



**Vermont State Housing Authority
Section 8 Homeownership Option Program**

Vermont State Housing Authority
One Prospect Street
Montpelier, VT 05602-3556



Eligibility Questionnaire to Participate in VSHA's Section 8 HomeOwnership Program

IF YOU NEED ASSISTANCE, OR TO REQUEST AN ACCOMMODATION, PLEASE CONTACT US AT EITHER 802-828-3011, OR 1-800-820-5119 (MESSAGE ONLY), OR 1-800-798-3118 (TDD).

NAME _____ SS# _____

1. What is your present annual income? _____
2. How many bedrooms are you looking for? _____
3. Are you or any other member of your household elderly or disabled?
_____ Yes _____ No _____
4. Has the head of household or other adult in the household been continuously employed full time for a year before the commencement of homeownership assistance? (elderly/disabled households are exempt from this requirement)
_____ Yes _____ No _____
5. Do you owe your landlord any back rent?
_____ Yes _____ No _____
6. Have you, as head of household or your spouse, previously defaulted on a mortgage?
_____ Yes _____ No _____
7. Have you or a family member owned title to a principal residence or cooperative membership share in the last 3 years?
_____ Yes _____ No _____
8. Are you willing to enroll in the prebuyer education class with an approved Homeownership Center?
_____ Yes _____ No If you have already taken the course, when and where did you complete it? _____
9. Have you applied for and / or received pre-approval for a mortgage? If so, with what lender?

10. When would you like to purchase a home?
Circle one: (A) within 2-3 months (B) 3-5 months (C) more than six months from now

11. Do you have a particular house in mind? If so:
Town/County: _____

Purchase Price: _____

Have you arranged for a professional inspection? _____

Do you have a closing date scheduled? _____

12: If you have a Section 8 Voucher with another Housing Authority (other than VSHA), please list the name of that Housing Authority:

13. Please list the names of the *adults* in your household **who will have ownership interest in the house that you intend to purchase**: _____

Please **sign here**: _____ Date: _____

Your Address: _____

Your Telephone #: _____ SS#: _____

FOR OFFICE USE ONLY:

Last Certification:	_____	<u>Comments:</u>
Gross Annual:	_____	
TTP:	_____	
County:	_____	
First-time Homebuyer	_____	
Eld/Dis. Household:	_____	
Meets employment requirement:	_____	
Date sent Interim:	_____	
Qualifies:	_____	
Date referred to HOC:	_____	
Registered for Class:	_____	