

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: 617-536-8561



<input type="radio"/>	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
<input type="radio"/>		<input type="radio"/>	<input type="radio"/>

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!
<input type="radio"/>	<input type="radio"/>

<input type="radio"/> YOUR MOTHER'S MAIDEN NAME

YOUR HOME TELEPHONE	SECOND TELEPHONE
<input type="radio"/>	
YOUR EMAIL ADDRESS	
<input type="radio"/>	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
<input type="radio"/>
<input type="radio"/>

SECOND CONTACT ADDRESS
This is:
<input type="radio"/>
<input type="radio"/>

TOTAL HOUSEHOLD SIZE			# BEDROOMS	How much money does your family receive in a year?
<input type="radio"/>	# Adults	# Children	Total #	<input type="radio"/>
				.0 0

INCOME SOURCES
<input type="radio"/>

MOBILE RENTAL ASSISTANCE, if any
<input type="radio"/>

REQUESTED ACCOMMODATIONS
<input type="radio"/>

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
<input type="radio"/>



BURLINGTON HOUSING AUTHORITY
65 MAIN STREET
BURLINGTON, VT 05401-8408
PHONE: (802) 864-0538
FAX: (802) 658-1286
www.burlingtonhousing.org



PRELIMINARY APPLICATION FOR HOUSING/RENTAL ASSISTANCE

INTRODUCTION

The Burlington Housing Authority manages assisted housing and administers rental assistance programs in Burlington and surrounding communities within a six-mile radius. Eligibility for these programs varies and is based on income, household composition and, for managed properties, suitability.

Because of limited vacancies and funding, most developments and programs have waiting lists. The length of waiting lists and the time before assistance can be provided varies from program to program. As a general rule, applications are considered in the order they are received. At times, in order to meet income targeting requirements, BHA may choose only applicants within a certain income range. In certain limited circumstances, the Executive Director may give a local preference to an applicant. Additional information regarding waiting lists, income targeting and local preferences will be provided upon request.

The BHA application process has two steps:

1. This **Preliminary Application** is used to determine initial program eligibility and to place you on the appropriate waiting lists.
2. When your name comes up on the waiting list, you will be asked to complete a **Final Application**, which gives us updated and more complete information. This information is used to determine final program eligibility, suitability and to calculate your portion of the rent. When you complete the Final Application, you will also be required to verify your citizenship status, sign a HUD consent form for Release of Information, a BHA release form for collection of information and a Consent for the Release of Criminal Record Information.

PLEASE NOTE: If you are currently assisted by the Burlington Housing Authority through the Section 8 program and would like to move, you may not have to complete this application. Please contact the Section 8 office at (802) 864-0538, ext 206 for additional information.

PLEASE SEE THE BACK OF THIS SHEET FOR IMPORTANT INSTRUCTIONS ON HOW TO COMPLETE THIS APPLICATION AND OTHER IMPORTANT INFORMATION TO PREVENT DELAYS IN THE ACCEPTANCE OF YOUR APPLICATION.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL OR WRITE TO: **BURLINGTON HOUSING AUTHORITY**
65 MAIN STREET
BURLINGTON, VT 05401-8408
(802) 864-0538, EXT 200

IF YOU NEED TO REQUEST A REASONABLE ACCOMMODATION, SUCH AS NEEDING ASSISTANCE IN COMPLETING THIS APPLICATION, PLEASE CONTACT US AT (802) 864-0538, EXT 200.

INSTRUCTIONS

1. Please review the application carefully and answer all questions fully and accurately. If you cannot fit all of the information in the space provided, add additional sheets. False statements or information are grounds for denial of the application or termination of assistance.
2. Indicate the housing developments and programs for which you wish to be considered. You will only be placed on the waiting lists for which you are eligible and that you request.
3. Social Security cards must be provided for all family members.
4. You must complete the HUD-9886 Authorization for the Release of Information/Privacy Act Notice & HUD-52675 Form - Debts Owed to Public Housing Agencies and Terminations. All members, 18 & older must sign a separate form. Contact the office for additional forms.
5. Optional – You have the right to include as part of your application the name, address, telephone number & other relevant information of a family member, friend or social, health, advocacy or other organization for the Housing Authority to contact to help resolve issues that may arise during tenancy or to assist in providing special care or service you may require as a tenant. See Attachment A.

YOUR APPLICATION WILL BE RETURNED AND/OR DENIED IF ANY OF THE FOLLOWING APPLY:

- ILLEGIBLE APPLICATIONS: If the Burlington Housing Authority cannot read your application it will be returned to you to be completed again legibly.
- INCOMPLETE APPLICATIONS: The application will be returned to you with the areas marked for additional information. Your application will be considered only when all required information is provided.
- SOCIAL SECURITY CARDS: Failure to provide copies of Social Security cards for each person listed on the application may be cause for the return of the application or a delay in processing. If you have questions about other acceptable proof, please call the number listed on the front of the application.
- OVER-INCOME: The programs administered by the Burlington Housing Authority have varying income requirements. You will be considered over-income if your household income is greater than the program requirements and therefore ineligible for further consideration. You may reapply if your income falls below the eligibility limit.
- MONEY OWED: If you have an outstanding debt with the Burlington Housing Authority, another public housing authority or any private landlord as a result of prior participation in any federal housing program, your application will be denied until we have documentation it is paid in full.
- PREVIOUSLY REJECTED: If the Burlington Housing Authority has previously rejected you for assistance, you are not eligible to submit an application until three (3) years have past since the date of that rejection.
- CUSTODY OF DEPENDENTS: If you are including a dependent as part of your household who is a member of another household assisted by the Burlington Housing Authority, you are required to provide documentation showing you are the custodial parent/guardian at least 51% of the time. Acceptable documents are court custody orders, or a notarized statement from the other guardian.
- ROOMMATES: In most cases, all members listed in the household composition must have a family relationship, such as a parent/child relationship, to be considered as a household. Roommates, such as a friend, cannot be considered part of your household. Under certain conditions, two unrelated disabled persons qualify as a family.
- UNDER 18 YEARS OF AGE: Minors are generally not eligible to submit applications for assistance and must wait until their 18th birthday. Eligible minors must be referred by the Lund Family Center. Please contact the Lund Family Center at (802) 864-7467 for additional information.

Anyone who knowingly commits fraud by providing false statements or information with the intent to deceive in order to receive or continue to receive assistance under one of the programs administered by the Burlington Housing Authority will be subject to denial of his/her application or the termination of assistance. The Burlington Housing Authority is required by federal law to investigate all allegations of fraud. BHA is also required to report instances of fraud to state and federal authorities for further investigation and possible prosecution.



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BURLINGTON, VT 05401-8408
(802) 864-0538
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EQUAL OPPORTUNITY AND NON-DISCRIMINATION STATEMENT

The Burlington Housing Authority (BHA) will comply with Title VI of the Civil Rights Act of 1964 and Title VIII of the Civil Rights Act of 1968; Section 504 of the Rehabilitation Act of 1973; Executive Order 11063; Fair Housing Amendments Act of 1988; The Americans with Disabilities Act of 1990; and with the laws of the State of Vermont prohibiting discrimination in public accommodations and in employment practices, and all related rules, regulations and requirements thereunder.

BHA will not on account of race, color, creed, national origin, sex, sexual orientation, place of birth, age, U.S. military veteran status, familial status, marital status, disability, gender identity or gender related characteristics, deny to any person the opportunity to apply for admission, nor deny to an eligible applicant the opportunity to lease or rent a dwelling suitable for its needs. Further, in the selection of tenants, there will be no discrimination against persons otherwise eligible for admission because their income is derived in whole or in part from public assistance. BHA will not discriminate against selected tenants, and discrimination by one tenant against another is unacceptable and will not be condoned.

The information regarding race, national origin and sex designation solicited on this application is requested in order to assure the federal government that federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

EFFECTIVE COMMUNICATIONS POLICY

The Burlington Housing Authority is committed to ensuring that its communications with applicants, program participants, employees and members of the public with disabilities is as effective as communications with others.

BHA will furnish appropriate auxiliary aids and services, where necessary, to afford individuals with disabilities, including individuals with hearing or visual disabilities, or individuals with limited English proficiency, an equal opportunity to participate in and enjoy the benefits of the programs and services of the BHA.

Examples of auxiliary aids and services include:

- Staff assistance with the completion of applications
- Telecommunication services or qualified sign language interpreters for persons with hearing impairments
- Large print, brailled, orally delivered or taped materials for persons with visual impairments
- Interpreters or written materials in the appropriate language for persons with limited English proficiency

BHA will give primary consideration to the choice of auxiliary aids and services requested by an individual with a disability or limited English proficiency.

Applicants requesting an auxiliary aid or services should make their request to BHA staff person providing, reviewing or processing the application.

Program participants requesting an auxiliary aid or service should make their request to the Director of Operations (tenants in BHA managed properties) or the Director of Rental Assistance (households receiving BHA rental assistance).

Requests from members of the public requesting an auxiliary aid or services to participate in programs, services or activities of the BHA should make their request to the Director of Operations.

Requests for auxiliary aids or services for public events such as Board meetings, public hearings or other BHA support or sponsored events shall make their request no later than forty-eight (48) hours prior to the event.

Applicants or Program Participants with a disability or with limited English proficiency who are not satisfied with BHA's response for an auxiliary aid or services may file a grievance in accordance with the applicable BHA Administrative Policy.

REASONABLE ACCOMMODATION POLICIES AND PROCEDURES

Burlington Housing Authority is committed to ensuring that its policies and procedures do not deny individuals with disabilities the opportunity to participate in, or benefit from BHA's programs, services and activities.

If a person with a disability requires an accommodation, BHA will provide the accommodation unless doing so will result in a fundamental alteration in the nature of the program or an undue financial and administrative burden.

A person with a disability may request a reasonable accommodation at any time during the application process, residency in housing owned or managed by BHA, or participation in the Housing Choice Voucher or other rental programs of the BHA. Requests may be made orally or in writing.

Requests for reasonable accommodations relating to residency in housing owned or managed by BHA should be made to the Director of Operations. Requests for reasonable accommodations related to participation in rental assistance programs should be made to the Director of Rental Assistance Programs.

The decision to approve or deny a request for a reasonable accommodation is made on a case-by-case basis and takes into consideration the disability, the needs of the individuals as well as the nature and requirements of the program or activity in which the individual seeks to participate.

Individuals requesting a reasonable accommodation will be provided with the "Request for Reasonable Accommodation" form. An alternative format will be provided upon request. Individuals may submit their request in writing, orally, or by any other equally effective means of communication.

BHA will request verification of the disability and the accommodation needed from a physician, licensed health professional, professional representing a social service agency or disability agency or clinic identified by the individual requesting the accommodation.

Upon receipt of the verification, BHA will promptly review the request. If additional information or documentation is required, BHA will notify the individual, in writing, of the need for additional information or documentation.

Upon the receipt of all required information and documentation, BHA will promptly advise the individual of the approval or denial of the request. If the request is denied, the individual will be provided information on any appeal rights in accordance with the applicable BHA Administrative Policy.

An applicant or resident may, at any time, exercise their right to appeal a BHA decision through Department of Housing and Urban Development or the U.S. Department of Justice.

Individuals may contact the HUD Boston Fair Housing Hub office at **1-800-827-5005**.

PRIVACY DISCLOSURE

All information in applicant and tenant files is considered to be confidential, except that BHA may disclose information in tenant or applicant files to HUD, other public agencies, utility companies or non-profit organizations in furtherance of the operations or business of BHA. BHA may also disclose information relating to the tenancy of former BHA tenants and program participants to landlords who are seeking references and to credit bureaus. Medical information and information concerning a disability of any tenant or applicant will not be disclosed by BHA to any person or organization without a written release from the tenant or applicant in question.

Except for disclosure of information to landlords seeking references and to credit bureaus, any tenant or applicant who wishes to limit disclosure of information by BHA as provided above must notify the Executive Director of his/her wishes in writing.

BHA will keep all information received involving domestic violence, dating violence, sexual assault or stalking confidential, unless the victim requests or consents in writing to disclosure, the information is required in an eviction proceeding or disclosure is otherwise allowed by law. In addition, BHA will comply with the provisions of confidentiality laws and regulations that apply to BHA.

**AFTER YOU HAVE COMPLETED THIS APPLICATION, KEEP THESE
INTRODUCTORY PAGES FOR FUTURE REFERENCE.**

**Notice of Interpretation Services**

Other languages available upon request.

English

If you do not speak or read English, we will arrange interpretation services at no charge. Tell the person helping you that you need an interpreter.

Arabic

إن كنت لا تتكلم اللغة الإنجليزية أو تقرأها، سنقوم بالترتيبات لتقديم خدمات الترجمة الشفهية دون مقابل لك. أخبر الشخص الذي يقدم لك المساعدة بأنك بحاجة إلى مترجم شفهي.

Bosnian

Ako ne znate govoriti ili čitati engleski jezik, besplatno ćemo vam osigurati uslugu tumača. Kažite osobi koja vam pomaže da trebate tumača.

Chinese

如果您不懂英语，我们可以为您安排免费翻译服务。请告诉协助您的人员您需要一位翻译员。

French

Si vous ne pouvez pas parler ou lire en anglais, nous arrangerons un service d'interprétation gratuit. Dites à la personne qui vous aide que vous avez besoin d'un interprète.

Romanian

Dacă nu vorbiți și nu înțelegeți limba engleză, noi vă vom pune la dispoziție gratuit serviciile unui interpret. Spuneți persoanei care vă ajută că aveți nevoie de interpret.

Russian

Если Вы не говорите или не читаете по-английски, мы бесплатно предоставим Вам услуги устного перевода. Сообщите тому, кто Вам помогает, что Вам необходим переводчик.

Spanish

Si usted no habla o lee inglés, nosotros le proporcionaremos servicios de interpretación sin ningún costo para usted. Dígale a la persona que le está ayudando que necesita un intérprete.

Swahili

Endapo huwezi kuzungumza au kusoma Kiingereza, tutaandaa huduma za tafsiri bila malipo yoyote. Mwambie mtu anayekusaidia kuwa unahitaji mkalimani.

Vietnamese

Neáu quý vị vô không nòii hoặç nòic nòõic tieáng Anh, chuùng toài seõ saép xeáp nêã coù dòch vui thông dòch cho quý vị vô mieãn phí. Haõy cho ngòõoi giuùp quý vị vô bieát laõ quý vị vô caàn moät thông dòch vieân.



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PRELIMINARY
APPLICATION FOR HOUSING/RENTAL ASSISTANCE

Please complete this entire application. Incomplete applications will result in the application being returned to you.

HEAD OF HOUSEHOLD			
NAME	FIRST	LAST	MIDDLE INITIAL/MAIDEN NAME
MAILING ADDRESS	PO BOX / STREET	PHYSICAL ADDRESS	STREET ADDRESS
	CITY/TOWN		CITY/TOWN
	STATE/ZIP CODE		STATE/ZIP CODE
TELEPHONE NUMBERS	HOME	WORK	PAGER/CELL PHONE
E-MAIL ADDRESS			
EMERGENCY CONTACT	NAME	ADDRESS	TELEPHONE

HOUSEHOLD COMPOSITION						
List all persons who will be living in the household when you receive rental assistance. Use additional sheets if necessary.						
NAME	RELATION	SOCIAL SECURITY #	SEX	AGE	DATE OF BIRTH	PLACE OF BIRTH
1	Head					
2						
3						
4						
5						
6						

Do you expect any change in your current family size? ☐ Yes ☐ No

If Yes, please explain: _____

PLEASE CHECK ALL THAT APPLY TO THE HEAD OF HOUSEHOLD OR SPOUSE: (For statistical purposes only)

RACE OF THE HEAD OF HOUSEHOLD OR SPOUSE

- ☐ White ☐ Black
☐ American Indian / Native Alaskan ☐ Asian / Pacific Islander
☐ Native Hawaiian

ETHNICITY OF THE HEAD OF HOUSEHOLD

- ☐ Hispanic or Latino ☐ Not-Hispanic or Latino

Yes No

- ☐ ☐ Do you speak English? If No, what is your primary language? _____
- ☐ ☐ Do you read English? _____
- ☐ ☐ If you do not speak English, do you have an English speaking contact? If Yes, please provide the contact's name and phone number:

CONTACT NAME

CONTACT PHONE NUMBER

INCOME SOURCES

Employer or other sources of income (Welfare, General Assistance, Social Security, Unemployment, Etc.)
You must include ALL family members, regardless of age.

MEMBER NUMBER	SOURCE (NAME OF EMPLOYER, SS, VA, PATH)	AVERAGE WEEKLY/MONTHLY GROSS INCOME	ANNUAL INCOME

FAMILY ASSETS

List all assets (Checking, Savings, IRA, CD, stocks, bonds, real estate, etc.) of ALL family members.

MEMBER NUMBER	BANK NAME	TYPE OF ACCOUNT	ACCOUNT NUMBER	CURRENT BALANCE	CURRENT INTEREST RATE

DISPOSITION OF ASSETS

Yes No

- ☐ ☐ Have you or any family member disposed of or given away any asset(s) for **LESS** than fair market value within the past two years? If Yes:

FAMILY MEMBER:

AMOUNT:

EXPLANATION:

GENERAL INFORMATION

Yes No

- ☐ ☐ a. Have you ever filed an application with the Burlington Housing Authority before?
- ☐ ☐ b. Have you ever been a tenant of the Burlington Housing Authority before? If Yes, where and when:

- ☐ ☐ c. Have you ever lived in any other assisted or Public Housing? If Yes, where and when:

- ☐ ☐ d. Have you ever participated in a Section 8 Housing Program? If Yes, name the Agency or Property Manager, Dates of Occupancy and Address:

AGENCY / PROPERTY MANAGER	ADDRESS
DATES OF OCCUPANCY	

- ☐ ☐ e. Are you currently receiving rental assistance from some other subsidized housing provider? If Yes, Name of Agency:

- ☐ ☐ f. Are you currently without housing? If Yes, Explain:

- ☐ ☐ g. Do you want to move? Explain:

- ☐ ☐ h. Have you or any family member ever been charged with or convicted of a crime? If Yes, give details of the crime, when it took place and where?

FAMILY MEMBER	CRIME
WHEN	DETAILS
WHERE	

- ☐ ☐ i. Are you or any family member subject to a lifetime sex offender registration requirement in any state? If Yes, which member & where?

- ☐ ☐ j. Are you currently engaging in the illegal use of a controlled substance? If Yes, which substance:

- ☐ ☐ k. Have you ever been charged or convicted of the illegal manufacture or distribution of a controlled substance, including methamphetamine?

EMERGENCY CONTACT

IF POSSIBLE, LIST SOMEONE IN THE AREA WHO IS NOT PART OF YOUR HOUSEHOLD

NAME	RELATIONSHIP
ADDRESS	
TOWN/CITY	STATE ZIP CODE
PHONE NUMBER	

CHILD CARE EXPENSES

List both your weekly out of pocket costs and the amount provided from other sources. Other sources can include SRS, welfare, or a parent not part of the household.

CHILD CARE
PROVIDER

NAME AND ADDRESS

YOUR WEEKLY COST:

OTHER SOURCES PAYMENT:

STUDENT INFORMATION

YES

NO

☐☐

If any adult (18 years of age or older) in the household currently a full-time student, or planning to be one within the next 12 months? If Yes, list the name of the student and the school.

You will need to provide verification from the school

STUDENT NAME

NAME OF SCHOOL

PREVIOUS LANDLORD INFORMATION

List the contact information for your three previous landlords.

(Complete ONLY if you are applying for a Managed Property OR have previously lived in federally assisted housing)

NAME AND ADDRESS

YOUR ADDRESS

OPTIONAL DISABILITY DECLARATION

There are certain housing program benefits that are available to families who have a family member who is a person with a disability. If you think you or any family member qualifies and you would like to be considered for these benefits, please indicate below:

YES

- ☐ Disabled? Who: _____
- ☐ Would you or a family member benefit by living in an apartment designed to accommodate a wheelchair user?
- ☐ Will you or anyone in your household require a live-in care attendant?

NAME OF LIVE-IN ATTENDANT

RELATIONSHIP (IF ANY):

Name of health care provider to verify: _____

PLEASE LIST MY APPLICATION ON THE FOLLOWING WAITING LIST(S):
DEVELOPMENTS WITH ACCESSIBLE UNITS ARE INDICATED WITH AN ♿.

MANAGED PROPERTIES

FAMILY DEVELOPMENTS

☐ PUBLIC HOUSING DEVELOPMENTS

669 RIVERSIDE AVENUE ♿
FRANKLIN SQUARE
HILLSIDE TERRACE ♿

☐ MULTI-FAMILY PROPERTIES

BOBBIN MILL APARTMENTS ♿

234 South Champlain Street, Burlington
235 Pine Street, Burlington

DUGGAN'S ROW APARTMENTS

94-106 Maple Street, Burlington

LAKE CHAMPLAIN APARTMENTS ♿

185 Pine Street, Burlington & 243-247 Church Street, Burlington
323-325 St. Paul Street, Burlington
145-153 Maple Street, Burlington

PETERSON PLACE APARTMENTS

195 St Paul Street, Burlington & 97-103 King Street, Burlington

SOUTH ST. PAUL APARTMENTS ♿

355 St. Paul Street, Burlington
73-75 King Street, Burlington & 128 King Street, Burlington

WHARF LANE APARTMENTS ♿

57 Maple Street, Burlington

ELDERLY / DISABLED DEVELOPMENTS

☐ PROJECT BASED DEVELOPMENTS

DECKER TOWERS APARTMENTS ♿

230 St. Paul Street, Burlington

CHAMPLAIN APARTMENTS ♿

10 North Champlain Street, Burlington

☐ **SOUTH SQUARE APARTMENTS** ♿

101 College Street, Burlington

ACCESSIBLE UNIT

☐ Applicants who require apartments that meet wheelchair accessibility requirements.

SECTION 8 PROGRAMS

☐ **HOUSING CHOICE VOUCHER PROGRAM**

All eligible applicants.

☐ **MAINSTREAM HOUSING VOUCHER PROGRAM**

An applicant family whose head or spouse is under 62 years of age and has a verified disability.

**** SECTION 8 PROJECT BASED PROGRAMS**

See Housing Development with project based voucher sheet and check off which waiting lists you would like to be added to. Continued on back of this page.

☐ **DESIGNATED HOUSING VOUCHER PROGRAM**

Single applicants or couples under 62 years of age who have a verified disability.

☐ **HOMEOWNERSHIP PROGRAM**

Contact the Homeownership Program Coordinator for eligibility requirements at (802) 864-0538, ext 227.



HOUSING DEVELOPMENTS WITH PROJECT-BASED VOUCHERS

The Burlington Housing Authority has contracts with a number of affordable housing developments for project-based certificates and vouchers. The subsidy stays with the apartment. However, a family living in the unit may receive a tenant-based subsidy and move after their lease term ends and provided that they are in compliance with Family Responsibilities under the Section 8 program.

The following developments currently have project-based subsidies. If you are interested in any of these developments please check the appropriate box to be added to the waiting list.

☐ **52-54 N. CHAMPLAIN STREET, BURLINGTON 115-117**
ARCHIBALD STREET, BURLINGTON
255-257 N. WINOOSKI AVENUE, BURLINGTON
259-261 N. WINOOSKI AVENUE, BURLINGTON
17 project-based units with one, two and three bedrooms.
MANAGER: Champlain Housing Trust

☐ **MAPLE TREE PLACE**
Maple Tree Place, Williston
50-unit complex with one, two and three bedroom units. 12 project-based units.
MANAGER: Champlain Housing Trust

☐ **O'DELL APARTMENTS**
Farrell Street, South Burlington
Four buildings housing 160 units of one, two and three bedrooms. 25 project-based units.
MANAGER: Champlain Housing Trust

☐ **MCAULEY SQUARE SENIOR HOUSING**
130 Mansfield Avenue, Burlington
55-unit complex with one and two bedroom apartments for residents 55 and older. 16 project-based units
MANAGER: Cathedral Square Corporation

☐ **SCHOLAR'S HOUSE**
110 Mansfield Avenue, Burlington
One, two and three bedroom units designed to house families where at least one parent is attending a post-secondary educational program. 12 project-based units
MANAGER: Cathedral Square Corporation

☐ **ALLEN HOUSE**
57 West Allen Street, Winooski
25 single room occupancy (SRO) units. Requires a referral from Howard Center for Human Services. 9 project-based units.
MANAGER: Champlain Housing Trust

☐ **SHELBURNE HOUSING**
Ockert Lane and Main Street, Shelburne
A 18-unit complex with a mix of efficiencies, one, two, and three bedroom units in the historic Noonan House.
MANAGER: Champlain Housing Trust

☐ **BUS BARNs APARTMENTS**
337 & 343 N. Winooski Avenue, Burlington
640 Riverside Avenue, Burlington
A 25-unit complex with a mix of one and two bedroom units. 9 project-based units.
MANAGER: Champlain Housing Trust

☐ **WATERFRONT HOUSING**
300 Lake Street, Burlington
A 40-unit complex with a mix of one, two and three bedroom units. 10 project-based units.
MANAGER: Champlain Housing Trust

☐ **INDEPENDENCE PLACE**
140 Mansfield Avenue, Burlington
6 project-based units for families participating in the Lund Center program with efficiency and one-bedroom units. A referral by the Lund Family Center is required.
MANAGER: Lund Family Center, in cooperation with Cathedral Square Corporation

☐ **RUGGLES**
262 Prospect Street, Burlington
Shared housing designed for seniors, 55 and older, who want to remain socially active and independent with the support of on-site services. There are 14 units with kitchenettes and private baths. 9 project-based units.
MANAGER: Cathedral Square Corporation

☐ **SMITH HOUSE**
30-32 N. Winooski Avenue, Burlington
2 project-based units with two bedrooms.
MANAGER: Committee on Temporary Shelter

☐ **LIME KILN APARTMENTS**
Lime Kiln Road, South Burlington
48-unit complex with one and two bedrooms. 12 project-based units.
MANAGER: Champlain Housing Trust

☐ **THE WILSON HOTEL**
189 Church Street, Burlington
5 Single Room Occupancies. Requires a referral from COTS
MANAGER: Alliance Property Mgmt.

CONTINUED ON THE NEXT PAGE



HOUSING DEVELOPMENTS WITH PROJECT-BASED VOUCHERS CONTINUED

☐ SOPHIE'S PLACE

40 Red Maple Lane, Burlington

A 10-unit complex with a mix of one, two & three bedroom units.

A 2 bedroom single family house. Requires a referral from Women Helping Battered Women.

MANAGER: Burlington Housing Authority

☐ THE WEBSTER HOUSE

105 East Allen Street, Winooski

A 6-unit complex with one & two bedrooms units. Applicant must be homeless with a referral letter.

MANAGER: Burlington Housing Authority

REMOVE FOR YOUR RECORDS

PROPERTY MANAGER CONTACT INFORMATION

CHAMPLAIN HOUSING TRUST

88 King Street

Burlington, VT 05401

(802) 660-3710

www.champlainhousingtrust.org

CATHEDRAL SQUARE CORPORATION

308 Pine Street

Burlington, VT 05401

(802) 863-2224

www.cathedralsquare.org

LUND FAMILY CENTER / INDEPENDENCE PLACE

140 Mansfield Avenue

Burlington, VT 05401

(802) 864-7467

www.lundfamilycenter.org

COMMITTEE ON TEMPORARY SHELTER

P.O. Box 1616

179 South Winooski Avenue

Burlington, VT 05402

(802) 864-7402

www.cotsonline.org

APPLICANT CERTIFICATION

I certify that the information given on this application is accurate and complete to the best of my knowledge and belief. I understand that false statements or information is punishable under Federal Law. I also understand that false statements or information are grounds for denial of my application or termination of my assistance and/or Lease.

I authorize the Burlington Housing Authority to request and obtain information from third party sources relevant and necessary for the processing of my application for federally assistance housing, including determination of my eligibility for the waiting list of the programs(s) for which I am applying. This includes, but is not limited to, information from the HUD Enterprise income Verification (EIV) system and information from the other Public Housing Authorities regarding my previous participant in federally assisted housing.

Head of Household

Date

Co-Head of Household

Date

Other Adult

Date

Other Adult

Date

Name of person completing form if other than applicant (please print)

Name of Agency/Phone Number

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD’s assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



U.S. Department of Housing and Urban Development Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

I hereby acknowledge that the PHA provided me with the
Debts Owed to PHAs & Termination Notice:

Signature

Date

Printed Name

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.