

KAUAI COUNTY HOUSING AGENCY
 4444 Rice Street, Suite #330, Lihue, Hawaii 96766
 Phone: 241-4444, Fax: 241-5118

KAUAI RESIDENT AFFORDABLE HOME-BUYER REGISTRATION FORM

Completing this registration form is one of two steps required for you to be on KCHA Affordable Housing Waitlist for future affordable housing project sales. First step is to complete a HUD-approved Home-Buyer education class. If you have already done this, submit your certificate to document the Home-Buyer education requirement. Registration with the Kaua'i County Housing Agency **WILL NOT** replace the requirement for you to submit an application for each future affordable housing project in which you want to buy. If mail from the Housing Agency is return undeliverable, your file will be considered "dormant". You will not receive future notifications until you notify this office with your updated information.

| PROSPECTIVE BUYER | | | SPOUSE OR CO-BUYER | | |
|--|------------|----------|---------------------------------|--------------|--|
| NAME: _____ | | | NAME: _____ | | |
| Last | First | Middle | Last | First | Middle |
| RESIDENCE ADDRESS: _____ | | | | | |
| Street Name | | Apt. No. | City | State | Zip Code |
| MAILING ADDRESS: _____ | | | | | |
| (if same as residence, write "same") | | | | | |
| BUYER E-MAIL: _____ | | | CO BUYER E-MAIL: _____ | | |
| BUYER CELL PHONE NO: _____ | | | CO-BUYER CELL PHONE NO: _____ | | |
| BUYER'S EMPLOYER: _____ | | | Number of years employed: _____ | | |
| BUSINESS PHONE NO: _____ | | | GROSS INCOME: _____ | | |
| CO-BUYER'S EMPLOYER: _____ | | | Number of years employed: _____ | | |
| BUSINESS PHONE NO.: _____ | | | GROSS INCOME: _____ | | |
| HOUSEHOLD COMPOSITION: List all members of the household who will reside in the dwelling unit to be purchase, including yourself and spouse or co-applicant. | | | | | |
| Last Name | First Name | Sex | Age | Relationship | Living w/ Buyer Now |
| 1. | | | | SELF | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If more than 6 in household, write information on an MS Word document and name the file with your first and last name and submit with this application. | | | | | |

TOTAL GROSS MONTHLY HOUSEHOLD INCOME: \$ _____
 Currently own a home? Yes _____ No _____ Where?: _____
 Completed home-buyer education? Yes _____ No _____
 Which homebuyer education counseling agency? _____

 Buyer's Signature Date Co-Buyer's Signature Date