

KANSAS HOUSING RESOURCE CORPORATION
MODERATE INCOME HOUSING GRANT
HOME BUYER APPLICATION FORM

Applicant Information

Name (Last, First, Middle Initial) Social Security Number

Spouse or Co-Applicant Name (Last, First, Middle Initial) Social Security Number

Current Address (Street, City, County, State, Zip)

() - _____
Telephone Number Number of Dependents Age of Dependents

Do you currently Live in Subsidized Housing? Yes No

Are you a first-time homebuyer? Yes No

If not, have you owned a home in the past three (3) years? Yes No

Information about you and your family

Please list every member of your household, starting with yourself

Name: _____

Social Security Number: _____

Relationship: _____

Birthday/Age: _____

Sex: Male Female Other

Name: _____

Social Security Number: _____

Relationship: _____

Birthday/Age: _____

Sex: Male Female Other

Information about you and your family (continued)

Name: _____

Social Security Number: _____

Relationship: _____

Birthday/Age: _____

Sex: Male Female Other

Name: _____

Social Security Number: _____

Relationship: _____

Birthday/Age: _____

Sex: Male Female Other

Name: _____

Social Security Number: _____

Relationship: _____

Birthday/Age: _____

Sex: Male Female Other

Eligible Households must have less than 150% of the Area Median Income (AMI) and have the financial availability to own and maintain a home.

Moderate-Income-Housing Income Range								
Household Size:	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Maximum								
150% AMI	\$80,344	\$91,781	\$103,313	\$114,750	\$123,938	\$133,125	\$142,313	\$151,500
Minimum								
60% AMI	\$32,138	\$36,713	\$41,325	\$45,900	\$49,575	\$53,250	\$56,925	\$60,000

(If more space is required, please use the back of this sheet)

Please include the following documentation with your application:

1. Your most recent Tax Return

2. Loan Pre-approval for a Moderate Income Housing Home

Household Income Information

To the best of your ability, please list which members of your family are employed, who they work for, and their average annual income.

Name: _____ Employer: _____

Employer Address: _____

Employer Phone: _____ Length of Employment: _____

Annual Income: _____

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Employer Address: _____

Employer Phone: _____ Length of Employment: _____

Annual Income: _____

Name: _____ Employer: _____

Employer Address: _____

Employer Phone: _____ Length of Employment: _____

Annual Income: _____

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Employer Address: _____

Employer Phone: _____ Length of Employment: _____

Annual Income: _____

(If more space is required, please use the back of this sheet)

Please indicate all other forms of assistance or income that you or any member of your family residing at this address received in the past year, and attached relevant documentation.

- | | | |
|---------------------------------------|--|----------------------------------|
| <input type="checkbox"/> GA | <input type="checkbox"/> Social Security | <input type="checkbox"/> SSI/SSA |
| <input type="checkbox"/> Pension | <input type="checkbox"/> Child Support | <input type="checkbox"/> Alimony |
| <input type="checkbox"/> TANF | <input type="checkbox"/> Foster Care | <input type="checkbox"/> VA |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Other: _____ | |

What to Expect Next:

- Completing this application does not guarantee qualification for MIH down-payment assistance.
- Even if you are income-eligible, applicants must be pre-approved for a home mortgage from a qualified lender before being eligible for MIH down-payment assistance.
- This home will only be constructed on one of the approved lots provided by the developer.
- The general contractor has already been selected and your customization options will be limited (but available).
- You must continue to maintain property insurance according to your mortgage, and must continue to pay property taxes in perpetuity.
- A lien will be filed by the city on your MIH home to prevent profits on sale for 10 years. Any profits on the sale of this home in the next 10 years will require a pro-rated portion be paid to the city (decreasing 10% each year, lien to be removed after 10 years).

ACKNOWLEDGEMENT AND AGREEMENT

I acknowledge and attest that all of the information provided in this application is true and accurate to the best of my knowledge. It is my understanding that any intentional or negligent misrepresentation of the information may result in civil liability and/or criminal penalties. If any of the above information changes prior to closing, I will notify the lender immediately.

Homebuyer Signature Date Homebuyer Signature Date

Lending Institution Mailing Address (Street, City, Zip) Phone Number

To be completed by a City Representative:

Date Received: _____

Loan Confirmation Number: _____

Approved

Denied

Reason: _____

Signed: _____

