

Ann Arbor Housing Commission



HOUSING CHOICE VOUCHER HOMEOWNERSHIP PROGRAM

APPLICATION: By completing this application you are expressing interest in the HCV Homeownership program. Completion of this application does not automatically determine eligibility and does not forfeit your status as a HCV voucher participant. Return the completed application to Weneshia Brand, Ann Arbor Housing Commission 727 Miller Avenue, Ann Arbor, MI 48103.

NAME _____ **EMAIL** _____ **PHONE** _____

ADDRESS _____ **Apt #** _____, **CITY** _____ **ZIP** _____

1. Have you received Section 8 rental assistance from AAHC for at least one year? Yes ___ No ___ Date _____
2. Are you an FSS Participant? Yes ___ No ___ FSS Escrow \$ _____
3. Are you currently employed full time AND worked full time for the past 12 months or more? Yes ___ No ___
Employer: _____ Date began full time _____
4. What is your current gross income? Yearly \$ _____ or Monthly \$ _____
5. Source(s) of income? _____ Yearly \$ _____ or Monthly \$ _____
6. List names and ages of members of your household:

7. Is anyone in your family disabled? Yes ___ No ___ If yes, who is disabled? _____
Does the disability require modification of the home (ramps, widening of doors)? Yes ___ No ___
8. Are you in good standing with your landlord? Yes ___ No ___ Lease expires: _____
9. Has anyone in your household owned a home in the last three years? Yes ___ No ___
10. Has anyone in the household defaulted on a mortgage? Yes ___ No ___

Authorization for Release of Information: I, _____ (SS#) _____, (DOB) _____ hereby authorize Ann Arbor Housing Commission (AAHC) to obtain and/or release all records, reports, homeownership counseling evaluations and any other information pertinent to my possible participation in the homeownership program through AAHC. Agencies that I authorize AAHC to release information to and obtain information from include, but are not limited to: Community Housing Alternatives, Washtenaw Housing Education Partners (WHEP) homeownership counselors, lending institutions, creditors, and home inspectors. Request may involve, but are not limited to: information regarding finance terms, down payment, credit reports, participation and progress in homeownership counseling, and the results of home inspections. By signing this release, I am granting unlimited communication that will not be terminated until I am no longer considering, applying to, or participating in the AAHC homeownership program.

Signature (Applicant/Participant) _____ Date _____

For Office Use Only

Eligible _____ Payment Standard _____ Referred to WHEP: Yes _____ No _____ Approved by: _____
Not Eligible _____ Reason: _____ Denied By: _____