



Thank you for showing an interest in the Fort Wayne Housing Authority Homeownership Assistance Program.

Please fill out the attached application as your pre-approval process. You must complete an Introduction to Homeownership class at the Fort Wayne Housing Authority. Once you have been determined, eligible you will be contacted by the homeownership specialist to provide you with the next steps to the homeownership program.

If you have any questions or concerns, please contact Kyra Brown at 260-267-9300 ext. 7213, or kbrown@fwha.org

Please keep this page as a copy for your records.



7315 Hanna Street Fort Wayne, Indiana 46816
260.267.9300 T 260.755.1058 TDD | fwaha.org

Housing Choice Voucher Homeownership Program Preliminary Application

Borrower Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Previous Address: (if less than two years) _____

Phone: _____ Email _____

Co- Borrower Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Previous Address: (if less than two years) _____

Phone: _____ Email _____

Relationship between Borrower and Co- Borrower: Spouse _____ Other _____ (if other, please explain)

HCV Applicant Questions

Borrower Monthly Housing Rent? _____

Applicant's portion _____

PHA's portion _____

FAX _____
260.267.9305 Administration
260.267.9306 Housing Choice Voucher
260.267.9307 Public Housing
260.267.9308 Accounting





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

Has any family member been terminated from Homeownership assistance from any other Housing Authority?
Yes _____ No _____ (If yes, please explain):

Is the Head of Household porting from another Housing Authority? Yes _____ No _____

Is the Head of Household a participant or a graduate of the Family Self- Sufficiency Program? Yes _____ No _____

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

Is the Head Household disabled? Yes _____ No _____

Does the family have any additional financial assistance? Yes _____ No _____
(If yes, please specify):

Has the Head of Household taken Homeownership and Financial Literacy Classes? Yes _____ No _____
(If yes, please specify)

Have you created a profile with Pathfinder Homes? Yes _____ No _____ (If yes, answer the question below)

1. Have you established an IDA account? Yes _____ No _____

Household Income

Is the Head of Household or Co- Head employed or receiving SSI, SS? Yes _____ No _____

What is the Households total annual income? _____

How long has the Head of Household or Co- Head been employed? _____

Disclaimer Notice

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

FAX

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