



OKALOOSA COUNTY  
SHIP Housing Program  
Preliminary Eligibility Assessment  
**Purchase Assistance**



Please answer the following questions if you meet preliminary eligibility requirement you will be added to our wait list for SHIP Purchase Assistance.

Being placed on the wait list does not guarantee acceptance into the program.

1. Name: \_\_\_\_\_

2. Current Address: \_\_\_\_\_

3. Email: \_\_\_\_\_

4. Phone: \_\_\_\_\_

5. Have you owed a home in the last 3 years? Circle one: Yes OR No

6. Household size: \_\_\_\_\_

7. Annual income of **all** adults in household: \$ \_\_\_\_\_

- |                              |                 |
|------------------------------|-----------------|
| • Employment                 | • Child Support |
| • Social Security: Pensions  | • Alimony       |
| • Regular Cash contributions | • Disability    |
| • Unemployment               |                 |

8. Annual amount of **all** Assets for household: \$ \_\_\_\_\_

- |                        |  |
|------------------------|--|
| • Bank accounts        | • Property (other than main residence) |
| • IRA/401K             | • Mutual Funds                         |
| • Whole like insurance | • Personal Property held in Investment |
| • Stocks and Bonds     |  |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date