# 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)* *(Title)*

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