



pcdc

費城華埠發展會

PHILADELPHIA CHINATOWN DEVELOPMENT CORPORATION

# North 11<sup>th</sup> Homes - Phase 1

## Sales Package



## **ABOUT PHILADELPHIA CHINATOWN DEVELOPMENT CORPORATION (PCDC)**

PCDC is a 501(c)(3) nonprofit with sixty years of experience supporting the Philadelphia Chinatown community, a strong track record of serving low-income residents and has the trust of government agencies. PCDC is a City-approved NAC, a HUD-approved housing counseling agency, an IRS-approved VITA (Volunteer Income Tax Assistance) site, a Registered Community Organization (RCO), and a DHCD-approved PHL Rent Relief site.

## **ABOUT NORTH 11<sup>TH</sup> HOMES – PHASE 1**

The “North 11th Street Homes – Phase 1” is one of a series of affordable housing developments led by PCDC to provide homeownership opportunities for low-income first-time homebuyers. The development is part of PCDC’s comprehensive effort to provide affordable housing.

The North 11<sup>th</sup> Homes – Phase 1 offers 4 newly constructed rowhomes at 610 N. 11th Street, 1103 Clay Street, 1105 Clay Street, and 1107 Clay Street. These 3-story single-family homes feature:

- 3 bedrooms and 1 ½ baths
- ~1350 sq ft of living space
- Rear yard
- Washer/dryers, central heating and air conditioning, dishwasher, electric range, and refrigerator

These homes have access to nearby amenities. The following are within a 0.5-mile radius:

- Public transportation
- Grocery stores
- Community centers
- Schools
- Playgrounds
- Churches
- Health services
- PCDC’s office, which offers counseling and public benefit services
- Crane Community Center, which provides indoor recreation, youth programs, and community services

## **Estimated Availability Timeline**

Construction of the project is expected to be completed by July 22, 2026, followed by move-ins in late July 2026.



### Pricing and Affordability

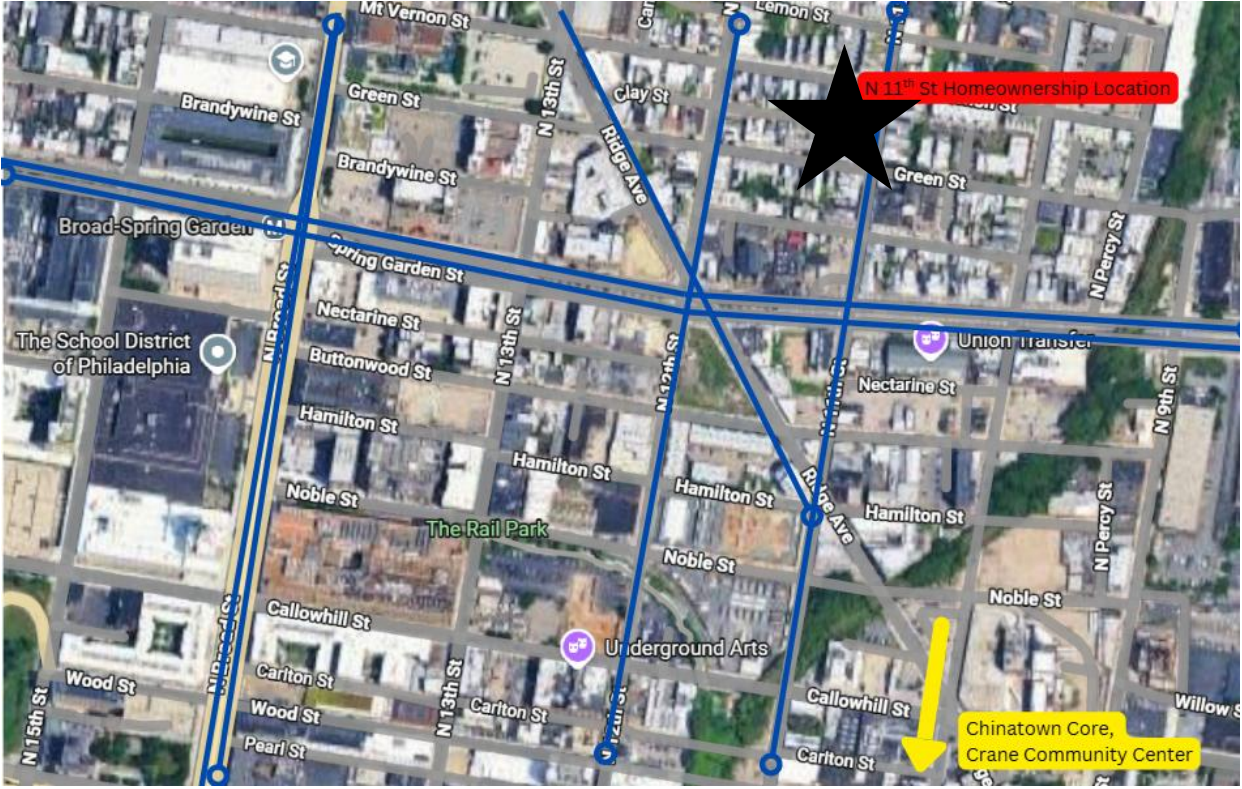
Of the four units proposed in this project, one unit is designated for households earning 50% of Philadelphia’s Area Median Income (AMI) or below, and three units are designated for households earning 60% of AMI or below.

