有需要）
6. 准备银行对账单
7. 完成与贷款机构相关的所有必要手续

APPLICATION FOR NORTH 11TH HOMES – PHASE 1

PCDC is an equal opportunity housing provider. We do not discriminate on the basis of race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity.

We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.).

FOR OFFICE USE ONLY		
Date Application Received:	Application #:	Lottery #:

Part 1. Applicant Information

Primary Applicant	
First Name:	Middle Initial: Last Name:
Social Security Number:	Date of Birth:
Driver's License Number & State:	
Mobile Phone:	Home Phone:
Residential Address:	
Mailing Address (if different from above)	
Email Address:	
Marital Status: (Single, Married, Divorced, Separated, Widowed)	
Military Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Retired Veteran <input type="checkbox"/> Not a Veteran <input type="checkbox"/> Chose Not to Respond	Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Latino <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Other / Multiracial <input type="checkbox"/> Chose Not to Respond
Gender:	Do you have a disability (Y/N):

Have you been prequalified or pre-approved by a bank or lender? (Y/N)	If so, please name the bank you were qualified at:	
Have you previously completed housing counseling within the last 12 months?	If so, please name the agency:	
Have you ever owned a home before? If yes, please provide Date of Ownership.		
Total annual gross household income (incl. all household members' income, child support, alimony, etc.)		
Type of Household Income	Amount of Household income	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Total number of people in your household (incl. yourself, all adults and children):		
Please list the name, birth date, and gender of all dependents of you and your co-applicant:		
First and Last Name	Birthdate (MM/DD/YYYY)	Gender

Part 2. Applicant Employment Information

Primary Applicant - attach additional sheet(s) if more than one employer	
Name of Current Employer:	
Address:	
City:	State: Zip Code:
Employer/Business Phone Number:	Employee/Business Email:
Date of Hire:	Hourly Wage:
Gross Annual Income (pre-tax):	
Income Type <input type="checkbox"/> Full-time Employment <input type="checkbox"/> Part-time Employment <input type="checkbox"/> Self-Employment	
Occupation:	
Other Monthly Income: (check all applicable) <input type="checkbox"/> Social Security (SSI) <input type="checkbox"/> AFDC/TANF Social Security (SSA) <input type="checkbox"/> Disability <input type="checkbox"/> Alimony <input type="checkbox"/> Child Support <input type="checkbox"/> SNAP Benefit <input type="checkbox"/> PHA Housing Voucher <input type="checkbox"/> Other, please specify	
Total Monthly Income Amount:	

Check this box if additional sheet(s) attached

Part 3. Co-Applicant Information (if applicable)

Co-Applicant	
First Name:	Middle Initial: Last Name:
Social Security Number:	Date of Birth:
Driver's License Number & State:	
Mobile Phone:	Home Phone:
Residential Address:	
Mailing Address (if different from above)	
Email Address:	
Marital Status: (Single, Married, Divorced, Separated, Widowed)	
Military Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Retired Veteran <input type="checkbox"/> Not a Veteran <input type="checkbox"/> Chose Not to Respond	Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Latino <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Other / Multiracial <input type="checkbox"/> Chose Not to Respond
Gender:	Disability (if applicable):
Have you been prequalified or pre-approved by a bank or lender? (Y/N)	If so, please name the bank you were qualified at:
Have you previously completed housing counseling within the last 12 months?	If so, please name the agency:
Have you ever owned a home before? If yes, provide Date of Ownership.	

Part 5. Additional Monthly Income from Other Household Members

Monthly Income Source 1 (check all applicable) <ul style="list-style-type: none"> <input type="checkbox"/> Employment Income <input type="checkbox"/> AFDC/TANF Social Security (SSA) <input type="checkbox"/> Social Security (SSI) <input type="checkbox"/> Disability <input type="checkbox"/> Alimony <input type="checkbox"/> Child Support <input type="checkbox"/> SNAP Benefit <input type="checkbox"/> PHA Housing Voucher <input type="checkbox"/> Other, please specify 	
Total Monthly Income Amount:	Name of Household Member Receiving the Income:
Monthly Income Source 2 (check all applicable) <ul style="list-style-type: none"> <input type="checkbox"/> Employment Income <input type="checkbox"/> AFDC/TANF Social Security (SSA) <input type="checkbox"/> Social Security (SSI) <input type="checkbox"/> Disability <input type="checkbox"/> Alimony <input type="checkbox"/> Child Support <input type="checkbox"/> SNAP Benefit <input type="checkbox"/> PHA Housing Voucher <input type="checkbox"/> Other, please specify 	
Total Monthly Income Amount:	Name of Household Member Receiving the Income:
Monthly Income Source 3 (check all applicable) <ul style="list-style-type: none"> <input type="checkbox"/> Employment Income <input type="checkbox"/> AFDC/TANF Social Security (SSA) <input type="checkbox"/> Social Security (SSI) <input type="checkbox"/> Disability <input type="checkbox"/> Alimony <input type="checkbox"/> Child Support <input type="checkbox"/> SNAP Benefit <input type="checkbox"/> PHA Housing Voucher <input type="checkbox"/> Other, please specify 	
Total Monthly Income Amount:	Name of Household Member Receiving the Income:

