



# Housing Choice Voucher Homeownership Program

## Eligibility Assessment

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ / Email: \_\_\_\_\_

Marital Status (*please circle*): 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

Are you currently participating in the Housing Choice Voucher?  Yes  No

Are you currently participating in the Family Self Sufficiency Program?  Yes  No

Please list the names and ages of the members in your household:

Name: \_\_\_\_\_ / Age: \_\_\_\_\_

Name: \_\_\_\_\_ / Age: \_\_\_\_\_

Name: \_\_\_\_\_ / Age: \_\_\_\_\_

Name: \_\_\_\_\_ / Age: \_\_\_\_\_

Name: \_\_\_\_\_ / Age: \_\_\_\_\_

Is anyone in your family disabled?  Yes  No

If yes, please describe: \_\_\_\_\_

Are you in good standing with your landlord?  Yes  No

If no, please explain: \_\_\_\_\_

Has anyone in your family owned a home in the last three years?  Yes  No

Has anyone in the household defaulted on a mortgage in the homeownership option?  Yes

No

Have you been continuously employed full-time (average 30+ per week) for the past year?  Yes

No

Have you filed Chapter 13 or Chapter 7 bankruptcy? (*Please circle*)  Yes  No If yes,

when did you file \_\_\_\_\_ when was bankruptcy discharged \_\_\_\_\_

**Head of Household Employment History – (Last 2 years):**

Employer:	Dates Employed:
Position	Reason for leaving:
Gross Income (before taxes): \$	Average Hours Per Week:
Employer:	Dates Employed:
Position	Reason for leaving:
Employer:	Dates Employed:
Position	Reason for leaving:

**Other Adult of Household Employment History – (Last 2 years):**

Employer:	Dates Employed:
Position	Reason for leaving:
Gross Income (before taxes): \$	Average Hours Per Week:
Employer:	Dates Employed:
Position	Reason for leaving:
Employer:	Dates Employed:
Position	Reason for leaving:

**Monthly Income**

<i>Type of Income</i>	<i>Head of Household</i>	<i>Other Adult Household</i>
Salary		
Alimony/Child Support		
Social Security		
Pension Income		
Self-employment Income		
Food Stamps		
Dependent SSI Income		
Other Income:		

**Liabilities/Debt**

Please enter all consumer debt including credit cards, auto loans, student loans, rent-to-own and medical payment plans.

<i>Paid To:</i>	<i>Current Balance</i>	<i>Interest Rate</i>	<i>Monthly Payment</i>	<i>Who's Debt? HH=Head of Household OD=Other Adult Household B=Both</i>

**Collections/Judgments**

<i>Paid To</i>	<i>Current Balance</i>	<i>Date of Last Activity</i>	<i>Action to Take</i>

I/We understand that the purpose of this form is to assist the Homeownership Manager in determining our eligibility for the Housing Choice Voucher Homeownership program and to help me/us in developing a plan of action to prepare for homeownership. I/We understand that this is not an application for mortgage financing and that Housing Works is in no way obligated to me or my family nor does it guarantee I/we will be approved for homeownership. I/We have no objection to inquiries for the purpose of verifying the facts herein stated.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date