

KANSAS HOUSING RESOURCE CORPORATION
MODERATE INCOME HOUSING GRANT
CLAY CENTER HOME BUYER APPLICATION FORM

Applicant Information

Name (Last, First, Middle Initial)

Social Security Number

Spouse or Co-Applicant Name (Last, First, Middle Initial)

Social Security Number

Current Address (Street, City, County, State, Zip)

() - _____
Telephone Number

Number of Dependents

Age of Dependents

Do you currently Live in Subsidized Housing?

Yes ☐ No ☐

Are you a first-time homebuyer?

Yes ☐ No ☐

If not, have you owned a home in the past three (3) years?

Yes ☐ No ☐

Information about you and your family

Please list every member of your household, starting with yourself

Name: _____

Social Security Number: _____

Relationship: _____

Birthday/Age: _____

Sex: Male ☐ Female ☐ Other ☐

Name: _____

Social Security _____
Number:

Relationship: _____

Birthday/Age: _____

Sex: Male ☐ Female ☐ Other ☐

Information about you and your family (continued)

Name: _____

Social Security Number: _____

Relationship: _____

Birthday/Age: _____

Sex: Male ☐ Female ☐ Other ☐

Name: _____

Social Security Number: _____

Relationship: _____

Birthday/Age: _____

Sex: Male ☐ Female ☐ Other ☐

Name: _____

Social Security Number: _____

Relationship: _____

Birthday/Age: _____

Sex: Male ☐ Female ☐ Other ☐

(If more space is required, please use the back of this sheet)

Eligible Households must have less than 150% of the Area Median Income (AMI) and must have more than 60% Area Median Income (AMI) and have financial availability to own and maintain a home.

Moderate Income Housing Income Range
Kansas Housing Resources Corporation
Effective 5/1/2026

Note: The 60% limit provided should be viewed as a minimum with the 150% limit being the maximum income limit.

# in HH:	1	2	3	4	5	6	7	8
60%	\$42,600	\$48,660	\$54,720	\$60,780	\$65,700	\$70,560	\$75,420	\$80,280
150%	\$106,500	\$121,650	\$136,800	\$151,950	\$164,250	\$176,400	\$188,550	\$200,700

Household Income Information

To the best of your ability, please list which members of your family are employed, who they work for, and their average annual income.

Name: _____ Employer: _____

Employer Address: _____

Employer Phone: _____ Length of Employment: _____

Annual Income: _____

Name: _____ Employer: _____

Employer Address: _____

Employer Phone: _____ Length of Employment: _____

Annual Income: _____

Name: _____ Employer: _____

Employer Address: _____

Employer Phone: _____ Length of Employment: _____

Annual Income: _____

Name: _____ Employer: _____

Employer Address: _____

Employer Phone: _____ Length of Employment: _____

Annual Income: _____

(If more space is required, please use the back of this sheet)

Please indicate all other forms of assistance or income that you or any member of your family residing at this address received in the past year, and attached relevant documentation.

☐ GA

☐ Pension

☐ TANF

☐ Unemployment

☐ Social Security

☐ Child Support

☐ Foster Care

☐ Other: _____

☐ SSI/SSA

☐ Alimony

☐ VA

What to Expect Next:

- Completing this application does not guarantee qualification for MIH down-payment assistance.
- Even if you are income-eligible, applicants must be pre-approved for a home mortgage from a qualified lender before being eligible for MIH down-payment assistance.
- This home will only be constructed on one of the approved lots provided by the developer.
- The general contractor has already been selected and your customization options will be limited (but available).
- You must continue to maintain property insurance according to your mortgage and must continue to pay property taxes in perpetuity.
- A lien will be filed by the city on your MIH home to prevent profits on sale for 5 years. Any profits from the sale of this home in the next 5 years will require a pro-rated portion be paid to the city (decreasing 20% each year or 1/60 per month, lien to be removed after 5 years).

ACKNOWLEDGEMENT AND AGREEMENT

I acknowledge and attest that all of the information provided in this application is true and accurate to the best of my knowledge. It is my understanding that any intentional or negligent misrepresentation of the information may result in civil liability and/or criminal penalties. If any of the above information changes prior to closing, I will notify the lender immediately.

_____ Homebuyer Signature	_____ Date	_____ Homebuyer Signature	_____ Date
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_____ Lending Institution	_____ Mailing Address (Street, City, Zip)	_____ Phone Number
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To be completed by a City Representative:

Date Received: _____

Loan Confirmation Number: _____

Approved ☐

Denied ☐

Reason: _____

Signed: _____

Please include the following documents with this application and return to Grow Clay County, 517 Court Street, Clay Center or email to director@growclaycounty.org.

Please note approval can take up to 10 business days and you will be notified by email/mail of status and potential next steps.

Attached

1. Your most recent Tax Return

☐

2. Loan pre-approval for a Moderate Income Housing Home

☐

If you have any questions please contact Amelia Blackwood at 785-632-5454.