Address	Unit Size (SF)	Number of Bedrooms	Number of Bathrooms	% AMI	Sales Price
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

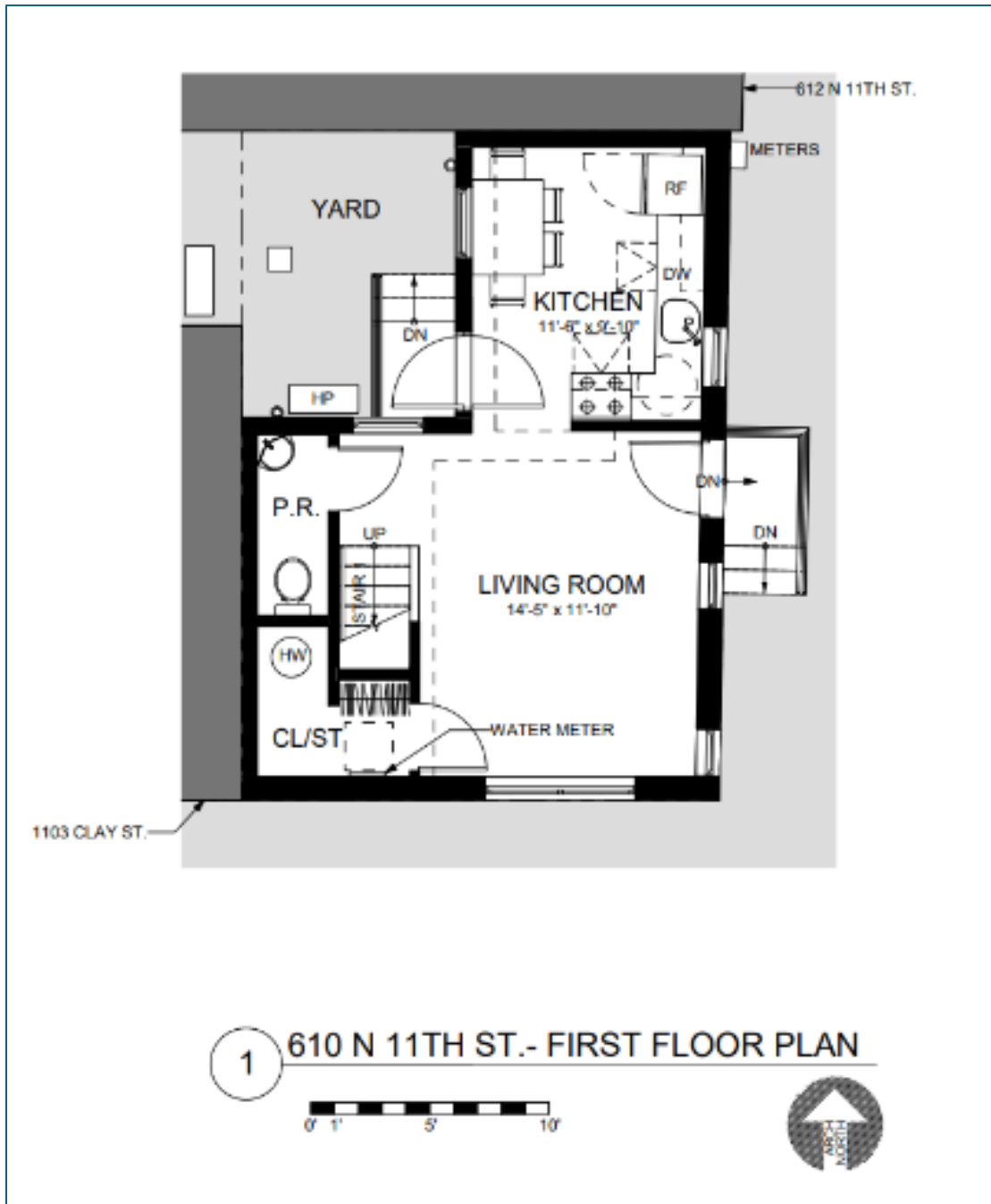
PCDC is an equal opportunity housing provider. We do not discriminate on the basis of race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.).



