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**APPLICATION for HCV HOMEOWNERSHIP
Section 8 Homeownership Program**

Borrower _____ Social Security Number _____

Co-borrower _____ Social Security Number _____

Borrower's current address (include city, state, zip, county) _____

Borrower's previous address if less than two years _____

Current phone _____ Fax _____ E-mail _____

Relationship between borrower and co-borrower: Spouse _____ Other _____
(if other please explain) _____

Name and address of current landlord (include city, state, zip and phone number)

Applicant's monthly housing rent? _____

Applicant's portion _____

PHA's portion _____

Are all family members a first time homebuyer? Yes _____ No _____
(if no, please explain) _____

Does family need an accessible unit or reasonable accommodation? Yes _____ No _____
(if yes, please explain) _____

Is the Head, Co-Head, Spouse or Sole Member of the Household disabled?
Yes _____ No _____
(if yes, please explain) _____

Does family have any additional financial assistance? Yes _____ No _____
If yes, specify _____



Bremerton Housing Authority does not discriminate on the basis of race, color, creed, national origin, religion, disability, sex, sexual orientation, age (over 40), military status, whistleblower retaliation, or familial status in admission or access to its programs. Equal Opportunity Employer.
If you need to request a reasonable accommodation, contact the BHA Section 504 Coordinator at (360) 616-7122. TTY: (360) 377-8606



How long have you been receiving Housing Choice Voucher (Section 8) Rental Assistance? _____

Do you have money for a down payment? _____

If yes, please explain: _____

INCOME, ASSETS AND OBLIGATIONS

Complete a separate sheet for each family member.

Family Member Name _____

Sources of family member's income:

Source _____ Amount per month _____

Source _____ Amount per month _____

Source _____ Amount per month _____

Source _____ Amount per month _____

Is an adult in the household employed?

Employer _____

Address _____

Phone, Fax, email _____

Your position _____ Annual Income from employment _____

Hours worked per week _____ Years on job _____

(If less than 2 years list previous employers)

Employer _____

Address _____

Phone, Fax, email _____

Assets

Does family member have a checking account? Yes _____ No ___ Bal. _____

Does family member have a savings account? Yes _____ No ___ Bal. _____

Does family member have whole life insurance? Yes _____ No ___ Cash Value _____
Does family member own any real estate? Yes _____ No ___ Cash Value _____
Does family member own other assets? Yes _____ No ___ Cash Value _____

Obligations

Does family member have a credit card/retail accounts? Yes _____ No _____

If yes, please list: Company Name	Monthly payment	Estimated Balance
_____	_____	_____
_____	_____	_____

Does family member have installment loans? Yes _____ No _____

If yes, please list: Company Name

Monthly Payment _____ **Estimated Balance** _____

Do you know your current FICO score? Yes _____ No _____ If yes, what is the score _____.

Other information

Is family enrolled in the Family Self-Sufficiency (FSS) program? Yes _____ No _____

Does any family member have any outstanding judgments? Yes _____ No _____

Has any family member declared bankruptcy within the past 7 years? Yes _____ No _____
Specify _____

Is any family member financially responsible for child support or alimony? Yes ___ No ___
Specify _____

Is any family member receiving child support or alimony? Yes _____ No _____
Specify _____

Is any family member a defendant or plaintiff in a lawsuit? Yes _____ No _____

Is any portion of your down payment borrowed? Yes _____ No _____
Amount _____ From whom _____

Is any family member presently delinquent or in default on any debt or loan, mortgage, financial obligation, bond or loan guarantee? Yes _____ No _____

Has any family member previously participated in the Housing Choice Voucher (Section 8) Homeownership program? Yes _____ No _____

Has any family member previously defaulted on a mortgage under the Housing Choice Voucher (Section 8) Homeownership program? Yes _____ No _____

I certify that all the information contained herein is true and correct to the best of my knowledge.

Applicant Signature/Date

Co-Applicant/Date

Required Attachments:

1. Documentation of attendance at a Washington State Housing Finance Commission (WSHFC) First Time Homebuyers Class
2. Current bank statement verifying \$1000 in savings
3. If applicable, verification of disability, if not on file