

## Application - Part A

### Home in the City Employee Eligibility and Application Form

Mail or fax completed form to Home in the City c/o LG Health, 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
- Pennsylvania College of Health Sciences
- VNA Community Care, Inc.

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.

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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 LG Health, 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](http://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.)

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):

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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 \_\_\_\_\_