

**Housing Choice Voucher Homeownership Option
Eligibility Assessment**

Name _____ Phone _____
Address _____

1. Type of Assistance you receive? (Please check one)
Housing Choice Voucher _____ Public Housing Resident _____
2. Please list the names and ages of all the members of your household.

3. Total household income? Amount \$ _____ Source _____
4. What is your present gross income? _____ Monthly _____ Yearly
What is the source of your income? _____
5. Does at least one adult member of your family:
Work full time, at least 30 hours per week? (circle one) Yes No
Have at least 12 months of continuous employment? Yes No
If no, please explain gaps in employment: _____

6. Is anyone in your family qualified as elderly or disabled? (circle one) Yes No
If so, please list who and what the disability is: _____
7. Please list employment history of the head of the household for the past three years.

8. Does anyone listed in your household above currently have an ownership interest in property? (circle one) Yes No
9. Has anyone in your household owned a home in the last three years? Yes ___ No ___
10. Are you in good standing with your present landlord? Yes _____ No _____ (If no, explain) _____
11. Has anyone in your household defaulted on a mortgage? Yes _____ No _____
12. Have you ever attended HUD approved home counseling? Yes _____ No _____
If yes, please enter name and address of where you attended counseling: _____

13. Do you have money saved for a down payment for a home? Yes _____ No _____
14. Is the head of the household a current participant in the Family Self-Sufficiency program? (circle one) Yes No

I understand that the information provided here will be used to assess my initial eligibility for the program, and that by signing this Eligibility Assessment, I am in no way obligated to follow through with, or guaranteed assistance with, the Housing Choice Voucher Homeownership program.

Applicant Signature

Date

Co-Applicant Signature

Date

Complete and Return to:
Tania Eller
Brainerd HRA
324 East River Road
Brainerd, MN 56401

FOR OFFICE USE ONLY	
_____ Eligible	
Payment Standard:	
County _____	Bdrm sz. _____
_____ Ineligible	
Reason:	

INTAKE ASSESSMENT

Date _____

Part One: Personal Data

Buyer Name: _____

Social Security Number: _____ Date of Birth: _____ Race: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

How Long at Current Address: _____

Previous Address (if at current address less than two years): _____

Co-Buyer Name: _____

Social Security Number: _____ Date of Birth: _____ Race: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

How Long at Current Address: _____

Previous Address (if at current address less than two years): _____

Part Two: Demographic Information

Buyer:

Are you a United States citizen or Resident Alien: _____ Yes _____ No

Are you a: _____ Single Head of Household _____ First Time Home Buyer

_____ First Generation Home Buyer

Are you now, or have you ever been in the U.S. Military? _____ Yes _____ No

If yes, give branch of service and dates of service: _____

Co-Buyer:

Are you a United States citizen or Resident Alien: _____ Yes _____ No

Are you a: _____ Single Head of Household _____ First Time Home Buyer

_____ First Generation Home Buyer

Are you now, or have you ever been in the U.S. Military? _____ Yes _____ No

If yes, give branch of service and dates of service: _____

Part Three: Employment and Income Information

BUYER

Present Employer _____

How Long _____ Dates from _____ to _____

Job Title _____

Employer Address _____

Full time _____ Part-time _____ hrs/week _____

Self-employed _____ Seasonal work _____

Are you paid: _____ weekly _____ monthly
_____ bi-weekly _____ bi-monthly

Rate of Pay: \$ _____ per: hour week month

Have you ever been laid off from this job? _____

If yes, how much and how often? _____

List previous employer if employed less than two years:

1. _____

Dates Employed _____ to _____

Job title _____

Rate of Pay: \$ _____ per: hour week month

2. _____

Dates Employed _____ to _____

Job title _____

Rate of Pay: \$ _____ per: hour week month

If currently employed in more than one position:

2nd employer: _____

Address: _____

Full time _____ Part-time _____ hrs/week _____

Rate of Pay: \$ _____ per: hour week month

Do you receive income from any of the following:

_____ Bonuses \$ _____/month

_____ Commissions \$ _____/month

_____ Tips \$ _____/month

_____ Unemployment \$ _____/month until _____

_____ Alimony \$ _____/month until _____

_____ Child Support \$ _____/month until _____

_____ MFIP \$ _____/month

_____ Social Security \$ _____/month

_____ SSI \$ _____/month

_____ Other _____ \$ _____/month

Total Income

\$ _____/month x 12 \$ _____/year

CO-BUYER

Present Employer _____

How Long _____ Dates from _____ to _____

Job Title _____

Employer Address _____

Full time _____ Part-time _____ hrs/week _____

Self-employed _____ Seasonal work _____

Are you paid: _____ weekly _____ monthly
_____ bi-weekly _____ bi-monthly

Rate of Pay: \$ _____ per: hour week month

Have you ever been laid off from this job? _____

If yes, how much and how often? _____

List previous employer if employed less than two years:

1. _____

Dates Employed _____ to _____

Job title _____

Rate of Pay: \$ _____ per: hour week month

2. _____

Dates Employed _____ to _____

Job title _____

Rate of Pay: \$ _____ per: hour week month

If currently employed in more than one position:

2nd employer: _____

Address: _____

Full time _____ Part-time _____ hrs/week _____

Rate of Pay: \$ _____ per: hour week month

Do you receive income from any of the following:

_____ Bonuses \$ _____/month

_____ Commissions \$ _____/month

_____ Tips \$ _____/month

_____ Unemployment \$ _____/month until _____

_____ Alimony \$ _____/month until _____

_____ Child Support \$ _____/month until _____

_____ MFIP \$ _____/month

_____ Social Security \$ _____/month

_____ SSI \$ _____/month

_____ Other _____ \$ _____/month

Total Income

\$ _____/month x 12 \$ _____/year

Part Four: Liabilities and Expenses

BUYER LIABILITIES

Auto Loan

Monthly Payment \$ _____ Balance Due \$ _____

Student Loan

Monthly Payment \$ _____ Balance Due \$ _____

Other Loan

Monthly Payment \$ _____ Balance Due \$ _____

Other Loan

Monthly Payment \$ _____ Balance Due \$ _____

Credit Card

Monthly Payment \$ _____ Balance Due \$ _____

Credit Card

Monthly Payment \$ _____ Balance Due \$ _____

Credit Card

Monthly Payment \$ _____ Balance Due \$ _____

Child Support

Monthly Amount \$ _____

Alimony/Spousal Support

Monthly Amount \$ _____

Rent

Landlord Name _____

Address _____

Monthly Rent \$ _____

What Utilities are you responsible for paying? _____

Daycare Expenses

Provider Name _____

Address _____

Phone _____ Monthly Amount \$ _____

Miscellaneous Expenses

1. _____

Monthly Payment \$ _____ Balance Due \$ _____

2. _____

Monthly Payment \$ _____ Balance Due \$ _____

3. _____

Monthly Payment \$ _____ Balance Due \$ _____

Buyer Total Monthly Liabilities \$ _____

CO-BUYER LIABILITIES

Auto Loan

Monthly Payment \$ _____ Balance Due \$ _____

Student Loan

Monthly Payment \$ _____ Balance Due \$ _____

Other Loan

Monthly Payment \$ _____ Balance Due \$ _____

Other Loan

Monthly Payment \$ _____ Balance Due \$ _____

Credit Card

Monthly Payment \$ _____ Balance Due \$ _____

Credit Card

Monthly Payment \$ _____ Balance Due \$ _____

Credit Card

Monthly Payment \$ _____ Balance Due \$ _____

Child Support

Monthly Amount \$ _____

Alimony/Spousal Support

Monthly Amount \$ _____

Rent

Landlord Name _____

Address _____

Monthly Rent \$ _____

What Utilities are you responsible for paying? _____

Daycare Expenses

Provider Name _____

Address _____

Phone _____ Monthly Amount \$ _____

Miscellaneous Expenses

1. _____

Monthly Payment \$ _____ Balance Due \$ _____

2. _____

Monthly Payment \$ _____ Balance Due \$ _____

3. _____

Monthly Payment \$ _____ Balance Due \$ _____

Co-Buyer's Total Monthly Liabilities \$ _____

TOTAL COMBINED LIABILITIES: _____

Part Five: Legal and Financial History

Please answer the following questions by checking the appropriate space before Yes or No. Use a separate sheet of paper to clarify any "Yes" answers.

BUYER

- 1. Are there any outstanding judgments against you? Yes No
- 2. Have all satisfactions of judgments been recorded? Yes No
- 3. Have you declared bankruptcy within the past seven years? Yes No
- 4. Have you had property foreclosed upon, or given title or deed in lieu there of in the last seven years? Yes No
- 5. Have you ever defaulted on a State or Federal Loan, including student loans? Yes No
- 6. Are you currently party to a lawsuit? Yes No
- 7. Are you a co-signer on any loans, including student loans?
If yes, please include these commitments in the liability section on page 3 Yes No
- 8. Do you have any debt obligations as a result of a divorce?
If yes, please include these commitments in the liability section on page 3 Yes No

CO-BUYER

- 1. Are there any outstanding judgments against you? Yes No
- 2. Have all satisfactions of judgments been recorded? Yes No
- 3. Have you declared bankruptcy within the past seven years? Yes No
- 4. Have you had property foreclosed upon, or given title or deed in lieu there of in the last seven years? Yes No
- 5. Have you ever defaulted on a State or Federal Loan, including student loans? Yes No
- 6. Are you currently party to a lawsuit? Yes No
- 7. Are you a co-signer on any loans, including student loans?
If yes, please include these commitments in the liability section on page 3 Yes No
- 8. Do you have any debt obligations as a result of a divorce?
If yes, please include these commitments in the liability section on page 3 Yes No

I declare the above information to be complete and correct to the best of my knowledge. By signing this assessment, I am no way obligated to follow through with, or guaranteed assistance with, the Housing Choice Voucher Homeownership Program. I authorize Brainerd HRA to discuss my/our file with credit counseling agencies, mortgage lenders, realtors, and/or other representatives in connection with the program.

Buyer Signature

Date

Co-Buyer Signature

Date