



City Of Wichita
Housing & Community Services Department



SECTION 8 HOMEOWNERSHIP APPLICATION

Please read the application carefully and supply all required information and documentation. Applications that are incomplete, lacking documentation or are not signed and dated by each applicant, *will be delayed.* (Applicants who are not graduates of the FSS Program are not eligible for this Program.)

SECTION I – Personal Information

Applicant Name _____ Soc. Sec. # _____ - _____ - _____

Home Ph# _____ Cell/Work Ph# _____

Co-applicant Name _____ Soc. Sec. # _____ - _____ - _____

Home Ph# _____ Cell/Work Ph# _____

Current Address _____ Zip Code _____

How long at this address? _____ Yrs. _____ Months

First and Last Names & ages of those living with you six or more months of each year:

First/Last	Age	First/Last	Age

SECTION II – Previous Homeownership

You must be a first-time homeowner, that is, not owned a home for three years (some exceptions do apply).

Have you ever owned any real estate? _____ If yes, when? _____

SECTION III – Income Verification

Household income must be a minimum of \$14,500 per year. Income counted toward meeting this income requirement *may not include welfare assistance*, except for the elderly or disabled.

Income Source	Monthly Income	One Year	Yearly Income
		X 12	
		X 12	
		X 12	

Completed applications will be accepted at the Housing Services Department
332 North Riverview, Wichita, KS 67203 between the hours of 8:00 a.m. and 5:00 p.m.

SECTION IV – Employment Information

One or more of the adults in the household **must work 30 hours per week or more AND be employed steadily for the past 12 months**, unless the primary source of income is from a pension fund, disability benefit or other similar source. If your primary source of income is from employment, please complete the lines below.

Current Job:

Name of adult in household employed at least 30 hours per week: _____

Employer Name: _____

Employer Address: _____ Phone: _____

Hours worked per week _____ Begin Date: _____ End Date: _____

Additional or Previous Job:

Name of adult in household employed at least 30 hours per week _____

Employer Name: _____

Employer Address: _____ Phone: _____

Hours worked per week _____ Begin Date: _____ End Date: _____

SECTION V – For Housing Leasing Specialist Use ONLY

1. Verify that applicant is receiving Section 8 Assistance. (Check one) _____ Yes _____ No
2. Applicant's reported annual income is \$ _____.
3. What portion of this income comes from welfare assistance, \$ _____ .
4. Applicant's current rental assistance amount is \$ _____ .

Signed: _____ Date: _____

SECTION VI – Signature

Please **initial** each statement if you agree.

_____ I/We certify that the above information provided on household composition, employment and homeownership is true and factual to the best of my knowledge and belief. I understand that by providing false information will constitute a fraudulent action and my (our) application may be denied.

_____ I/We understand that submitting this form does not obligate me (us) in any way, nor does it create any obligation by any other participating party or organization to sell me (us) a house.

_____ I/We hereby authorize any credit reporting agency to release information to the Housing Services Department, City of Wichita, and/or any participating lender for the purpose of verification and mortgage prequalification. This information may include information concerning employment history, banking, landlord, mortgage or consumer loan rating, and any other information deemed necessary in connection with a consumer credit report for a real estate transaction. This information will be kept confidential.

Applicant Signature _____ Date _____

Co- Applicant Signature _____ Date _____