

CITY OF CARIBOU HOUSING AGENCY

Section 8 Homeownership Program Eligibility Assessment

Family Name _____ Daytime Phone # _____

Address _____

E-mail _____

1. Are you currently a Section 8 Voucher Rental Assistance Program Participant from the City of Caribou Housing Agency and have you been on the program for at least 9 months? **Yes No**
2. Is anyone in your family disabled? **Yes No**
3. Is anyone in your family elderly? **Yes No**

If you or your spouse is elderly and/or disabled, do you have a household income of at least \$7,644.00 per year (you may include welfare assistance)? **Yes No**

4. Does anyone in your household receive earned wages? **Yes No**

If yes, do you or an adult family member:

- a. Work (full-time) a minimum of 30 hours per week? **Yes No**
- b. Earn a minimum of \$11,700.00 per year total wage income? **Yes No**
- c. Have at least one year of continuous employment? **Yes No**
- d. If no, how long have you been employed at your current job? _____ months
- e. Have any gaps in the last 12 months of employment? **Yes No**

Explain: _____

5. Other sources of household income? (Circle all sources)

SSI

SSD

SS

Child Support

TANF

Workman's Comp

Other _____

6. How many bedrooms are you looking for? _____

Please list names and ages of all household members including yourself:

7. Has any member of your household owned a home in the last three years? **Yes No**
If yes, explain: _____
8. Does any member of your household have an ownership interest in any property? **Yes No**
If yes, explain: _____
9. Has any member of your household defaulted on a mortgage obtained through the Section 8 Homeownership Program? **Yes No**
10. Are you on the waiting list for the Caribou Family Self-Sufficiency Program, a current participant, or a graduate of the program? **Yes No** Please circle the status that applies to you.
11. Do you owe your landlord any back rent? **Yes No**
12. Do you owe the City of Caribou Housing Agency any money? **Yes No**
13. Have you had any family-caused violations of HUD's Housing Quality Standards within the last year? **Yes No**
14. Are you willing to enroll in a homeowner education class with an approved agency? **Yes No**

I/We understand that I/we may choose any lender to provide financing, providing the PHA approves of the chosen lender's financing terms. I/we authorize the PHA to discuss my/our file with mortgage lender(s), with my/our Realtor(s), and/or any homeownership grant/assistance program representative(s). I/we understand that it is my/our responsibility to inform my/our PHA rental assistance caseworker of any changes in my/our household income, expenses, or family composition immediately. I am/we are aware that if eligible, my/our Homeownership Assistance subsidy will be calculated based on the information disclosed above and verified in my/our PHA rental file. The PHA will determine eligibility after reviewing all documentation.

Head of Household

Date

Spouse

Date

Other Adult Family Member

Date

Warning: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the US as to any matter in its jurisdiction.