

**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.

(Signature of person completing form) Date: _____

(Print name) / _____
(Title)

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