CLOUDCORP

HOMEBUYER APPLICATION

KANSAS HOUSING RESOURCE CORPORATION
MODERATE INCOME HOUSING GRANT

APPLICANT INFORMATION

Name: **Social Security Number:**

Date Of Birth: **Gender:** **Status:** **Single** **Married**

Address:

Phone: **Email:**

Number of Dependents: **Age of Dependents:**

ADDITIONAL INFORMATION

Please list additional members in your household:

Name: **Social Security Number:**

Relationship: **Date Of Birth:** **Gender:**

Name: **Social Security Number:**

Relationship: **Date Of Birth:** **Gender:**

Name: **Social Security Number:**

Relationship: **Date Of Birth:** **Gender:**

Name: **Social Security Number:**

Relationship: **Date Of Birth:** **Gender:**

Name: **Social Security Number:**

Relationship: **Date Of Birth:** **Gender:**

Is more space required: Y N

Please use the back of this sheet if you need to list more members.

KANSAS HOUSING

Note: The Multifamily Tax Subsidy Projects (MTSP) Income limits are used to calculate 150% of the Area Median Gross Income (AMGI) for each county. The 60% limit provided should be viewed as a miminum with the 150% limit being the maximum income limit.

	# in HH:	1	2	3	4	5	6	7	8
State Income Limits	60	42600	48660	54720	60780	65700	70560	75420	80280
	150	106500	121650	136800	151950	164250	176400	188550	200700

HOUSEHOLD INCOME INFORMATION

Please list which members of your family are employed, place of employment, and average annual income.

Name: **Employer:**

Employer Address: **Employer Phone:**

Length of Employment: **Annual Income:**

Name: **Employer:**

Employer Address: **Employer Phone:**

Length of Employment: **Annual Income:**

Name: **Employer:**

Employer Address: **Employer Phone:**

Length of Employment: **Annual Income:**

Is more space required: Y N
Please use the back of this page if you need to list more income earners.

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 attach the relevant documentation.

GA	Social Security	SSI/SSA
Pension	Child Support	VA
TANF	Foster Care	Other:_____
Unemployment	Alimony	Other:_____

Please include the following documentation with your application:

Most recent Tax Return Loan Pre-approval with local bank for MIH Home

WHAT TO EXPECT NEXT:

- Completing this application does not guarantee qualification or home ownership 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 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.
- 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 5 years. Any profits on the sale of this home in the next 5 years will require a pro-rated portion to be paid to the city (decreasing 10% each year, lien to be removed after 5 years).

ACKNOLEDGEMENT 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 misinterpretation of the information may result in civil liability and/or criminal penalties. If any of the above information changes before closing, I will notify the lender and CloudCorp office staff immediately.

Homebuyer Signature Date

Homebuyer Signature Date

Lending Institution Mailing Address Phone Number

To be completed by CloudCorp office staff:

Date application received:

Approved: ***Denied:***

Reason:

Signed: