HOMEOWNERSHIP PROGRAM
STATEMENT OF ELIGIBILITY
(Program for tenants of public housing)

TO BE COMPLETED BY AGENCY MANAGING THE SUBSIDY

Tenant: ____________________________________________
(Tenant Name)

Address: __________________________________________
(Include name of housing complex)

(Address)

Homeownership Program Applicant (Tenant) eligibility includes the following criteria:

Applicant (Tenant) occupies housing that is:

_____ Housing owned or managed by municipal housing authority

_____ Supported by the State Moderate Rental Program

_____ Supported by a State Affordable Housing Program

_____ CHFA Financed Subsidized Apartment

Applicant (Tenant) currently receives rental assistance through the following program/s:

_____ Federal Housing Choice Voucher Program (i.e. Section 8 voucher)

_____ Project-based Rental Certificate

_____ State Rental Assistance Program ("RAP")

_____ Other __________________________________________

Agency Administering Subsidy: ________________________________

Phone: __________________

Address: _______________________________________________

Landlord Information: _______________________________________
(Name)

Address: _______________________________________________

I certify that to the best of my knowledge, the above-stated information is true and accurate.

__________________________________________________________ Date: __________________
(Signature of person completing form)

__________________________________________________________ (Print name)

__________________________________________________________ / _______________________

(Character) (Title)

****SUBMIT ORIGINAL TO CHFA****