



## HOMEOWNERSHIP APPLICATION

*Resident Centered-Community Focused*



809 Pennsylvania Ave. PO Box 1046  
Washington, NC 27889  
P: (252) 946-0061  
F: (252) 644-2437  
Web: [www.wha-nc.org](http://www.wha-nc.org)

## Washington Initiative to Support Homeownership (WISH)

It is everyone's dream to own their own home someday and we at the Washington Housing Authority would like to help make that dream become a reality. How? You may ask. Well, the Washington Housing Authority has partnered with the City of Washington to create the Washington Initiative to Support Homeownership (WISH) program. This program is designed to help our tenants leave behind the days of paying rent and move forward to homeownership. It may seem like a hard and difficult goal to achieve but it's not.

Like everything, there are a few guidelines but it's nothing that can't be done without the guidance of our Family Self-Sufficiency Coordinator. If you choose to participate in this program, you will have the opportunity to repair your credit, receive down payment assistance, and so much more.

This is a wonderful partnership with the City of Washington, and we look forward to assisting you in the Washington Initiative to Support Homeownership (WISH).

Please see the Homeownership Application enclosed.



WISH/HOMEOWNERSHIP APPLICATION



FAMILY INFORMATION- Applicant

Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

HUD requires WHA to gather the following information for statistical purposes. Please complete the following section.

Sex: Male \_\_\_ Female \_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_ Hispanic \_\_\_ Non-Hispanic

First Language (other than English) Address: \_\_\_\_\_

How long at present address: \_\_\_\_\_

Amount of Rent \_\_\_\_\_

If less than 24 months you will need to submit a completed Landlord's Certification of Good Standing form from each landlord from past year(s).

Previous Address: \_\_\_\_\_

Move-In Date: \_\_\_\_\_ Move-Out Date: \_\_\_\_\_

Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

Are you current with your rent and in compliance with your lease? \_\_\_ yes \_\_\_ no

If you are not currently in compliance with your lease, please explain below:

Co-Applicant: (Please leave this section blank if you do not have a co-applicant)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

HUD requires WHA to gather the following information for statistical purposes. Please complete the following section.

Sex: Male \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
Female \_\_\_\_\_ Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_

First Language (other than English) Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long at present address: \_\_\_\_\_

Amount of Rent \_\_\_\_\_

If less than 24 months you will need to submit a completed Landlord's Certification of Good Standing form from each landlord from past year(s).

Previous Address:  
\_\_\_\_\_

Move-In Date: \_\_\_\_\_ Move-Out Date: \_\_\_\_\_

Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_  
\_\_\_\_\_

Are you current with your rent and in compliance with your lease? \_\_\_\_\_ yes \_\_\_\_\_ no

If you are not currently in compliance with your lease, please explain below:

**Family Composition-Other than applicant and co-applicant**

Name	Relationship	SSN	DOB	Age	Sex (M/F)

1. Would any family member require a unit specifically designed for individuals with disabilities?  
 Yes  No If yes, please explain: \_\_\_\_\_
2. Are you or any member of the household disabled?  Yes  No  
If yes, who \_\_\_\_\_
3. Are you or any member of the household receiving SSA or SSI?  Yes  No  
If yes, who \_\_\_\_\_
4. Are you or any member of the household currently participating in the FSS program?  
 Yes  No
5. Have you or any member of the household graduated from the FSS program in the last 12 months?  Yes  No If yes, who \_\_\_\_\_

6. Do you or any member of your household currently own a home or have owned a home within the last three (3) years?  Yes  No If, yes please explain below:

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7. Do you or any member of your household currently owe an outstanding debt to WHA or any other Housing Authority?  Yes  No If yes, please explain below:

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8. Have you or any member of your household had any program violations during the past twelve (12) months?  Yes  No If yes, please explain below:

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9. Have you or any member of your household been arrested or convicted for drug-related or violent criminal activities?  Yes  No If yes, please explain below:

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10. Have you or any member of your household taken and completed a First Time Homebuyers class in the past twelve (12) months?  Yes  No

*If yes, please attach a copy of the certificate to your application packet.*

11. Do you or any member of your household currently have a FSS escrow account?  Yes  No  
If yes, please provide the account balance: \$ \_\_\_\_\_

12. Do you currently have \$3000.00 in savings or personal resources (checking, savings, IDA, etc.) for a down payment or other closing costs?  Yes  No  
If no, please explain what resources you will use to cover these costs?

If yes, please attach a copy of all household asset statements for the last six (6) consecutive months as verification.

**Employment Applicant:**

Employer Name: \_\_\_\_\_

Title: \_\_\_\_\_

Length of Time in Current Position: \_\_\_\_\_

Annual Salary: \_\_\_\_\_

# of hours worked per week: \_\_\_\_\_

**Employment Co-Applicant:**

Employer Name:

Title:

Length of Time in Current Position:

Annual Salary:

# of hours worked per week:

Please list any other income your household receives each month and the amounts below:

Income Type	Amount
Social Security	\$ _____
Social Security Disability Income	\$ _____
Child Support	\$ _____
Retirement Pension	\$ _____
VA Disability	\$ _____
Annuities	\$ _____
Contributions	\$ _____
TANF/WFFA	\$ _____
Unemployment	\$ _____

Please list any income received not covered above:

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## Authorization for Release of Information

**Requested by:**

Washington Housing Authority  
809 Pennsylvania Ave.  
PO Box 1046  
Washington, NC 27889  
Phone: 252-946-0061  
Fax: 252-975-1279

**Purpose:** This information authorizes the Washington Housing Authority to secure your signature and the signatures of each adult member of your household for the purpose of obtaining information about applicant, residents, and household members 18 years of age or older. Such information will be used to administer and enforce program rules and policies.

**Authorization:** I authorize the release of information to the Washington Housing Authority (WHA) (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs administered by WHA:

**Homeownership Program**

I authorize WHA to obtain information about me or my family that is pertinent to eligibility or participation in assisted housing programs. I authorize WHA to obtain information on wages, social security, W-2, child support, or unemployment compensation from employers and government agencies. Information covered inquiries may be made about: Credit history, including a credit report, Convictions: terms & conditions of parole or probation, Family Composition, employment income, pension, assets, federal, state, tribal or local benefits, social security numbers, residences and rental history, agency or persons assisting with applications, judgments of evictions.

**Individuals, Organizations or Providers that may release information:** Any individual including any governmental organization or provider may be asked to release information. For example, Landlords past and present, credit bureaus, banks and other financial institutions, social security administration, department of veteran affairs, utility companies, child support agencies, IRS, alimony sources, pension/annuity sources, federal, state, local or tribal law enforcement agencies.

**Computer Matching Notice & Consent**

I understand that a public housing agency such as WHA, or the U.S. Department of Housing and Urban Development (HUD) may conduct computer matching programs with other governmental agencies including federal, state, tribal or other local agencies. The governmental agencies include:

- U.S Office of Personnel Management
- U.S Social Security Administration
- U.S. Postal Service
- State Employment Security Agencies
- State Welfare, W-2 and Department of Social Services
- Internal Revenue Service
- Immigration/Nationalization Services

This match will be used to verify information supplied for myself and/or other adult household members of my household.

**Conditions:** I agree that photocopies or fax copies of this authorization may be used for the purposes stated above. If I, or any adult member of my family, fail to sign this authorization, I understand that this action may constitute grounds for denial of eligibility or termination of assistance or residency, or both.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
SSN Applicant

\_\_\_\_\_  
Printed Name of Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
SSN Co-Applicant

**THIS RELEASE EXPIRES 18 MONTHS AFTER DATE OF SIGNATURE.**

## STATEMENT OF ELIGIBILITY AND OBLIGATIONS

### Qualifications for Program Eligibility:

- 1 year on the Housing Choice Voucher Program tenant-based assistance
- 1 year continuous full time employment (no less than 30 hours per week) prior to application, unless disabled or the head of household is elderly. Part-time employment does not qualify.
- Families must be welfare-free unless disabled or the head of household is elderly.
- Families must be in good standing with the Housing Choice Voucher Program such as:
  - No lease violations within the last 3 years
  - No outstanding debts owed to the Washington Housing Authority (WHA)
- Families must be in good standing with the current landlord.
- Families must remain eligible to participate in the Housing Choice Voucher Program.
- Families must have an annual income of no less than \$18,000.00.
- Families must have savings of \$3,000.00 or more unless disabled or the head of household is elderly. If disabled or elderly, the savings requirement is on a case by case basis.
- Participants in the Family Self Sufficiency (FSS) Program with an escrow balance that meets and/or exceeds the minimum savings balance requirement shall receive a priority for participation in the Homeownership Program.

### Homeownership Requirements:

- The family must complete a homebuyer education program approved by the Washington Housing Authority prior to purchase. (Homeownership voucher subsidy will not be approved until completion)
- The family must receive a homeownership certificate from a HUD approved housing counseling agency.
- The family must be pre-approved for a homeowner mortgage.
- The family must comply with the mortgage terms.
- The family must contribute 3% toward the purchase (1% must be supplied from personal funds)
- Property purchased must be the family's primary residence.
- The family must notify the WHA of any changes, such as: selling of the property, refinancing the property, change in income and/or family composition, or any other circumstances that would affect the family's ability to maintain the home.

### Homeownership Submission Requirements

The following documentation must be submitted to the WHA for review and approval:

- Homeownership certificate from a HUD approved housing counseling agency.
- A loan product
- Participant's Affordability
- Property Selection
- Sales Contract
- HQS and Private Home Inspection Report

I understand the above eligibility guidelines and requirements and wish to continue the application process for the HCV/WISH Homeownership Program through the WHA.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_