

Homebuyer Assistance Program Application

Johnson County Housing Services

Applicant Information

Applicant: Name _____

Present Address _____

Zip _____

Own Rent Live with Parents/Relative

Telephone _____ Mobile _____

Email: _____

DOB (MM/DD/YYYY) _____

Social Security Number _____ - _____ - _____

Marital Status: Married Separated Unmarried
(unmarried includes single, divorced, widowed)

Number of Dependents _____

Ages of Dependents _____

Race: White Black/African American American Indian
 Asian Native Hawaiian/Other Pacific Islander
 Alaskan Native American Indian/Alaskan Native
 Asian & White Black/African American & White
 American Indian/Alaskan Native & Black/African Amer.

Ethnicity: Hispanic Non-Hispanic

Co – Applicant: Name _____

Present Address _____

Zip _____

Own Rent Live with Parents/Relative

Telephone _____ Mobile _____

Email: _____

DOB (MM/DD/YYYY) _____

Social Security Number _____ - _____ - _____

Marital Status: Married Separated Unmarried
(unmarried includes single, divorced, widowed)

Number of Dependents _____

Ages of Dependents _____

Race: White Black/African American American Indian
 Asian Native Hawaiian/Other Pacific Islander
 Alaskan Native American Indian/Alaskan Native
 Asian & White Black/African American & White
 American Indian/Alaskan Native & Black/African Amer.

Ethnicity: Hispanic Non-Hispanic

Employment Information

Applicant: Employer _____

Employment Address: _____

City/State _____ Zip _____

Telephone Number _____

HR Fax Number _____

Position/Title _____

Type of Business _____

Date of Employment _____

Co-Applicant: Employer _____

Employment Address: _____

City/State _____ Zip _____

Telephone Number _____

HR Fax Number _____

Position/Title _____

Type of Business _____

Date of Employment _____

Employment Information– Continued

Income: Applicant
 Base Employment– Rate of Pay \$ _____ per
 ___ Hour ___ Week ___ Every Two Weeks ___ Month
 Overtime \$ _____ monthly
 Commissions \$ _____ monthly
 Other \$ _____ monthly
 Other income:
 I have a second job ___ Yes ___ No \$ _____
 Child Support \$ _____ Social Security \$ _____
 Dividends/Interest \$ _____ Public Asst \$ _____
 Other \$ _____ Explain _____

Income: Co-Applicant
 Base Employment– Rate of Pay \$ _____ per
 ___ Hour ___ Week ___ Every Two Weeks ___ Month
 Overtime \$ _____ monthly
 Commissions \$ _____ monthly
 Other \$ _____ monthly
 Other income:
 I have a second job ___ Yes ___ No \$ _____
 Child Support \$ _____ Social Security \$ _____
 Dividends/Interest \$ _____ Public Asst \$ _____
 Other \$ _____ Explain _____

Applicant: Previous Employer
 Name _____
 Employment Address: _____
 City/State _____ Zip _____
 Telephone Number _____
 Position/Title _____
 Type of Business _____
 Date of Employment _____ to _____

Co - Applicant: Previous Employer
 Name _____
 Employment Address: _____
 City/State _____ Zip _____
 Telephone Number _____
 Position/Title _____
 Type of Business _____
 Date of Employment _____ to _____

Assets (Checking, Savings, Pensions, 401K's IRA's etc)

(provide supporting documentation)

Name of Institution	Asset Description	Current Cash Value	Income from Asset
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Dependents/Co-Occupants

(Includes all Occupants of the Home)

Name	Relationship	DOB	Social Security Number	Income
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

ACKNOWLEDGEMENT/DISCLOSURE PAGE

The Johnson County Homebuyers Assistance Program is designed to assist low-to-moderate income Johnson County residents or persons who have been employed for at least two consecutive years in Johnson County with the purchase of a home.

Conflict of Interest Disclosure

Are you, any other household member or another family member an employee, agent, consultant, officer, elected or appointed official of Johnson County Government, City of Overland Park, City of Shawnee, City of Olathe, or Builders Development Corporation.

_____ Yes _____ No

If yes, conflict of interest determination must be completed prior to approval. Public notice/disclosure may be required.