Part 6. Expenses

Housing	Annual		Annual
Rent / Mortgage	\$	Insurance	\$
Association Due	\$	Property Tax	\$
All Other	Description		\$
Utilities, Internet, Phone	Monthly		Monthly
Electricity	\$	Gas	\$
Water	\$	Internet	\$
Cell Phones	\$	Cable/Subscriptions	\$
All Other	Description		\$
Transportation	Monthly		Monthly
Car Payment 1	\$	Car Payment 2	\$
Insurance	\$	Gas/Fuel	\$
Maintenance/Repair	\$	Parking	\$
Bus Pass/Subway	\$	Uber/Taxi	\$
All Other	Description		\$

Food & Health	Monthly		Monthly
Groceries	\$	Restaurant/Take-out	\$
Gym Membership	\$	Health/Life Insurance	\$
All Other	Description		\$
Dependent Expenses	Monthly		Monthly
Alimony/Child Support	\$	Schooling/Day Care	\$
All Other	Description		\$
Debts	Monthly		Monthly
Student Loan	\$	Personal Loan	\$
Credit Card Balance	\$		
All Other	Description		\$
Other Expenses	Monthly		Monthly
Tobacco Products/Alcohol	\$	Charity/Church Tithes	\$
Cosmetics / Nails / Salon	\$	Household Items	\$
Dry Cleaning/Laundromat	\$	Subscription	\$
Family Support	\$	Hobbies	\$
Pet	\$	Vacations	\$
All Other Expenses	Description:		\$

Part 7. Applicant Assets - attach additional sheet(s) if needed

Asset Type 1	
<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Investment Account <input type="checkbox"/> Retirement <input type="checkbox"/> Real Estate <input type="checkbox"/> Other (please name):	
Name of the Financial Institute	Balance
Verification Type	
<input type="checkbox"/> Account Statement (please attach) <input type="checkbox"/> Self-Reported	
Asset Type 2	
<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Investment Account <input type="checkbox"/> Retirement <input type="checkbox"/> Real Estate <input type="checkbox"/> Other (please name):	
Name of the Financial Institute	Balance
Verification Type	
<input type="checkbox"/> Account Statement (please attach) <input type="checkbox"/> Self-Reported	
Asset Type 3	
<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Investment Account <input type="checkbox"/> Retirement <input type="checkbox"/> Real Estate <input type="checkbox"/> Other (please name):	
Balance	
Verification Type	
<input type="checkbox"/> Account Statement (please attach) <input type="checkbox"/> Self-Reported	

Check this box if additional sheet(s) attached

Part 8. Co-Applicant Assets (if applicable) - attach additional sheet(s) if needed

Asset Type 1 <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Investment Account <input type="checkbox"/> Retirement <input type="checkbox"/> Real Estate <input type="checkbox"/> Other (please name):	
Name of the Financial Institute	Balance
Verification Type <input type="checkbox"/> Account Statement (please attach) <input type="checkbox"/> Self-Reported	
Asset Type 2 <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Investment Account <input type="checkbox"/> Retirement <input type="checkbox"/> Real Estate <input type="checkbox"/> Other (please name):	
Name of the Financial Institute	Balance
Verification Type <input type="checkbox"/> Account Statement (please attach) <input type="checkbox"/> Self-Reported	
Asset Type 3 <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Investment Account <input type="checkbox"/> Retirement <input type="checkbox"/> Real Estate <input type="checkbox"/> Other (please name):	
Balance	
Verification Type <input type="checkbox"/> Account Statement (please attach) <input type="checkbox"/> Self-Reported	

Check this box if additional sheet(s) attached

Part 9. Applicant Debt - attach additional sheet(s) if needed

Debt Type 1 <input type="checkbox"/> Credit Card <input type="checkbox"/> Line of Credit <input type="checkbox"/> Auto Loan <input type="checkbox"/> Education Loan <input type="checkbox"/> Mortgage <input type="checkbox"/> Child Support <input type="checkbox"/> Other (please specify):	
Monthly Payment	Balance Due
Debt Type 2 <input type="checkbox"/> Credit Card <input type="checkbox"/> Line of Credit <input type="checkbox"/> Auto Loan <input type="checkbox"/> Education Loan <input type="checkbox"/> Mortgage <input type="checkbox"/> Child Support <input type="checkbox"/> Other (please specify):	
Monthly Payment	Balance Due
Debt Type 3 <input type="checkbox"/> Credit Card <input type="checkbox"/> Line of Credit <input type="checkbox"/> Auto Loan <input type="checkbox"/> Education Loan <input type="checkbox"/> Mortgage <input type="checkbox"/> Child Support <input type="checkbox"/> Other (please specify):	
Monthly Payment	Balance Due