# LOCATION MAP



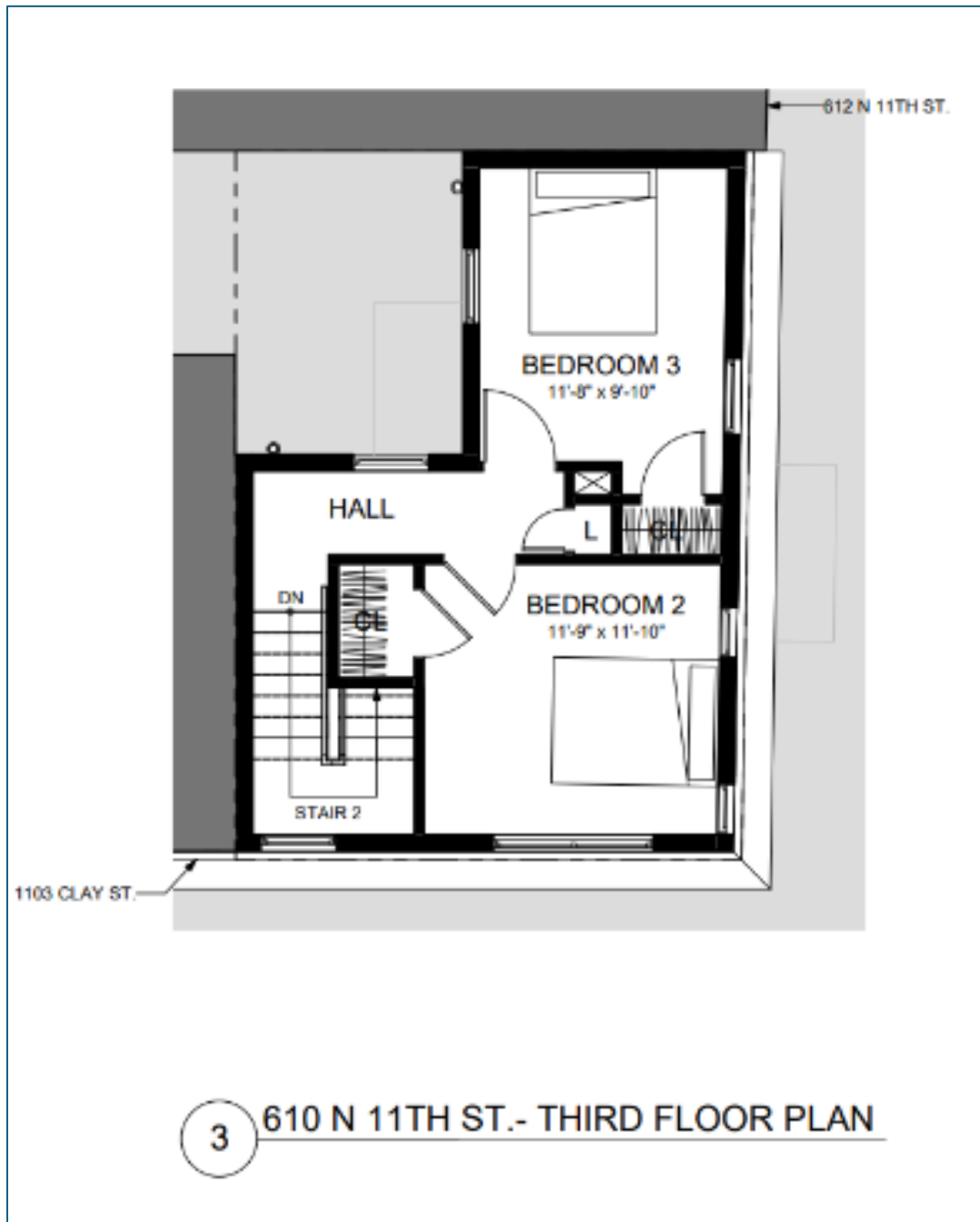
# Unit Information - 610 N 11<sup>th</sup> (\*design subject to change)



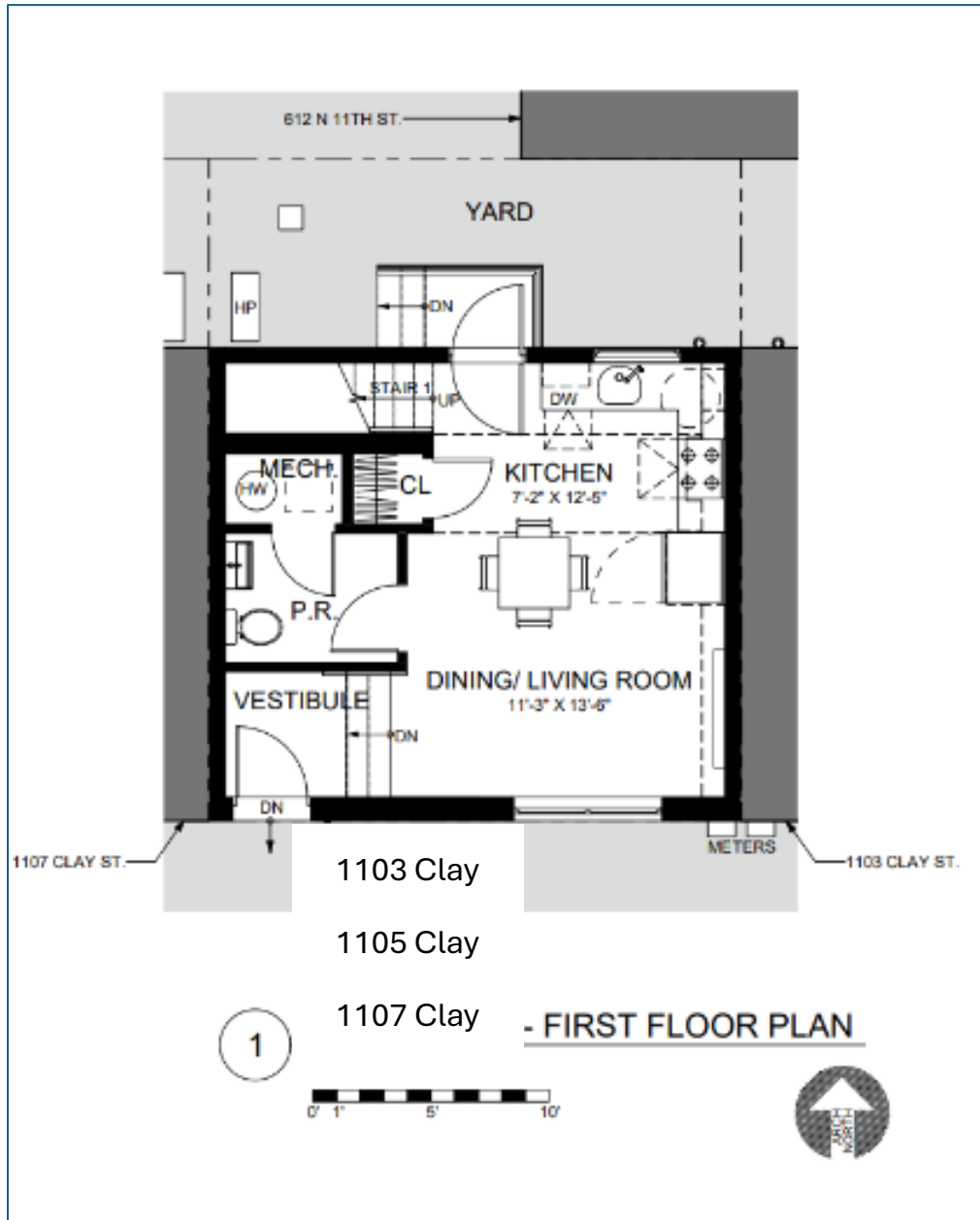
# Unit Information - 610 N 11<sup>th</sup> (\*design subject to change)



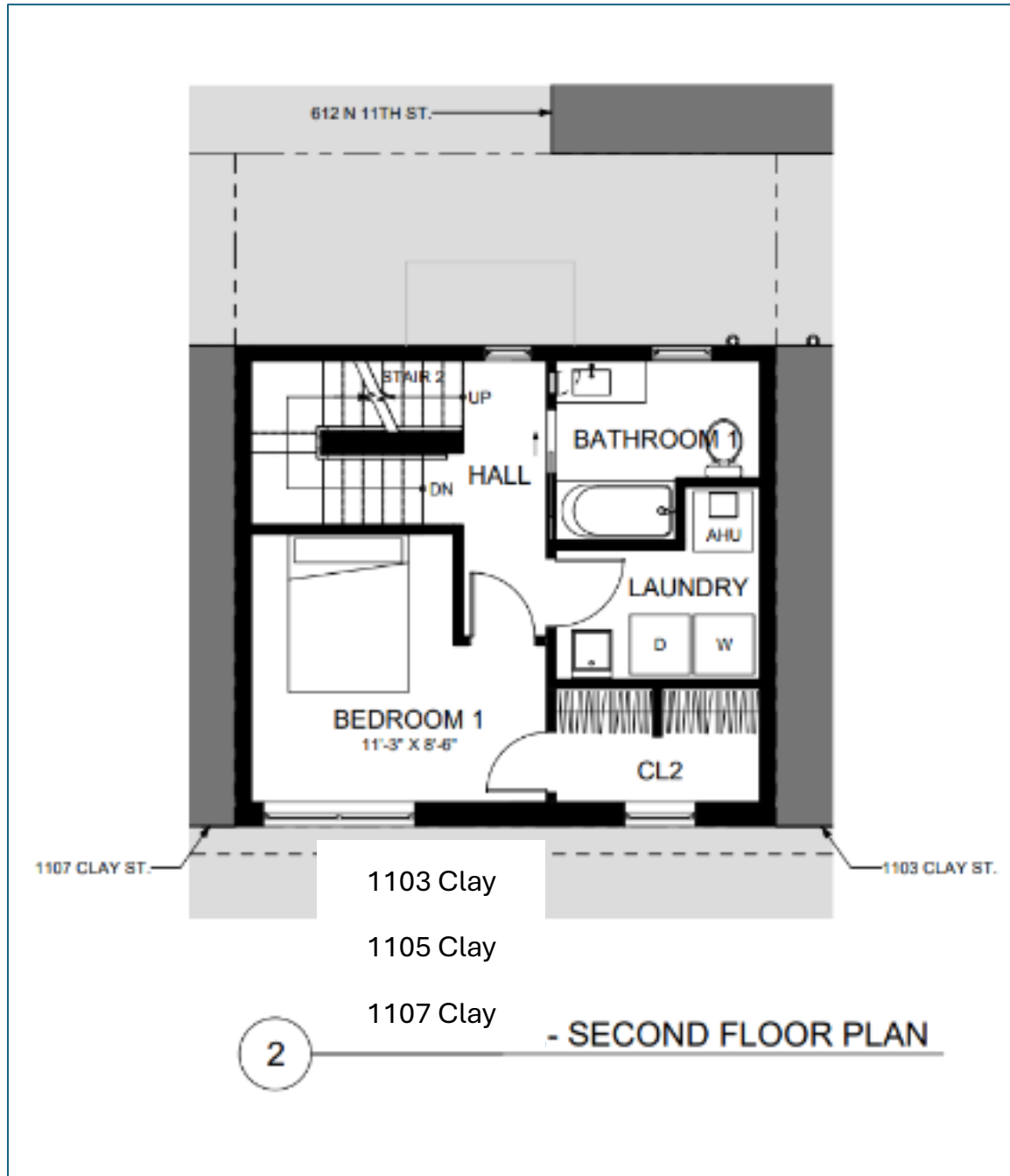
# Unit Information - 610 N 11<sup>th</sup> (\*design subject to change)



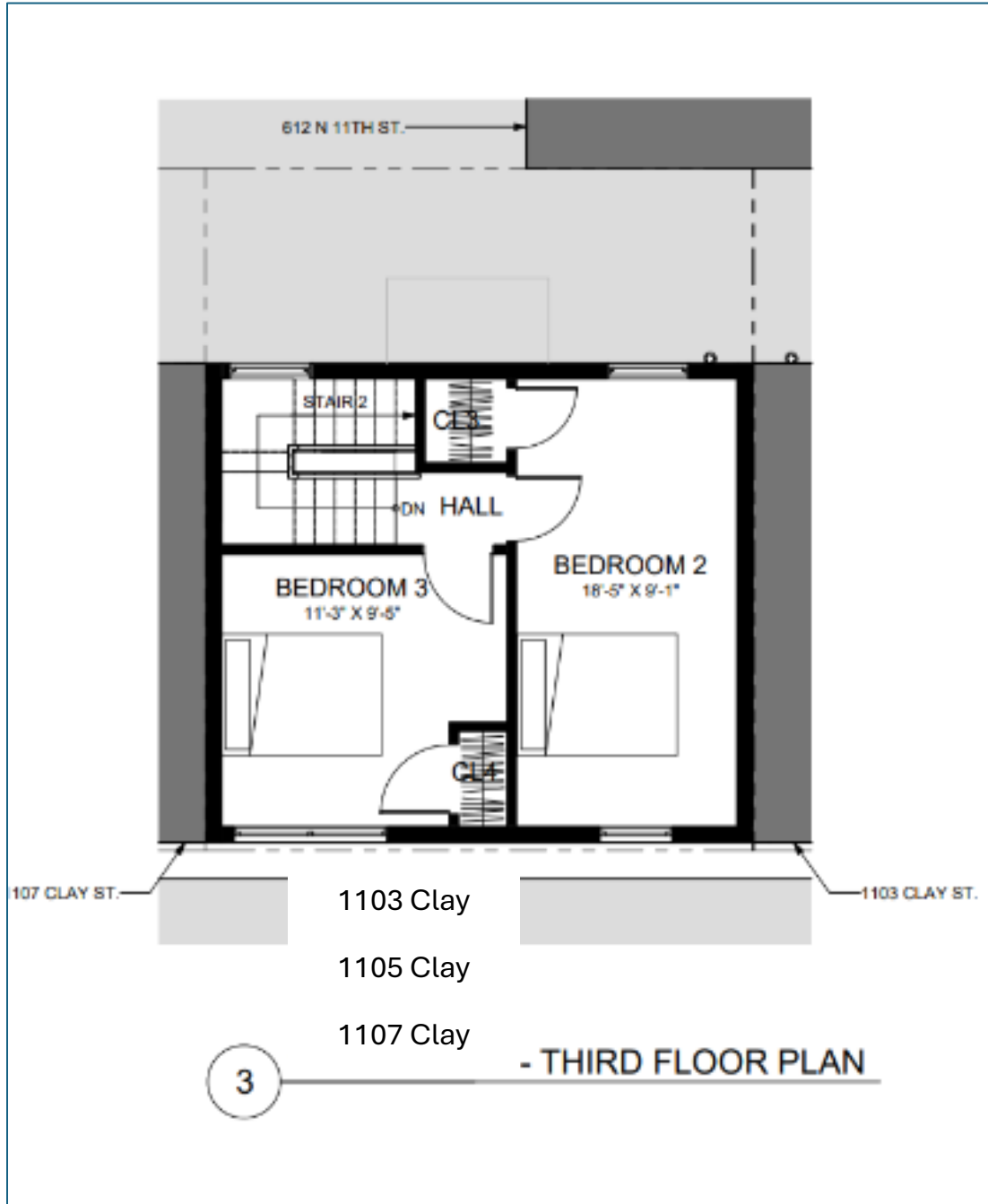
# Unit Information - 1103 Clay | 1105 Clay | 1107 Clay (\*design subject to change)



# Unit Information - 1103 Clay | 1105 Clay | 1107 Clay (\*design subject to change)



# Unit Information - 1103 Clay | 1105 Clay | 1107 Clay (\*design subject to change)



**APPLICANT ELIGIBILITY**

**1. Must be income eligible.**

Based on the number of people in your household, you cannot earn above the following limits annually per HUD 2025 guidelines as of March 2026 (pre-tax) to qualify to purchase these homes:

Address	%AMI	Sale Price	Income Limit: Household of 1	Income Limit: Household of 2	Income Limit: Household of 3	Income Limit: Household of 4
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

Note: Subject to change based on HUD Annual Income Limits

- 2. Must be a first-time homebuyer.
- 3. Must complete a homeownership education workshop and one-on-one counseling program at PCDC or another eligible entity.

\*Please note that the 1107 Clay home is intended for applicants experiencing housing insecurity.



### STEP 1: SUBMIT AN APPLICATION TO PCDC

1. Please review the Applicant Eligibility section to confirm eligibility before applying.
2. Beginning **May 1, 2026**, applications will be accepted via in-person drop-off at PCDC's main office (301 N. 9th Street, Philadelphia, PA 19107) or by mail.
3. Applications must be received by **May 30, 2026**. Mailed applications postmarked on or before the deadline will be accepted. Applications received after this date will not be considered.
4. The Application package should include:
  - a. Completed Application Form (included in this packet)
  - b. Pre-Qualification Letter from a lender
  - c. Proof of income
    - I. Last 2 months' pay stubs from your employer
    - II. Includes child support, alimony, social security, pensions, etc.
  - d. W2's for 2024 and 2025
  - e. Federal Tax Returns for 2024 and 2025
  - f. Bank statements for the most recent two months for all bank accounts
  - g. Confirmed scheduling of Homebuyer Education Workshop and Counseling with PCDC
  - h. Photo ID
5. Application forms must be filled out completely. Do not leave blank spaces. If the question does not apply to you, please write "N/A" in the response area.
6. All adult household members must sign the completed application form.
7. Only one application per household may be submitted. Multiple applications submitted by the same household will result in rejection.
8. PCDC is committed to compliance with Fair Housing Laws
9. Submission of an application or being contacted to provide further information does NOT guarantee approval to purchase one of the homes.
10. During the selection process, PCDC may request additional documentation or information if needed to ensure admissions requirements are met.



## Step 2: LOTTERY AND DRAW PROCESS

1. PCDC will use a lottery system to select homebuyers in order to ensure a fair, equitable, and random selection process. All applications will be reviewed to confirm eligibility and categorized by AMI level for the lottery drawing.
2. PCDC may contact you to request additional information regarding your application. Such a request does not guarantee that you will be offered the opportunity to purchase a home. Requested documentation must be submitted within 14 calendar days, either by in-person drop-off at PCDC's office (301 N. 9th Street) or by email to [rmak@chinatown-pcdc.org](mailto:rmak@chinatown-pcdc.org).
3. PCDC will conduct the lottery drawing within four (4) weeks of the application deadline. All applicants will be notified of their application status. There are three categories of application status: 1) selected with a confirmed opportunity to purchase a home, 2) waitlisted, or 3) not selected.
4. Selected homebuyers will have 7 calendar days to sign an Intent to Purchase form. If a selected homebuyer declines the offer or does not respond within the required timeframe, the opportunity to purchase a home will be extended to a waitlisted applicant.
5. Selected homebuyer for the AMI level <50% will be offered the opportunity to purchase 1107 Clay. Selected homebuyers for the AMI level < 60% will be able to choose between the homes 610 N 11th, 1103 Clay, and 1105 Clay according to the numerical order of their LOTTERY NUMBER.

### Step 3 – HOME PURCHASE

After a selected homebuyer signs the Intent to Purchase form within the required timeframe, they will be expected to:

1. Sign the Agreement of Sale
2. Provide \$1,000 earnest deposit to PCDC, demonstrating good faith and financial commitment to purchase the house
3. Secure a Loan Agreement from their lender
4. Prepare homeowner insurance
5. Perform home inspection (if desired)
6. Prepare Bank statement
7. Complete all necessary steps with lender

**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**

<b>Primary Applicant</b>	
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"/> Choose 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"/> Choose 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.)																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Type of Household Income</th> <th style="width: 50%;">Amount of Household income</th> </tr> </thead> <tbody> <tr><td> </td><td style="text-align: center;">\$</td></tr> <tr><td> </td><td style="text-align: center;">\$</td></tr> <tr><td> </td><td style="text-align: center;">\$</td></tr> <tr><td> </td><td style="text-align: center;">\$</td></tr> <tr><td> </td><td style="text-align: center;">\$</td></tr> <tr><td> </td><td style="text-align: center;">\$</td></tr> <tr><td> </td><td style="text-align: center;">\$</td></tr> </tbody> </table>	Type of Household Income	Amount of Household income		\$		\$		\$		\$		\$		\$		\$									
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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:																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">First and Last Name</th> <th style="width: 33%;">Birthdate (MM/DD/YYYY)</th> <th style="width: 33%;">Gender</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	First and Last Name	Birthdate (MM/DD/YYYY)	Gender																						
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**Part 2. Applicant Employment Information**

<b>Primary Applicant - attach additional sheet(s) if more than one employer</b>		
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)**

<b>Co-Applicant</b>	
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)	
<b>Military Status:</b> <input type="checkbox"/> Active Duty <input type="checkbox"/> Retired Veteran <input type="checkbox"/> Not a Veteran <input type="checkbox"/> Chose Not to Respond	<b>Race:</b> <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 4. Co-Applicant Employment Information (if applicable)**

<b>Co-Applicant - attach additional sheet(s) if more than one employer</b>	
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 5. Additional Monthly Income from Other Household Members**

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

**Part 6. Expenses**

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

<b>Food &amp; Health</b>	<b>Monthly</b>		<b>Monthly</b>
Groceries	\$	Restaurant/Take-out	\$
Gym Membership	\$	Health/Life Insurance	\$
All Other	Description		\$
<b>Dependent Expenses</b>	<b>Monthly</b>		<b>Monthly</b>
Alimony/Child Support	\$	Schooling/Day Care	\$
All Other	Description		\$
<b>Debts</b>	<b>Monthly</b>		<b>Monthly</b>
Student Loan	\$	Personal Loan	\$
Credit Card Balance	\$		
All Other	Description		\$
<b>Other Expenses</b>	<b>Monthly</b>		<b>Monthly</b>
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**

<b>Asset Type 1</b> <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	
<b>Asset Type 2</b> <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	
<b>Asset Type 3</b> <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**

<b>Asset Type 1</b> <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	
<b>Asset Type 2</b> <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	
<b>Asset Type 3</b> <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**

<b>Debt Type 1</b> <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
<b>Debt Type 2</b> <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
<b>Debt Type 3</b> <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**

<b>Debt Type 1</b> <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
<b>Debt Type 2</b> <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
<b>Debt Type 3</b> <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 circle “Yes” or “No” in response to all of the following declarations.	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

<b>Please confirm with a “Yes” or “No” that you have read and consent to the following</b>	<b>Applicant</b>	<b>Co-Applicant (if applicable)</b>
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 11<sup>th</sup> 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: