

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear _____

I am applying to the following waitlist, which I believe is open:

App Generated: _____

Housing Authority or Management Office Only

Is this waitlist closed? Any other questions or concerns? *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

☐ **This particular waitlist is closed: The only open waitlists we have at present are:**

☐ **This is not the correct application. The correct application is available by/from:**

☐ **Any other info you wish to tell HousingWorks?**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: **617-536-8516**



○	Head of Household's FIRST Name
	Head of Household's MIDDLE Name
	Head of Household's LAST Name

HoH's SOCIAL SECURITY NUMBER		GENDER	HoH's DATE OF BIRTH
○		○	

ETHNICITY Also provide your race at right!	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <u>NOT</u> write Spanish, Hispanic, Latino here – and do <u>NOT</u> write your country!
○	○

○ YOUR MOTHER'S MAIDEN NAME

YOUR HOME TELEPHONE	SECOND TELEPHONE
○	
YOUR EMAIL ADDRESS	
○	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
○
○

SECOND CONTACT ADDRESS
This is:
○
○

TOTAL HOUSEHOLD SIZE			# BEDROOMS	How much money does your family receive in a year?
○	# Adults	# Children	Total #	○ .0 0

INCOME SOURCES
○

MOBILE RENTAL ASSISTANCE, if any
○

REQUESTED ACCOMMODATIONS
○

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
○

PART I



Vermont State Housing Authority
1 Prospect Street Montpelier, VT 05602
Phone: 802-828-1991; Message Line: 1-800-820-5119; TTY: 1-800-798-3118

Housing Choice Voucher Program: Pre application for assistance

Thank you for your interest in the Housing Choice Voucher Program. Please make sure to read the instructions below prior to submitting your application as there is important information for you to be aware of.

PLEASE KEEP THESE INSTRUCTIONS FOR YOUR RECORDS ALONG WITH PART III

Only return Part II to VSHA

- Vermont State Housing Authority operates the Housing Choice Voucher (HCV) Program primarily through telephone, mail and electronic correspondence. If you have questions feel free to contact the Intake Department directly. If you would like to meet with staff it is best to call for an appointment to insure availability.
- If you or anyone in your family is a person with disabilities and you need a reasonable accommodation to complete this application, please refer to the "Notice of Right to Reasonable Accommodation" on page 2.
- Vermont State Housing Authority will provide free interpretation services to clients who have limited English Proficiency.
- If you move and do not update your address, your file may be inactivated during our update. You will need to re-apply.
- Please answer all questions on the application form. Do not leave any questions blank. If a question does not apply to you, please write "none". All Yes or No questions must be checked (✓).
- If you need more space to answer a question, please attach one or more pages to the application.
- Unless specifically indicated, all questions in this application apply to all members of the household.
- All information that you provide on this application must be true and complete. It is a violation of federal and state criminal law to make false statements on an application for housing assistance. Vermont State Housing Authority will verify information through computer matching with other federal agencies through HUD's Upfront Income Verification (UIV) process. If you do not understand a question, please call the Intake Department.
- The legal head of household and all adults 18 and over must sign and date the application.
- Criminal background checks and sex offender registration checks on all adult household members (including live-in aides) will be completed before determining final eligibility.

To qualify for housing assistance an applicant must:

- Have an annual income at the time of admission that does not exceed the income limit established by the Department of Housing and Urban Development (HUD).
- Meet the HUD requirements for citizenship or immigration status.

PART I

- Provide a copy of Social Security cards for all family members when requested.
- Pay any money owed to VSHA or any other housing authority.
- Not be subject to lifetime sex offender registration requirements.
- Sign authorization forms in order to verify eligibility requirements.
- Not have any household members who have engaged in any criminal activity that threatens the health, safety, or right to peaceful enjoyment of the premises by other residents.
- Not have any household members who have engaged in any drug-related or violent criminal activity.

RETURN COMPLETED APPLICATION (PART II) TO: VERMONT STATE HOUSING AUTHORITY, 1 PROSPECT St Montpelier, VT 05602

Notice Of Right To Reasonable Accommodation

A Reasonable Accommodation is intended to enable a person with a disability to have equal access to and enjoyment of the housing programs administered by the Vermont State Housing Authority (VSHA) through changes to either rules, policies or procedures. VSHA is obligated to make an accommodation that is reasonable, provided that doing so does not present an undue financial and administrative burden and has an identifiable relationship to the individual's disability.

If you have a disability and you need:

- an exception, change or adjustment in our rules, policies, practices or services that would make it easier for you to apply for or participate in our programs,
- a change in the way we communicate with you or give you information,

You may ask for this kind of exception, change or adjustment, which we call a Reasonable Accommodation.

If you verify you have a disability, if your request is reasonable and financially and administratively possible, we will try to make the changes you request.

If you need assistance in making your Request for a Reasonable Accommodation, VSHA staff will be happy to provide help.

We will review your request and give you an answer in 10 working days unless there is a problem getting all the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

To request a Reasonable Accommodation:

- Call 1-802-828-1991
- Call 1-800-798-3118 (TTY line)
- Write to Vermont State Housing Authority, 1 Prospect St, Montpelier, VT 05602
- Email contact@vsha.org
- Message Line: 1-800-820-5119

If you need help completing the reasonable accommodation form, or if you would like to submit a request in some other way, please let us know.

PART II: Return this Section to VSHA



Vermont State Housing Authority
Pre-Application for Rental Assistance
1 Prospect St. Montpelier VT 05602



Phone: 802-828-1991; Message: 1-800-820-5119; TTY: 1-800-798-3118

Name: (head of household) _____ Email: _____			
(Street Address) _____	(City) _____	(State) _____	(Zip) _____
Mailing Address (if different from above) _____			
Home Phone: _____		Cell: _____	Work _____
Social Security Number: _____		Date of Birth _____	

I am applying for: <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Project Based Voucher <input type="checkbox"/> Moderate Rehab			
I am interested in the following properties: _____			

If more space is needed please attach an additional page (see part III for complete list)			

Please complete for Head of Household:			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Do you speak English: <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all			
Do you speak another language other than English at home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If So, which language? _____			
Have you ever served in the U.S. Armed Service (Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard or Reserves)? <input type="checkbox"/> Yes <input type="checkbox"/> No Which Branch? _____			
I give VSHA Permission to share my name with the Veterans Administration Medical Center? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please check all that apply: <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			

Please answer the following questions:

1. My Gross annual household income is \$ _____ (list yearly income for all household members before taxes)
2. Name of spouse or co-head: _____
 - a. List the name(s) of all people who will live in the unit:

3. Number of adults over the age of 18? _____
4. Number of dependents under the age of 18? _____

4/1/15 All previous versions obsolete

PLEASE RETURN TO:
Vermont State Housing Authority
1 Prospect St. Montpelier VT 05602

PART II: Return this Section to VSHA

Vermont State Housing Authority offers the following preferences that can affect your place on the waiting list. If you feel you qualify for any of these preferences, please check below.

Preferences:

☐ Yes ☐ NO **TRANSITIONAL HOUSING PREFERENCE:** This preference is available to individuals or families who are transitioning from one of the following programs:

- ☐ HUD's Family Unification Program for Youth in Transition
- ☐ HUD's McKinney-Vento Shelter + Care Program
- ☐ The State of Vermont's Housing Assistance Subsidy Program (administered by the Vermont Agency of Human Services)
- ☐ Individuals/families transitioning from a Domestic Violence Transitional Housing Program (currently on or eligible to be on the Continuum of Care Housing Inventory Chart for homeless beds).

☐ Yes ☐ No **DISASTER PREFERENCE:** This Preference is available to families who are displaced due to fire, flood, natural disaster, or condemnation by local, State, or Federal agency

If you are claiming one of these local preferences, you must provide us with the name, address and phone number of the agency or shelter that can verify your housing situation. As well as the person there who can verify your preference eligibility.

Agency/Shelter: _____

Address: _____ Phone: _____

Contact Person: _____ Title: _____

☐ I have read the instructions for this pre-application.

☐ I understand that I'm required to notify VSHA of any changes of address. If I cannot be contacted at the above address, I understand my name will be removed from the waiting list and I will have to reapply. I do hereby affirm that all of the information on this form is true and correct. I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from consideration.

Warning- Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000; imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

Head of Household signature _____ Date _____

Spouse, Co-head, Other adult _____ Date _____

Other Adult _____ Date _____

Other Adult _____ Date _____

VSHA Use:

Date/Time of Application: _____ Preference: _____

Program: _____

4/1/15 All previous versions obsolete

PLEASE RETURN TO:
Vermont State Housing Authority
1 Prospect St. Montpelier VT 05602

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

☐ Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

PART III

Do Not Return: Keep for your records

Project Based Voucher Option:

The following properties have set number of units with a subsidy attached to them. A tenant living in one of the assisted units will pay 30% of their adjusted monthly income towards rent and utilities.

Choosing to be on the waiting list for a specific property under this project based assistance does not affect your status on the regular Housing Choice Voucher waiting list.

Properties with Elderly/disabled are designated housing for persons over the age of 62 or those who are disabled.			
		Location	Property
Addison County	2 Bedroom 3 Bedroom	Bristol	Bristol Family Housing ACCT: 802-877-3479
<i>Elderly/Disabled</i>	0 Bedroom 1 Bedroom	Middlebury	Court Street Apartments ACCT: 802-877-3479
	2 bedroom 3 Bedroom	Middlebury	Seminary Street Apartments ACCT: 802-877-3479
<i>Service Enriched</i>	0 Bedroom 1 Bedroom	Middlebury	Moser & Elm Street Parent Child Center: 802-388-3171
	2 Bedroom 3 Bedroom 4 Bedroom	Middlebury	North Pleasant Street Apts ACCT: 802-877-3749
	1 Bedroom 2 Bedroom 3 Bedroom	Middlebury	Pine Meadow Apartments Maloney Properties: 802-472-5016
	1 Bedroom 2 Bedroom 3 Bedroom	Middlebury	Smith Housing ACCT: 802-877-3479
	1 Bedroom 3 Bedroom	Middlebury	Vergennes housing ACCT: 802-877-3479
<i>Elderly/Disabled</i>	1 Bedroom	Vergennes	Willow Apartments Summit PM: 802-846-5430
Bennington County	2 Bedroom 3 Bedroom	Bennington	Depot Street Shires Housing: 802-442-8139
Caledonia County	1 Bedroom 2 Bedroom	Lyndonville	Lyndon housing Rural Edge: 802-535-3555
<i>Elderly/Disabled</i>	1 Bedroom	Peacham	Peacham Housing Rural Edge: 802-535-3555
	2 Bedroom	St Johnsbury	Memphremagog rentals 802-334-2262
	2 Bedroom 4 Bedroom	Lyndonville	86 Raymond Street Rural Edge: 802-535-3555

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	1 Bedroom 2 Bedroom	Lyndonville	599 Main St Rural Edge: 802-535-3555
	1 Bedroom 2 Bedroom	Lyndonville	101 Main Street (Mathewson) Rural Edge: 802-535-3555
	1 Bedroom 2 Bedroom 3 Bedroom 4 Bedroom	St. Johnsbury	Caledonia Housing Rural Edge: 802-535-3555
Chittenden County	1 Bedroom 2 Bedroom 3 Bedroom	Burlington	Flynn Ave Coop Champlain Housing Trust: 862-6244
	1 Bedroom	Burlington	St John's Hall Alliance Property Management: 802-899-3400
<i>Elderly/Disabled</i>	1 Bedroom 2 Bedroom	Burlington	Thayer Housing Cathedral Square: 802-863-2224
	1 Bedroom 2 Bedroom 3 Bedroom	Colchester	Arbor Gardens I EP Management: 802-878-7000
<i>Elderly/Disabled</i>	1 Bedroom	Essex JCT	Whitcomb Terrace Cathedral Square: 802-863-2224
<i>Elderly/Disabled</i>	1 Bedroom 2 Bedroom	Milton	School Street Manor Simplicity PM: 802-861-6468
<i>Elderly/Disabled</i>	1 Bedroom 2 Bedroom 3 Bedroom	Shelburne	Harrington Village Cathedral Square: 802-863-2224
<i>Elderly/Disabled</i>	0 Bedroom 1 Bedroom	Winooski	Genest Building Farrell: 802-863-0224
Essex County	2 Bedroom 3 Bedroom 4 Bedroom	Brighton	Brighton Scattered Rural Edge: 802-535-3555
<i>Elderly/Disabled</i>	1 Bedroom 2 Bedroom	Island Pond	Alder/Mountain MG Contracting: 802-723-6130
Franklin County	1 Bedroom 2 Bedroom	Enosburg Falls	Falls Housing LP Champlain Housing Trust: 862-6244
<i>Elderly/Disabled</i>	1 Bedroom	Fairfax	Hidden Pines Champlain Housing Trust: 802-862-6244

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<i>Elderly/Disabled</i>	0 Bedroom	Franklin	Franklin Carriage House Franklin Homestead: 802-285-2944
	1 Bedroom 2 Bedroom	Richford	Main Street Mill Alliance Property Management: 802-899-3400
<i>Elderly/Disabled</i>	1 Bedroom 2 Bedroom	St Albans	Hawk's Nest 802 PM: 802-879-6507
<i>Elderly/Disabled</i>	1 Bedroom	St. Albans	Welden Villa Apartments VSHA: 802-828-1045
Grand Isle County <i>Service Enriched</i>	1 Bedroom 2 Bedroom 3 Bedroom	Grand Isle	Isle Lane Champlain Housing Trust: 862-6244
Lamoille County	1 Bedroom 2 Bedroom	Morrisville	Arthur's Main St. Housing Alliance Property Management: 802-899-3400
Orange County <i>Service Enriched</i>	1 Bedroom 2 Bedroom 3 Bedroom	Bradford	Waits River Housing CVCLT: 802-476-4493
<i>Elderly/Disabled</i>	0 Bedroom 1 Bedroom	Chelsea	The Gardens TGWS: 802-433-1600
	1 Bedroom 2 Bedroom	Randolph	Hedding Drive Stewart PM: (603) 641-2163
	1 Bedroom 2 Bedroom 3 Bedroom	Randolph	Salisbury Square Stewart PM: (603) 641-2163
Orleans County	1 Bedroom 2 Bedroom	Derby	Derby Housing Rural Edge: 802-535-3555
<i>Elderly/Disabled</i>	1 Bedroom 2 Bedroom	Derby	Hotel/ Kidder Rural Edge: 802-535-3555
	2 Bedroom	Newport	Memphremagog rentals 802-334-2262
	1 Bedroom 2 Bedroom 3 Bedroom	Newport Ctr	Choquette Scattered Sites 802-334-6304
Rutland County <i>Service Enriched/Elderly Disabled</i>	1 Bedroom 2 Bedroom 3 Bedroom	Brandon	Parkvillage Apartments Summit PM: 802-846-5430
<i>Elderly/Disabled</i>	1 Bedroom	Fair Haven	Adams House Housing Trust of Rutland County: 802-775-3139
<i>Elderly/Disabled</i>	1 Bedroom	Fair Haven	Parkview Apartments 802-265-8807

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	2 Bedroom 3 Bedroom	Rutland	Columbian Avenue Housing Trust of Rutland County: 802-775-3139
	3 Bedroom	Rutland	Marble Street Housing Trust of Rutland County: 802-775-3139
<i>Service Enriched</i>	1 Bedroom 3 Bedroom	Rutland	Poise II, 82 Grove RCPCC: 82-345-8986
	1 Bedroom 2 Bedroom 3 Bedroom	Rutland	Rutland Rehab Scattered Site Housing Trust of Rutland County: 802-775-3139
	2 Bedroom	West Rutland	Kazon Building TPM: 802-496-9400
Washington County <i>Elderly/Disabled</i>	1 Bedroom	Waterbury	Stimson & Graves Building CVCLT: 802-476-4493
	1 Bedroom 2 Bedroom	Waterbury Ctr.	Green Mountain Seminary Apts CVCLT: 802-476-4493
	3 Bedroom	Northfield	Water Street Apartments Rob LaClair: 802-371-9373
<i>Elderly/Disabled</i>	1 Bedroom 2 Bedroom	Cabot	Cabot Commons CVCLT: 802-476-4493
<i>Elderly/Disabled</i>	1 Bedroom	Waitsfield	Evergreen Place Senior Housing CVCLT: 802-476-4493
<i>Elderly/Disabled</i>	1 Bedroom 2 Bedroom 3 Bedroom	Barre	Good Neighbors CVCLT: 802-476-4493
	2 Bedroom 3 Bedroom	Plainfield	Hollister Hill Apartments VSHA: 802-828-1045
<i>Service Enriched</i>	1 Bedroom 2 Bedroom	Northfield	Dogwood Glen I VSHA: 802-828-1045
Windham County	1 Bedroom 2 Bedroom 3 Bedroom	Bellows Falls	Bellows Falls Stewart PM: (603) 641-2163
	1 Bedroom 2 Bedroom	Bellows Falls	Howard Block Stewart PM: (603) 641-2163
	1 Bedroom 2 Bedroom 4 Bedroom	Bellows Falls	Pine Street Stewart PM: (603) 641-2163
	2 Bedroom 3 Bedroom	Brattleboro	Clark Street W-WHT-(802) 254-4604
	1 Bedroom 2 Bedroom	Brattleboro	Abbott Block Stewart PM: (603) 641-2163
<i>Elderly/Disabled</i>	1 Bedroom	W. Dover	Butterfield Elderly Housing Stewart PM: (603) 641-2163

