



Homeownership Program

If you have a Section 8 voucher and are considering homeownership, VSHA may be able to help you.

Some families with a Section 8 rental voucher can qualify to convert the voucher into a homeownership voucher. If you qualify, you could receive a monthly check from VSHA to help meet expenses related to homeownership. Related expenses can include: mortgage, maintenance, taxes and insurance.

To find out if you qualify submit this application to:

VSHA Homeownership Program
 One Prospect Street
 Montpelier, VT 05602

For more information, please contact us:

Bennington, Orange, Rutland, Windham, Windsor Counties:
 Telma Patterson
 802-828-0417
 telma@vsha.org

Addison, Caledonia, Chittenden, Essex, Franklin, Grand Isle, Orleans Counties:
 Garrath Higgins
 802-828-3011
 garrath@vsha.org

Lamoille, Washington Counties:
 Denise Veiga Beasley
 802-828-0401
 denise@vsha.org

Homeownership Program Application

- ❖ Information that you provide on this Application will be used to determine your eligibility for the Homeownership Program.
- ❖ If you need assistance, or to request an accommodation, please contact us at the numbers listed above, or 1-800-820-5119 (message only), or 1-800-798-3118 (TTY).
- ❖ Incomplete applications will be returned.

1. Applicants Name: _____ Telephone #: _____
 Current Address: _____



2. **Family Composition** - List all of the people who will be living in your household when you purchase a home. Please indicate all household members who will be an owner or co-owner.

Household Member	Relationship	Social Security #	Date of Birth	Sex	Owner or Co-Owner
	Head				<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Eligibility Questions

3. Has the head of household or any other adult in the household (who will own the home) been continuously employed full time for at least the last twelve months in a row, with no breaks? This requirement does not apply to elderly and/or disabled households.

Yes, please state who: _____

No member of my household meets the employment requirement

The employment requirement does not apply to my household because either the head of household or the spouse is disabled or elderly

4. Do you owe your landlord any back rent? (Prior to closing, your landlord will need to certify that you are current on your rent.) Yes No

5. Has any member of your household ever defaulted on a mortgage? Yes No
If yes, please provide date and details: _____

6. Does any member of your household currently have ownership (in part or whole) interest in any residential property? Yes No

If yes, please provide details: _____

7. Has any member of your household had any ownership interest in a house, condominium, duplex, or residence of any kind in the past three years? Yes No

If yes, please provide details: _____

8. What housing authority currently provides your assistance? _____



9. Have you completed the HomeBuyer Education Workshop, and participated in counseling with a HomeOwnership Center? Yes No, but I am willing to participate.

If yes, please provide your Counselor's name and telephone: _____

10. Have you been pre-approved or pre-qualified for a mortgage loan? Yes No

If yes, please provide the lender's name: _____

11. How much do you anticipate financing? \$ _____

12. If you have already selected a home to purchase, please provide the following:

Purchase Price: \$ _____ Anticipated closing date? _____

Complete physical address: _____

of Bedrooms: _____ # of Bedrooms that will be used for sleeping: _____

Together with the NeighborWorks® Homeownership Center in your area, we will work with you to achieve homeownership.

NeighborWorks® Homeownership Centers of Vermont:

Central Vermont Community Land Trust	1-802-476-4493
Champlain Housing Trust	1-802-862-6244
Gilman Housing Trust	1-802-535-3554
Rockingham Area Community Land Trust	1-802-885-3220
Rutland West Neighborhood Housing Services	1-802-438-2303
Windham Housing Trust	1-802-254-4604

Financing Partners:

USDA Rural Development
 Vermont Housing Finance Agency

As with any goal it takes determination.



APPLICANT CERTIFICATION: Please read carefully and have all household members who will have ownership interest in the home (including the head of household) sign:

I/We certify that the information given on household composition, income, net family assets, and allowances, and deductions, as well as all other information provided is accurate and complete to the best of my/our knowledge and/or belief. I/We understand that false statements or information are punishable by federal law with fines up to \$10,000 or imprisonment for up to five years. I/We also understand that false statements or information are grounds for termination of housing assistance payments, termination of tenancy, and/or retroactive reduction of homeownership assistance.

Head of Household Signature _____ Date: _____

Co-Owner #1 _____ Date: _____

Co-Owner #2 _____ Date: _____

❖ Authorization for Release of Information

By signing below, I/we hereby authorize the Vermont State Housing Authority to obtain and/or release all records, reports, homeownership counseling evaluations and any other information pertinent to my/our possible participation in the Homeownership Program through the Vermont State Housing Authority.

Agencies that I/we authorize VSHA to release information to and obtain information from include, but are not limited to: the Neighborworks© Homeownership Centers, lending institutions, creditors, and Home Inspectors. Requests may involve, but are not limited to: information regarding finance terms, down payment, credit reports, participation and progress in homeownership counseling, and the results of home inspections.

By signing this release, I/we are granting unlimited communication that will not be terminated until I/we are no longer considering, applying to, or participating in the Homeownership Program.

Head of Household Signature _____ Date: _____

Social Security No. _____ Date of Birth: _____

VSHA Representative _____ Date: _____