

Tenant ID: \_\_\_\_\_

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

1. Are you a current participant in Scott County CDA’s Section 8 Program? Yes No

2. Have you been in Scott County CDA Section 8 Program for 12 months or more? Yes No

*\*You must be in good standing (can’t owe money, have inspection or other violations\**

3. Is your Household Gross Income over the amount below? (not including welfare payments) Yes No

Households of 1: \$2,100 or more per month

Households of 4: \$4,300 or more per month

Households of 2: \$2,450 or more per month

Households of 5: \$4,900 or more per month

Households of 3: \$3,350 or more per month

Households of 6: \$5,600 or more per month

4. Is 1 or more adults in the home continuously employed for a minimum of 12 months on a full time basis (30 hours or more per week)? Yes No

*\*There are separate requirements for those receiving SSI*

5. Are you a first time homebuyer? Yes No

*\*Cannot have owned a home or property in the last 3 years (not including mobile or manufactured homes)*

6. Would you are another adult in your home qualify for a mortgage? Yes No

*\*Members that are not in your current household cannot be listed on the mortgage*

7. Do you plan to purchase a home and reside in Scott County? Yes No

8. Do you have funds available for a down payment? Yes No

*\*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.*

**Did you answer “YES” TO QUESTIONS 1-8?  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.



**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? ➤ <b>If yes</b> , 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.) ➤ <b>If yes</b> , describe and give current appraised value. Description: _____ Current Appraised Value: _____	___	___

<b>BANK ACCOUNTS:</b>					
Household Member Name:	Type of Account	Bank Name and Address	Account Number	Current Balance	Interest Rate

<b>OTHER ASSETS:</b>					
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: _____
<b>Representative of Scott County CDA:</b> _____	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.