

**HOMEOWNERSHIP VOUCHER PRE-SCREENING:** Please complete the Pre-Screening Questionnaire below to help determine if you are eligible for the Homeownership Voucher Program and if you should apply.

Name of Applicant (print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

	YES	NO
1. Are you a current participant in Scott County CDA's Section 8 Program?		
2. Have you been in the Scott County CDA Section 8 Program for 12 months or more?		
3. Are you in good standing with Scott County CDA? <i>*To be in good standing:</i> 1. You can't owe the CDA money 2. You can't have family caused inspection violations within the last year 3. You can't have serious or repeated program violations.		
4. <b>If Employed:</b> Does your household make \$14,500 or more in Gross Income per year <b>AND</b> 1 or more adult has been working over 30 hours per week continuously for 12 months?  <b>OR</b>  <b>If receiving disability benefits (SSI/SSDI/RSDI):</b> Does your household make \$8,520 or more per year?  <i>*If you are not employed or receiving disability benefits, please answer "No"</i>		
5. Is your <b>Household Gross Income</b> over the amount below? (not including welfare payments)  Households of 1: \$2,050 or more per month Households of 2: \$2,400 or more per month Households of 3: \$3,200 or more per month Households of 4: \$4,050 or more per month Households of 5: \$4,600 or more per month Households of 6: \$5,264 or more per month		
6. Are you a First Time Homebuyer? <i>*Cannot</i> have owned a home or property in the last 3 years (not including mobile or manufactured homes)		
7. Would you or another adult in your home be able to qualify for a mortgage? <i>*Members that are <u>not</u> in your current household <u>cannot</u> be listed on the mortgage</i>		
8. Do you plan to <b>purchase a home and reside</b> in Scott County?		
9. Do you have funds available for a down payment? <i>*You must contribute at least 1% of the sales price of a home from your personal funds. Example: A 1% contribution on a \$250,000 home is \$2,500.</i>		

Did you answer "YES" TO QUESTIONS 1-9? ☐ YES ☐ NO

➤ **If No**, you may not be eligible for the Homeownership Voucher Program at this time. You can, however, still apply for the program and contact the office with questions.

➤ **If Yes**, you may be eligible for the program! Please note that answering "Yes" to all questions, does not automatically qualify you for the program.

**Please note** that families who have been participating in Family Self-Sufficiency (FSS) program for at least 6 months, or have graduated from such a program, Families who have completed both the Scott County CDA's Homebuyer 12-hour Education Workshop and 1-Homebuyer Counseling session with a HUD-Approved housing counseling agency and Elderly and disabled families will automatically be given preference over other families.

### HOMEOWNERSHIP VOUCHER APPLICATION (PAGES 2-5):

**Tenant ID:**

- This form must be completed in your own hand-writing. Please Print.
- Use the correct Legal Name for each member of your household as it appears on their Social Security Card.

Head of Household Name: \_\_\_\_\_

FIRST	MIDDLE INITIAL	LAST

**Current Address:** \_\_\_\_\_  
STREET/ P.O. BOX # / APARTMENT #

CITY STATE ZIP CODE

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**HOUSEHOLD COMPOSITON:**

**Please List the Head of Household and all other Household Members Below:**

NAME (FIRST, MI, LAST)	Relation to Head of Household	Date of Birth	Adult Student?	Citizen?	Disabled?	Social Security Number (if citizen)
1.	Head of Household		Yes No <u>If yes,</u> School Name/ City: _____	Yes No <u>If No:</u> Alien Registration #: _____	Yes No	
2.			Yes No <u>If yes,</u> School Name/ City: _____	Yes No <u>If No:</u> Alien Registration #: _____	Yes No	
3.			Yes No <u>If yes,</u> School Name/ City: _____	Yes No <u>If No:</u> Alien Registration #: _____	Yes No	
4.			Yes No <u>If yes,</u> School Name/ City: _____	Yes No <u>If No:</u> Alien Registration #: _____	Yes No	
5.			Yes No <u>If yes,</u> School Name/ City: _____	Yes No <u>If No:</u> Alien Registration #: _____	Yes No	
6.			Yes No <u>If yes,</u> School Name/ City: _____	Yes No <u>If No:</u> Alien Registration #: _____	Yes No	
7.			Yes No <u>If yes,</u> School Name/ City: _____	Yes No <u>If No:</u> Alien Registration #: _____	Yes No	
8.			Yes No <u>If yes,</u> School Name/ City: _____	Yes No <u>If No:</u> Alien Registration #: _____	Yes No	

➤ **Does anyone live with you now who is not listed above?**      \_\_\_Yes      \_\_\_No

**If yes, please explain:**

➤ **Do you plan to have anyone living with you in the future who is not listed above?** ☐ Yes ☐ No

**If yes, please explain:**

**OTHER HOUSEHOLD MEMBER INFORMATION:**

- Do you or an adult in your household speak English? ☐ Yes ☐ No
- Do you or an adult in your household read English? ☐ Yes ☐ No
- Do you need an interpreter? ☐ Yes ☐ No  
 \*If yes, our office requires 3 business days notice, otherwise your appointment will be rescheduled.
- Does anyone in your home have elevated blood levels due to lead poisoning? ☐ Yes ☐ No ☐ Never tested
- Does any member require specific accommodations to fully utilize our services? ☐ Yes ☐ No
- If any member listed is disabled, please identify special housing needs required as a result of the disability:  
 \_\_\_\_\_
- **\*Have you or any member of your household ever engaged in illegal drug-related or violent criminal activity?**  
☐ Yes ☐ No **If yes**, when and in what city and state? \_\_\_\_\_

**EMERGENCY CONTACTS:** Please list names and contact information of relatives/friends who can reach you:

Emergency Contact Name 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Emergency Contact Name 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**CHILDCARE EXPENSE INFORMATION:**Do you pay for childcare while a family member is employed or going to school? ☐ Yes ☐ No**IF YES, complete information below:**

Child(ren) enrolled: \_\_\_\_\_ Expense: COST/WEEK \$ \_\_\_\_\_ OR MONTH \$ \_\_\_\_\_

Childcare Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Does Scott County or other agency pay for this expense? ☐ Yes ☐ No **If yes**, explain: \_\_\_\_\_**MEDICAL EXPENSE INFORMATION: ELDERLY AND DISABLED PERSONS ONLY**

1. Do you have any health care coverage? (Medicare, MA, private insurance) ☐ Yes ☐ No

➤ **If yes:** How much is the premium YOU pay? \_\_\_\_\_

2. Do you have a spenddown? ☐ Yes ☐ No

➤ **If yes**, how much is it? \$ \_\_\_\_\_ **Do you meet it each month?** ☐ Yes ☐ No

3. Do you pay for prescription drugs on a regular basis? ☐ Yes ☐ No

➤ **If yes**, pharmacy name and address: \_\_\_\_\_

4. Are you making consistent monthly payments on any outstanding medical bills? ☐ Yes ☐ No.

➤ **If yes**, to whom: \_\_\_\_\_

5. Do you pay for a care attendant or any special equipment for a disabled member of the household which is necessary to permit that household member to work? ☐ Yes ☐ No.

➤ **If yes**, please explain: \_\_\_\_\_

**INCOME INFORMATION:****YES    NO**

1. Is any member of your household employed, full-time, part-time or seasonally?	_____	_____
2. Have you been employed in the previous 2 years?	_____	_____
3. Does any member of your household expect to work for any period during the next twelve months?	_____	_____
4. Does any member of your household work for someone who pays them in cash?	_____	_____
5. Is any member of your household on leave of absence from work due to lay-off, medical, maternity or military leave?	_____	_____
6. Does any member of your household now receive, or expect to receive unemployment benefits?	_____	_____
7. Does any member of your household now receive, or expect to receive income from babysitting/childcare services?	_____	_____
8. Does any member of your household now receive or expect to receive economic assistance such as MFIP, GA, MSA, and/or food support?	_____	_____
9. Does any member of your household receive or expect to receive Social Security/SSI benefits?	_____	_____
10. Does any member of your household receive or expect to receive income from a pension or annuity?	_____	_____
11. Does any member of your family now receive or expect to receive child support?	_____	_____
12. Does any member of your household now receive or expect to receive spousal maintenance/alimony?	_____	_____
13. Does any member of your household own a business or self- employed?	_____	_____
14. Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies and/or does anyone outside your household regularly pay for any of your bills or give you money?	_____	_____
15. Does any member of your household receive or expect to receive income from an educational scholarship grant, or work-study program?	_____	_____

**FOR EACH "YES" ANSWER TO INCOME QUESTIONS 1-14, PROVIDE THE DETAIL IN THE CHART BELOW**

Household Member NAME	If employed:			Other Income Sources:				
	Name and Address of Employer	Hourly Wage	# of Hours Per Week	MFIP/ Food Support (per month)	Child Support Benefits (per month)	Social Security Benefits (per month)	Unemployment Benefits (per week)	Other Income (per month):
		\$____/HR		\$	\$	\$	\$	\$
		\$____/HR		\$	\$	\$	\$	\$
		\$____/HR		\$	\$	\$	\$	\$
		\$____/HR		\$	\$	\$	\$	\$
		\$____/HR		\$	\$	\$	\$	\$

**ASSET INFORMATION:**

YES NO

1. Does any member of your household have cash on hand over \$100? \_\_\_\_\_
2. Does any member of your household have checking accounts or savings accounts? \_\_\_\_\_
3. Does any member of your household have certificates of deposit, annuities, money market funds? \_\_\_\_\_
4. Does any member of your household have any IRA, Keogh, or other retirement savings accounts? \_\_\_\_\_
5. Does any member of your household have any stocks/bonds/mutual funds, money market? \_\_\_\_\_
6. Does any member of your household have a contract for deed? \_\_\_\_\_
7. Does any member of your household own any real estate and/or mobile home? \_\_\_\_\_
8. Have you sold or given away any assets for less than their fair market value in the past two years? \_\_\_\_\_  
 ➤ **If yes**, describe the asset, its fair market value, the amount you received, and the date of disposal.  
 \_\_\_\_\_
9. Do you own any personal property which is held for investment purposes? \_\_\_\_\_  
 (Examples: gems, jewelry, antiques, silver, gold, coin/stamp/gun collections, etc.)  
 ➤ **If yes**, describe and give current appraised value.  
 Description: \_\_\_\_\_ Current Appraised Value: \_\_\_\_\_

**BANK ACCOUNTS:**

Household Member Name:	Type of Account	Bank Name and Address	Account Number	Current Balance	Interest Rate

**OTHER ASSETS:**

Household Member Name:	Type of Asset	Investment Co/Stock Names	Account Number	Current Balance/Value	Interest Rate

**WARNING:** SECTION 1001 OF THE TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION.

**APPLICANT CERTIFICATION:**

- I/We certify that the information given to the Scott County CDA on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief.
- I/We understand that false statements or information are punishable under Federal and State law. I/We also understand that false statements or information are grounds for termination of housing assistance.

Signature of Head: \_\_\_\_\_

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

Signature of Spouse/Co-Head: \_\_\_\_\_

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

Signature of Adult – age 18 or Older: \_\_\_\_\_

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

Signature of Adult – age 18 or Older: \_\_\_\_\_

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

Signature of Adult – age 18 or Older: \_\_\_\_\_

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

Signature of Adult – age 18 or Older: \_\_\_\_\_

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

**Representative of Scott County CDA:** \_\_\_\_\_

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

**NOTE TO APPLICANTS:** If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at 800-669-9777.