For any home built before 1978, a lead-based paint Risk Assessment must be performed by a Licensed Lead Based Paint Inspector, and submitted to Johnson County Housing Services with the real estate sales contract. This report must reflect either that a) no lead based paint hazards were present at the time of the inspection or b) that lead based paint hazards were present, but these have been addressed by a Licensed Lead Based Paint Contractor who is trained in Lead Safe Work Practices. A clearance test must be performed after the repairs take place. A copy of the Clearance Report must also be submitted with the Contract. All laboratory work must be completed by an Approved Laboratory. Please note: the term Risk Assessment is a trade term, and has a specific meaning to Lead Paint Inspectors. Only a Risk Assessment is acceptable.

Buyers of properties located within 2,500 feet of the Johnson County Executive Airport (the Airport Clear Zone) will be required to execute an affidavit acknowledging that they are aware of the proximity of the property to the airport.

Applicant initials _____ Co-Applicant Initials _____

I acknowledge receiving the brochure "Protect Your Family From Lead in Your Home".

Applicant initials _____ Co-Applicant Initials _____

By signing below, I/ We hereby grant Johnson County Housing Services permission to make inquires regarding my income, assets and expenses, I understand that this information is for the purpose of determining my eligibility only, and will be kept confidential.

Applicant Initials _____ Co-Applicant Initials _____

I/we certify that the information provided is a true and correct report as of the date set forth opposite my/our signature (s) , and that I/we are first time homebuyers as defined above. I/We understand that funds will not be reserved in my/our name (s) until a fully executed real estate contract has been provided to JCHS.

Applicant's Signature Date

Co-Applicant's Signature Date

**Homebuyer Assistance Application
Johnson County Housing Services**

Return application & supporting documents to:
12425 W 87th St Parkway, Suite 200
Lenexa, KS 66215
Attn: David Ward
David.Ward@jocogov.org
Phone: 913-715-6602 Fax: 913-715-6631

Documentation to Be Included With Application

The following information is required to begin processing your application

VERIFICATION OF INCOME

Please Provide Verification/Printout of Items of All Applicable Items Listed below

- | | |
|--|---|
| <input type="checkbox"/> Current Check Stubs covering the last 60 days | <input type="checkbox"/> Military Benefits (pay stub) |
| <input type="checkbox"/> Child Support (Payment Center Printout) | <input type="checkbox"/> Social Security Benefits (award letter) |
| <input type="checkbox"/> Supplemental Security Income (award letter) | <input type="checkbox"/> Veterans Benefits (award letter) |
| <input type="checkbox"/> Annuity (ies) (statement) | <input type="checkbox"/> Pension/Retirement (award letter) |
| <input type="checkbox"/> Railroad Retirement (award letter) | <input type="checkbox"/> Alimony (decree or Separation Agreement) |
| <input type="checkbox"/> Self-Employed (most recent Fed. Tax Return) | <input type="checkbox"/> Welfare/Public Assistance (print-out) |
| <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Other Income _____ | |

VERIFICATION OF ASSETS

- | | |
|---|---|
| <input type="checkbox"/> Current Asset/Bank Statements - 2 months | <input type="checkbox"/> Stock Account Statement |
| <input type="checkbox"/> Other Assets _____ | <input type="checkbox"/> IRA's, Pensions, Retirement Accounts |
| <input type="checkbox"/> Cash value of life insurance policies | |

VERIFICATION OF HOUSEHOLD SIZE/ MISC. INFORMATION

- Divorce Decree (If applicable) Birth Certificate (s) for minor children
 Social Security Card (for everyone in the household)
 Legal Citizenship documentation (if non-citizen lawfully residing in United States)
 Picture ID (Current State ID or Driver's License Only) 18 YEARS OR OLDER
 Current Utility Bill (showing name, address & account number)
 Other _____

- Emergency Contact Persons/Alternate Information

(Include complete Name/Address/Telephone Number)

1	2
_____	_____
_____	_____
_____	_____
_____	_____

STATEMENTS MAY NOT BE OVER THIRTY (30) DAYS OLD

*******NOTE***** Incomplete applications will not be processed! *****NOTE*******

Visit the Housing Services section of the County website at
www.hsa.jocogov.org/housing