

HOUSING CHOICE VOUCHER HOMEOWNERSHIP PROGRAM (HCVH)

Thank you for your interest in the HCVH Program. Attached is the program application.

Submit the completed application plus attachments to the HCVH Coordinator (Hilary Hull) at:
1915 West 4th Place, Kennewick WA 99336.

Attach the following documents to the application:

1. **Current certificate** indicating completion of HUD approved pre-purchase housing seminar.
2. **Current bank statement verifying \$1,000.00 in savings** designated toward the one percent (1%) of personal funds down payment requirement.
3. **Signed Landlord Reference form, HCVH-3.**
4. **Signed General Consent form,** for employment verification.
5. **Disability documentation,** if applicable, and not already on file.

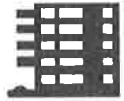
The application must include names of all individuals who will be living in the home.

Please contact the HCVH Coordinator, Hilary Hull, with regard to program questions at 509-586-8576 ext. 116. Only complete applications will be reviewed. Incomplete applications will be returned with a checklist listing application deficiencies.

Note: The issuance of a "Certificate of Eligibility" certifies program eligibility only and does not guarantee that a participant will be able to secure a mortgage loan. Lenders alone determine mortgage-readiness.



Housing Authority City of Kennewick



HCV HOMEOWNERSHIP APPLICATION

Complete this application, include attachments noted on cover sheet, and submit to the HCV Homeownership Coordinator for eligibility review.

Applicant _____ Co-Applicant _____

Social Security Number _____ Social Security Number _____

Is head-of-household or spouse a permanently disabled individual? Yes ___ No ___

If 'yes', please attach documentation if not on file with KHA.

Do you have other individuals who may be assisting you with the homeownership process? If so, please list (may include Case Manager, Care Coordinator, guardian/payee or conservator, or family member):

Current address (include city, state, and zip code):

Previous address (if less than two years):

Current home phone _____ Current work phone _____

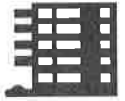
FAX _____ E-Mail _____

Household members (All members of the household must be approved and meet the current housing assistance criteria.)

Name	Birth date	Relationship



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Are you a first time homebuyer within the last three (3) years? Yes ___ No ___

If 'No' please explain _____

Do you or any family member have an ownership interest in a second residence?

Yes ___ No ___

Do you have access to down payment assistance? Yes ___ No ___

If 'Yes', specify source _____

(i.e. savings, IDA, grant, bank loan, personal loan or gift)

Do you need an accessible unit? Yes ___ No ___

If 'Yes', please explain _____

Do you have a Repayment Agreement in place with KHA or any other housing authority for any outstanding debt? Yes ___ No ___

If 'Yes', please explain _____

Have you paid off a Repayment Agreement within the last twelve months? Yes ___ No ___

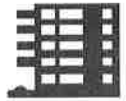
If 'Yes', when was the last payment made? _____

Income Information: List all income that each household member receives. Please include all sources of income. (i.e., employment, Social Security, unemployment insurance, Native Corporation dividends, etc.)

Family Member	Source of Income	Amount of Monthly Income



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Assets: (Please include all checking and savings accounts, land, houses, recreational vehicles, etc.)

Type	Name on Account	Value of Asset

Do you have a HomeStart savings account with a participating bank? Yes ___ No ___
 If 'Yes', Amount _____ In whose name is account listed: _____

Employment: (Please list two-year employment history)

Family Member/Employer	Dates Employed	Hours/Hourly Wage

Obligations

Do you have credit card(s)? Yes ___ No ___ Owed _____
 Do you have any installment loan(s)? Yes ___ No ___ Owed _____

Other Information

Do you have any judgments? Yes ___ No ___
 Have you declared bankruptcy within the past 5 years? Yes ___ No ___
 Have you declared bankruptcy within the past 7 years? Yes ___ No ___
 Specify nature of bankruptcy: _____

Are you or any member of your family financially responsible for child support or alimony?
 Yes ___ No ___ Amount _____



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Are you a defendant or plaintiff in a lawsuit? Yes ___ No ___

Are you a co-signer or endorser on a note? Yes ___ No ___

Specify: _____

Are you presently delinquent or in default on any debt or loan, mortgage, financial obligation, bond or loan guarantee? Yes ___ No ___

Have you or any family member received HCV assistance under the homeownership option and defaulted on a mortgage? Yes ___ No ___

Do you need to repair credit before moving forward in this program? Yes ___ No ___

I do hereby attest that all the information provided above about my household members and me is true and complete. I understand that I must report to KHA all changes in income or household composition to retain my housing assistance.

