



## 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](mailto:telma@vsha.org)

Addison, Chittenden, Franklin, Grand Isle, Counties:  
 Amber Neddo  
 802-828-3011  
[Amber.neddo@vsha.org](mailto:Amber.neddo@vsha.org)

Caledonia, Essex, Lamoille, Orleans, Washington Counties:  
 Carmeta French  
 802-828-0401  
[Carmeta.french@vsha.org](mailto:Carmeta.french@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 30 hours per week or more 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 the head of household, or the co-head of household, or the spouse is disabled or elderly
4. Does the head of household or any other adult in the household (who will own the home) have a credit score of at least 640?  Yes     No
5. Have you leased in Vermont with a Section 8 for at least the past 12 consecutive months?
- Yes     No
6. Do you currently have at least \$2,000.00 in accessible assets (savings account, checking account, etc.) which you saved yourself and is not a gift or loan?  Yes     No
7. 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
8. Has any member of your household ever defaulted on a mortgage?  Yes     No
9. Does any member of your household currently have ownership (in part or whole) interest in any residential property?  Yes     No



10. 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: \_\_\_\_\_

11. What housing authority currently provides your assistance? \_\_\_\_\_

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

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

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

If yes, please provide the lender's name: \_\_\_\_\_

14. How much do you anticipate financing? \$ \_\_\_\_\_

15. 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:

Champlain Housing Trust	1-802-862-6244
Downstreet Housing & Community Development	1-802-477-1338
RuralEdge	1-802-535-3555
NeighborWorks of Western Vermont	1-802-438-2303
Windham & Windsor Housing Trust	1-802-246-2127

Financing Partners:

USDA Rural Development Vermont Housing Finance Agency



**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: \_\_\_\_\_