

AGENCY NAME PROGRAM NAME

Homeownership Assessment

Participant _____

The purpose of this assessment is to determine whether the participant named above is likely to be able to purchase a home by X DATE, based on his/her current situation.

AGENCY NAME recognizes that the information provided is not a guarantee, but simply an educated assessment based on information available to the counselor at this time.

___ The participant named above appears ready and able to purchase a home at this time.

___ The participant named above should be ready and able to purchase a home by X DATE, provided the issues listed below are addressed.

___ It appears unlikely that the participant named above will be ready and able to purchase a home by X DATE.

In order to help the participant set a realistic savings goal, please provide the following:

Estimated minimum down payment/closing costs participant is expected to require in order to purchase a home. \$ _____.

Estimated affordable purchase price for participant. \$ _____

Issues to be Addressed:

___ Establish credit history

___ Reduce income to debt ratio

___ Credit repair

___ Need to increase household income

___ Need to decrease household expenses

___ Other (please list)

Based on his/her current situation, the participant **may** qualify for and should investigate the possibility of participating in the following sweat equity, affordable housing development, or other special home ownership programs:

Signed _____ Date _____

(Housing/Homeownership Counselor)