Note: Lenders and KHA will compare income. If under-reporting of income is discovered, participant may become ineligible for this program.

Printed Name, Applicant

Signature

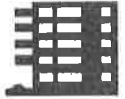
Date

Printed Name, Co-Applicant

Signature

Date

Warning: Title 18, Section 1001, of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation of any department or agency of the United States as to any matter within its jurisdiction.



HCV HOMEOWNERSHIP LANDLORD REFERENCE

Date: _____

Client No. _____

The individual named below is interested in a homeownership opportunity. KHA must determine that they are a participant in good standing in the Housing Choice Voucher program. Part of that determination is based upon their tenancy history over the past year.

Please note that we will need this information returned within twelve (12) business days from the date above. We appreciate your assistance in helping us serve our clients for effectively.

Sincerely,

I hereby authorize the release of the requested information (OR please see attached)

KHA representative, Title

Signature of tenant, Date

Tenant Name: _____

Address of Leased Unit: _____

Are you the tenant's current landlord? YES ___ NO ___ Date of move-in _____

Does the tenant have a lease? YES ___ NO ___

Payment History:

Amount of monthly rent: \$ _____

Is rent paid on time? YES ___ NO ___

Was the rent ever late? YES ___ NO ___ If yes, how late? _____ How often? _____

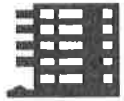
Have you begun eviction proceedings within the last year? YES ___ NO ___

Does the tenant owe any money for tenant-caused damages? YES ___ NO ___

Is the tenant's account satisfactory? YES ___ NO ___



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**General:**

Is the unit kept clean, safe and sanitary? YES ___ NO ___

Have you ever issued a lease violation to the tenant? YES ___ NO ___ Date issued: _____

If YES, for what reason? _____

Did the tenant allow persons not on the lease to live in the unit on a regular basis? YES ___ NO ___

Would you lease to this tenant again? YES ___ NO ___

If NO, please explain: _____

Additional Comments:

Name of Person Completing this Form: _____

Title: _____

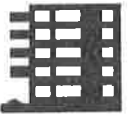
Telephone: _____

Date: _____

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GENERAL CONSENT

I/we authorize and direct any Federal, state or local agency organization, business or individual to release the Housing Authority City of Kennewick any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under any housing programs administered by the Housing Authority City of Kennewick.

I/we understand and agree that this authorization, or the information obtained with its use, may be given to and used by HUD in administering and enforcing program rules and policies.

INFORMATION COVERED:

I/we understand that, depending on program policies and requirements, previous or current information **regarding me or my household members** may be needed. Verification and inquiries that may be requested, but are not limited to:

- | | | |
|------------------------------|--------------------------------|------------------------------------|
| Identity and Marital Status | Employment, Income Assets | Medical or Child Support Allowance |
| Credit and Criminal Activity | Residences and Rental Activity | |

I/we understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED:

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

- | | | |
|---|----------------------------------|--------------------------------|
| Previous Landlords
(including Public Housing Agencies) | Welfare Agencies | State Unemployment Agencies |
| Schools and Colleges | Courts and Post Offices | Social Security Administration |
| Veterans Administration | Medical and Child Care Providers | Law Enforcement Agencies |
| Past and Present Employers | Support and Alimony Providers | Banks/Financial Institutions |
| | Credit Providers/Credit Bureaus | Utility Companies |

COMPUTER MATCHING NOTICE AND CONSENT:

I/we understand and agree that HUD or the Housing Authority City of Kennewick may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I/we understand that I/we have the right to notification of any adverse information found and a chance to disprove that information. HUD may in course of its duties exchange such automated information with other Federal, State or local agencies, including and limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Administration; and State Welfare and food stamp agencies.

CONDITIONS:

I/we agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for a year and one month from the date signed.

_____	_____	_____
Head of Household	Print Name	Date
_____	_____	_____
Spouse	Print Name	Date
_____	_____	_____
Adult Family Member	Print Name	Date
_____	_____	_____
Adult Family Member	Print Name	Date
_____	_____	_____
Adult Family Member	Print Name	Date