Check this box if additional sheet(s) attached

Part 10. Co-Applicant Debt (if applicable) - attach additional sheet(s) if needed

Debt Type 1 <input type="checkbox"/> Credit Card <input type="checkbox"/> Line of Credit <input type="checkbox"/> Auto Loan <input type="checkbox"/> Education Loan <input type="checkbox"/> Mortgage <input type="checkbox"/> Child Support <input type="checkbox"/> Other (please specify):	
Monthly Payment	Balance Due
Debt Type 2 <input type="checkbox"/> Credit Card <input type="checkbox"/> Line of Credit <input type="checkbox"/> Auto Loan <input type="checkbox"/> Education Loan <input type="checkbox"/> Mortgage <input type="checkbox"/> Child Support <input type="checkbox"/> Other (please specify):	
Monthly Payment	Balance Due
Debt Type 3 <input type="checkbox"/> Credit Card <input type="checkbox"/> Line of Credit <input type="checkbox"/> Auto Loan <input type="checkbox"/> Education Loan <input type="checkbox"/> Mortgage <input type="checkbox"/> Child Support <input type="checkbox"/> Other (please specify):	
Monthly Payment	Balance Due

Check this box if additional sheet(s) attached

Part 11. Declarations

Please respond "Yes" or "No" for all of the following questions.		
Please circle "Yes" or "No" in response to all of the following questions.	Applicant	Co-Applicant (if applicable)
Do you have debt because of a court decision against you?	Yes / No	Yes / No
Are you presently delinquent or in default on any federal debt or any loans?	Yes / No	Yes / No
Are you a co-signer on any other loans or mortgages? *	Yes / No	Yes / No
Are there any outstanding judgements or liens against you?	Yes / No	Yes / No
Have you declared bankruptcy for the past seven years?	Yes / No	Yes / No
Have you had a property foreclosed upon in the past?	Yes / No	Yes / No
Have you had anything repossessed with the last three years?	Yes / No	Yes / No
Have any of your accounts been placed into collections in the past three years?	Yes / No	Yes / No
Are you paying alimony or child support? *	Yes / No	Yes / No
Are you a U.S. citizen or permanent resident?	Yes / No	Yes / No

Part 12. Affidavit & Authorizations

Please respond "Yes" or "No" for all of the following questions.		
Please circle "Yes" or "No" in response to all of the following questions.	Applicant	Co-Applicant (if applicable)
I hereby certify that all information I have provided above is honest and complete. I understand that all documentation I provide throughout this process must be submitted truly and accurately in an unaltered state. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the applicant's termination in the lottery and home purchase process under PCDC.	Yes / No	Yes / No
I hereby authorize Philadelphia Chinatown Development Corporation (PCDC) permission to obtain a copy of a tri-merge consumer credit report on my behalf. I understand that my credit report will be obtained to be used solely for the use of the lottery and homebuying process to determine homebuying readiness. I understand information may only be shared with other agencies that have a direct connection with the processing of my homebuying process in conjunction with PCDC.	Yes / No	Yes / No
I hereby authorize PCDC permission to contact my past and current employers to verify the status of my employment, dates of employment, wages and earnings, and any other pertinent information needed to assess my employment and income qualifications as it relates to a mortgage.	Yes / No	Yes / No

I hereby consent to the release of information to third parties and for third parties to release my information to PCDC as it relates to and is necessary to the counseling services received by PCDC or an affiliate.	Yes / No	Yes / No
So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.	Yes / No	Yes / No
We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).	Yes / No	Yes / No
Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.	Yes / No	Yes / No

Please confirm with a “Yes” or “No” that you have read and consent to the following	Applicant	Co-Applicant (if applicable)
So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.	Yes / No	Yes / No
We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).	Yes / No	Yes / No
Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.	Yes / No	Yes / No

Signature

I understand that by filing this application, I am authorizing PCDC to evaluate my actual need for a home in the North 11th Homes – Phase 1, my ability to repay a loan with interest, and other expenses of homeownership. I understand that the evaluation will include personal visits, a credit check, SORI check (Sexual Offender Registry Information), and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive a home, I may be disqualified from the program. The original copy of this application will be retained by PCDC even if the application is not approved. I also understand that PCDC screens all potential staff (whether paid or unpaid), board members and applicant families on the sex-offender registry, and that by completing this application, I am submitting myself and all persons listed on the first page of the application to such an inquiry.

Primary Applicant Full Name: _____

Date: _____

Signature:

Co-applicant Full Name: _____

Date: _____

Signature: