

PANDEMIC MORTGAGE ASSISTANCE PROGRAM APPLICATION

FOR PHFA USE ONLY

The Pennsylvania Housing Finance Agency (PHFA) will use this application, and other financial information to help determine if, and to what extent, you are eligible for a grant through the Pandemic Mortgage Assistance Program (PMAP) created by funding through the CARES Act. This effort is designed to help prevent mortgage foreclosure. This application is for use by both homeowners and by lenders applying on behalf of a homeowner. If completed by a lender, application responses should reflect the homeowner's information. Application deadline is 11/4/2020.

RETURN TO PMAP, P. O. BOX 15530, HARRISBURG, PA 17105-5530

FAILURE TO INCLUDE ALL REQUIRED INFORMATION MAY PREVENT US FROM ASSISTING. INFORMATION REQUIRED:

1. Verification that the mortgage is due from March 2020 or later. This may include the most recent mortgage statement, Act 91 Notice, Act 6 Notice, or a statement from the lender verifying the payments owed on the mortgage or in the case of a mortgage in forbearance the amount that would have been due had the forbearance not been put in place.
2. Copy of the most recently recorded deed to the subject property.
3. Copy of driver's license or photo ID for all homeowner applicants.
4. Copy of the Social Security card or Individual Tax Identification Number card for all homeowner applicants.
5. Applicant/homeowner(s) must complete and sign the Authorization form (page 3 of this application) and return it along with all other required documentation. This is required whether the homeowner is applying or the lender is applying on behalf of the homeowner.
6. Our Privacy Statement (page 4 of this application) is attached for both the homeowner and/or the homeowner and lender when the lender is applying on behalf of the homeowner. Lenders must provide the homeowner with a copy and it is to be read in its entirety.
7. Verification that accurately reflects homeowner's household income prior to the pandemic-related loss of income and following the pandemic-related loss of income in order for the Agency to assess the pre-pandemic level and post-pandemic level of income so that a determination can be made as to whether there has been a 30% reduction in income. Documentation demonstrating homeowner's current household income must also be submitted.
8. In the event of a delinquency caused by the closing of a school or day care, applicant must provide: 1) the name of the child/children being cared for, 2) the name of the school, place of care or child care provider that closed or became unavailable and 3) a written statement from the applicant that no other suitable person was available for the care of the child/children. In the event of a delinquency caused by the need to leave or reduced work to care for someone diagnosed with COVID, applicant must provide: 1) name of person who left employment, 2) dates of the time peiord unable to work, and 3) a statement explaining the reason he/she was unable to work.

Applicant's First, Middle & Last Name		Social Security #			Dwelling Type:	<input type="checkbox"/> Single (S)
					<input type="checkbox"/> Double (D)	<input type="checkbox"/> Row (R)
					<input type="checkbox"/> Condo (C)	
Property Address	City	County	State	Zip	<input type="checkbox"/> Mobile/Trailer (T)	
					<input type="checkbox"/> Multiple Units (M)	(if multiple, please explain)

Mailing Address (if different from above) Explain if address is different:

Co-Applicant's First, Middle & Last Name	Relationship	Social Security #			FOR PHFA USE ONLY
Mailing Address	City	County	State	Zip	

Do you currently live in the mortgaged property? YES NO

Is this your primary residence? YES NO

Do you own the subject property? YES NO

Are all **owners** a part of application? YES NO
If not, explain: _____

If mobile home, is property where home is located used as security for mortgage? YES NO

Are you currently in active Bankruptcy? YES NO If yes, what Chapter filing? Date filed:

Bankruptcy Attorney name and contact information: _____

Mortgage Company/Lender	Address (indicate if servicer)	Loan Number	Loan Amount	Term
1.				
2.				
Monthly Payment	Date of Last Full Payment	Last Pmt. Applied to Month/Year	Amount Delinquent	
1.				
2.				

Are you currently in a Forbearance Plan? YES NO If yes, state terms. _____

Are you seeking assistance on 1 or 2 mortgages? What is the total amount of assistance requested? \$

NOTE: Assistance is limited to a first or second mortgage only. Maximum assistance is \$1,000/mo. for a maximum of 6 months per mortgage.

Is the delinquency related to unemployment or reduced hours and wages as a result of the COVID-19 Pandemic? YES NO

Please explain how COVID-19 affected your ability to pay your mortgage payments. If necessary, attach a separate sheet to continue:

PANDEMIC MORTGAGE ASSISTANCE PROGRAM APPLICATION - Page 2

Marital Status: Married Separated Unmarried Divorced Widow/Widower

HOUSEHOLD SIZE: Include everyone currently living in the property.

List employment and self-employment data for all adult members of the household. Attach a separate sheet if necessary.

YOU MUST ATTACH VERIFICATION OF AMOUNTS OF ALL ABOVE LISTED SOURCES OF HOUSEHOLD INCOME PRIOR TO THE PANDEMIC, DURING THE PANDEMIC, AS WELL AS CURRENT.**

First & Last Name	Employers - show pre-pandemic, post-pandemic & current	Start & End Dates of Employment	Position	Reason for Leaving	Gross Pay per Month

RETURN TO PMAP, P. O. BOX 15530, HARRISBURG, PA 17105-5530.
BE SURE TO SEND THE COMPLETED EXECUTED APPLICATION AND ALL REQUIRED DOCUMENTATION. APPLICATIONS MUST BE POSTMARKED NO LATER THAN 11/4/2020 OR THEY WILL NOT BE REVIEWED.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish the information, please check the box below. (Lender must receive the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

APPLICANT: <input type="checkbox"/> I do not wish to furnish this information. Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	CO-APPLICANT: <input type="checkbox"/> I do not wish to furnish this information. Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
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AGREEMENT: The undersigned is applying for a grant and represents that the property will not be used for any illegal or restricted purpose and that all statements made in this application are true and are made for the purpose of obtaining a grant. Verification may be obtained from any source named in this application. The undersigned hereby consents to the acquisition of all pertinent data necessary by the Pennsylvania Housing Finance Agency in order to evaluate eligibility.

CERTIFICATION IF HOMEOWNER IS APPLICANT: I hereby certify that the information provided in this application is true and accurate and certify that I am not receiving and will not accept any other mortgage or rental assistance from any other local, state, or federal program for the same time periods covered by any PMAP assistance I receive, and understand that any payments made in connection with PMAP will be made on my behalf directly to my lender. I understand that providing a written false statement which I do not believe to be true to PHFA is a misdemeanor of the third degree and is punishable as perjury under Pennsylvania Title 18, Section 4904, relating to unsworn falsification to authorities, and that in addition to any other penalty that may be imposed, a person convicted under this section shall be sentenced to pay a fine of at least \$1,000.

CERTIFICATION IF LENDER/MORTGAGEE IS APPLICANT: I hereby certify that the information provided in this application is true and accurate and certify that the lender will not accept any other mortgage assistance from any other local, state or federal program for the same amounts covered by any PMAP assistance paid by PHFA. I understand that providing a written false statement which I do not believe to be true to PHFA is a misdemeanor of the third degree and is punishable as perjury under Pennsylvania Title 18, Section 4904, relating to unsworn falsification to authorities, and that in addition to any other penalty that may be imposed, a person convicted under this section shall be sentenced to pay a fine of at least \$1,000. Processing of any payment under PMAP also indicates the lender's agreement to apply the PMAP funds to mortgage payments only and for the designated period indicated on the itemization provided with payment.

Applicant's Signature _____	Date _____	Co-Applicant's Signature _____	Date _____
Home Phone _____	Best hours to reach: _____	Home Phone _____	Best hours to reach: _____
Cell Phone _____	_____	Cell Phone _____	_____
Work Phone _____	_____	Work Phone _____	_____
E-Mail Address(if applicable) _____	_____	E-Mail Address(if applicable) _____	_____

COMPLETE ONLY IF PREPARED BY PERSON OTHER THAN HOMEOWNER

Preparer Name: _____ Preparer Phone: _____

Preparer Company: _____ Preparer Email: _____

Preparer Signature: _____

AUTHORIZATION OF RELEASE OF INFORMATION

I am applying or my lender is applying on my behalf to the Pennsylvania Housing Finance Agency ("PHFA") for a grant through the Pandemic Mortgage Assistance Program ("PMAP"). I understand that PHFA, its employees and agents, will be checking my personal and financial information, including, but not limited to my credit history, mortgage payment history, mortgage information, mortgage delinquency information, employment history and other personal and financial information ("Eligibility Information") as may be deemed necessary by PHFA in order to determine my eligibility for a PMAP Grant.

I hereby authorize PHFA to request, access and review my Eligibility Information.

I hereby authorize my mortgage lender(s), mortgage servicer(s), employer(s), or any other private company, for-profit or non-profit organization and government agency or any other person or entity to discuss and disclose such information to PHFA, its employees and agents, and consent to the release of demographic information, including, but not limited to race, ethnicity, and sex to PHFA. There shall be a mutual exchange of data between all parties.

I authorize the release of the above-mentioned information by any means possible, including but not limited to phone discussions, mail, facsimile, email or any other electronic means. Information in writing should be sent to PHFA/HEMAP, P. O. Box 15530, Harrisburg, PA 17105-5530.

I understand that this authorization will be used in connection with my grant application and, if the grant is approved, will continue thereafter until the grant is paid in full, if such repayment is required.

Applicant/Homeowner's Signature

Print Name

Co-Applicant/Homeowner's Signature

Print Name

Full Address:

Mortgagee/Servicer Information:

Mortgagee/Servicer

Loan Number

Mortgagee/Servicer

Loan Number

PENNSYLVANIA HOUSING FINANCE AGENCY

Policy Regarding the Confidentiality of Customer Information

Introduction

In the course of providing mortgage loans and housing assistance products throughout the Commonwealth, the Pennsylvania Housing Finance Agency (PHFA) obtains personal information of both a financial and non-financial nature from its customers. This information is maintained on our computer systems and is used by PHFA employees to service loans and to perform other job duties.

At PHFA, protecting your privacy is important to us. Although the law may not require us to do so, we want to provide you with a statement regarding how we treat information received from our customers. We wish to assure you that information about you is used professionally in the normal course of PHFA business and that we do not disclose financial information about you to unauthorized parties. If you have specific comments or questions regarding PHFA's privacy policy, please contact us.

Use of Confidential Information

Unauthorized disclosure of customer information is considered a serious matter, even if done inadvertently. PHFA employees are instructed to use customer information only for legitimate business purposes and to not discuss customer information amongst themselves unnecessarily. Employees should never discuss customer information or business matters outside the office. PHFA employees having access to customer social security numbers, addresses, telephone numbers and any other personal information may not use that information to contact the customer for any reason other than the business at PHFA. Breaching customer confidentiality is taken very seriously at PHFA and may result in employee discipline including dismissal.

Disclosing Customer Personal Financial and Non-Financial Information

Customer personal information including, but not limited to, tax returns, income and expense information, loan account balances, payroll information, assets and liabilities may be released only to the customer, any applicable joint homeowner, co-maker or co-signer or persons who are authorized in writing to receive such information. Likewise, customer personal non-financial information including, but not limited to, home and business addresses and telephone numbers, may be released only to the customer, any applicable joint homeowner, co-maker or co-signer, or persons who are authorized in writing to receive such information.

Release of any customer information (whether financial or non-financial) to anyone other than these parties is strictly prohibited, unless PHFA is obligated to provide such information by contract, law or regulation (e.g. credit reporting agencies, consumer dispute resolution agencies, subpoenas, federal or state investigative entities, or as otherwise required by federal, state or local laws, regulations or reporting requirements), or unless such disclosures are necessary or appropriate for PHFA to service your account and conduct business.

For instance, some customer information must be disclosed to secondary mortgage entities such as Fannie Mae, to federal or private mortgage insurance guarantee programs, to local taxing bodies or to judicial authorities. Likewise, we may from time to time disclose customer information to businesses that help us process or service your transactions or accounts (including businesses that print and mail your invoices and account statements), and we may disclose customer information to businesses, such as financial or educational institutions or marketing firms to assist us in evaluating our programs and in marketing our loan programs or related loan products. Any private vendors, suppliers or businesses will be restricted in their use of customer information to the performance of the specific service we have requested and will be contractually obligated to maintain strict confidentiality.

PHFA does not sell information about you to anyone.

PANDEMIC MORTGAGE ASSISTANCE PROGRAM

APPLICATION CHECKLIST

This document was updated on Oct. 17, 2020.

This checklist is a helpful aid to ensure you don't forget key items when you submit your application packet. **If you overlook important documents you need to submit, it will delay your application processing and any possible mortgage assistance.** For your own benefit, take your time and make sure your application packet is complete. Check off items as you complete them.

By using this checklist, you should have more confidence that your application packet is complete. That is important so your submission can be processed without delay. If you qualify, this will help you get your mortgage assistance faster.

FIRST, DETERMINE IF YOU MEET THE PRIMARY ELIGIBILITY REQUIREMENTS:

- I checked the income limits on the Pandemic Mortgage Assistance Program website at: <https://www.phfa.org/forms/pacares/mortgage/pmap-county-income-limits.pdf>. Counties are listed alphabetically. Yes, my income is below the income limit for my county.

I can answer YES to AT LEAST ONE of the following requirements to be eligible:

1. I became unemployed after March 1, 2020, due to the COVID-19 pandemic.
2. I have had at least a 30% reduction in annual income related to COVID-19.

SECOND, IF YOU MEET REQUIREMENTS SO FAR, BE SURE TO SUBMIT A COMPLETE APPLICATION PACKET:

- I completed the PMAP application form and double checked to make sure all questions are answered, signed it and included my contact information including a phone number and email address.
- I provided the following additional documentation that is required:
- Verification of my monthly payment amount and that I am due for March 2020 or later.
 - Copy of my most recently recorded deed to the subject property.
 - Copy of my driver's license or photo ID for all homeowner applicants.
 - Copy of Social Security/Individual Tax ID card for all homeowner applicants.
 - Completed Authorization for Release of Information form
 - I've read and kept the Privacy Statement for my records
 - Verification that accurately reflects household income prior to the pandemic-related loss of income and following the pandemic-related loss of income in order for the Agency to assess the pre-pandemic level and post-pandemic level of income so that a determination can be made as to whether there has been a 30% reduction in income.
 - Documentation demonstrating homeowner's current household income must also be submitted.
 - If I needed to leave employment to care for my child or children as a result of day care or school closings in response to COVID-19, I've provided the name of the child/children being cared for, the name of the school, place of care or childcare provider that closed or became unavailable and a written statement that no other suitable person was available for the care of the child/children.
 - If I needed to leave employment or take a leave of absence with no pay or reduced pay to care for someone diagnosed with COVID-19, I've provided the name of the person who left employment, the dates of the time period unable to work and a statement explaining the reason for inability to work.
- I have made a copy of my application for my records and sent the original to PHFA/PMAP.
- I have provided copies of all required documentation and kept my originals for my own records.
- I understand that my application must be postmarked no later than 11/4/2020. Applications postmarked 11/5/2020 or later will not be processed.