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	2 Bedroom	Brattleboro	Canal Street Apartments W-WHT-(802) 254-4604
<i>Service Enriched</i>	0 Bedroom 1 Bedroom 2 Bedroom 3 Bedroom 4 Bedroom	Brattleboro	Esteyville Housing W-WHT-(802) 254-4604
	0 Bedroom 1 Bedroom 2 Bedroom 3 Bedroom	Brattleboro	Portfolio Enhancement I W-WHT-(802) 254-4604
<i>Service Enriched</i>	0 Bedroom 1 Bedroom 2 Bedroom	Brattleboro	Portfolio Enhancement II W-WHT-(802) 254-4604
	1 Bedroom	Brattleboro	The Wilder Building W-WHT-(802) 254-4604
	1 Bedroom 2 Bedroom 3 Bedroom	Brattleboro	Westgate Allocated Stewart PM: (603) 641-2163
	2 Bedroom 3 Bedroom	Brattleboro	Westgate Bond Stewart PM: (603) 641-2163
	1 Bedroom 2 Bedroom 3 Bedroom	Brattleboro	Whetstone W-WHT-(802) 254-4604
	1 Bedroom 2 Bedroom 3 Bedroom	Guilford	Algiers W-WHT-(802) 254-4604
<i>Elderly/Disabled</i>	0 Bedroom	Putney	Noyes House W-WHT-(802) 254-4604
	1 Bedroom 2 Bedroom 3 Bedroom	W Brattleboro	Western Avenue Housing W-WHT-(802) 254-4604
Windsor County	1 Bedroom 2 Bedroom	Chester	Chester Gage Stewart PM: (603) 641-2163
<i>Elderly/Disabled</i>	1 Bedroom	Hartford	Colodny Building VSHA: 802-828-1045
<i>Service Enriched</i>	1 Bedroom 2 Bedroom 3 Bedroom	Ludlow	Black River Overlook Stewart PM: (603) 641-2163
<i>Elderly/Disabled</i>	1 Bedroom	Proctorsville	Freeman House Stewart PM: (603) 641-2163
	2 Bedroom	Proctorsville	Proctorsville Green Stewart PM: (603) 641-2163

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	1 Bedroom 2 Bedroom 3 Bedroom	Springfield	Southview Stewart PM: (603) 641-2163
	1 Bedroom 2 Bedroom 3 Bedroom	Springfield	Westview Terrace Springfield Housing: 802-885-4905
	1 Bedroom 2 Bedroom	White River Jct	Morale House Twin Pines: 802-291-7000
<i>Service Enriched</i>	1 Bedroom 2 Bedroom 3 Bedroom 4 Bedroom	White River Jct	Northwoods VSHA: 802-828-1045
	1 Bedroom 2 Bedroom	White River Jct	School Street Housing Stewart PM: (603) 641-2163
<i>Service Enriched</i>	1 Bedroom 2 Bedroom 3 Bedroom	Windsor	Union Square Stewart PM: (603) 641-2163

Moderate Rehabilitation Property Option:

The following Mod Rehab Properties have vacancies from time to time. If you choose to live in one of these units, you will pay 30% of your monthly adjusted income towards rent and utilities. The Mod Rehab program is not funded from the same monies as Housing Choice Voucher program, so you cannot take your assistance with you if you move from the property. You may remain on the Housing Choice Voucher waiting list while living in one of these units.

		<u>Location</u>	<u>Property</u>
Orange County	2 Bedroom 3 Bedroom	Wells River	Ottati Apartments: EP Management 802-775-1100
Chittenden County	0 Bedroom	Burlington	Sara Cole House: Champlain Housing Trust 802-862-6244
	0 Bedroom	Burlington	St. John's Hall: Alliance Property Management 802-899-3400
Caledonia County	0 Bedroom 1 Bedroom 2 Bedroom	St. Johnsbury	Depot Square Apartments: (802) 748-4330
Washington County	1 Bedroom 2 Bedroom 3 Bedroom	Northfield	Vine St: 224-6254
Lamoille County	2 Bedroom 3 Bedroom	Morrisville	Sunset Apartments: Phyllis Houle 802-888-4021