

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
○



VERMONT STATE HOUSING AUTHORITY

ONE PROSPECT STREET

MONTPELIER, VT 05602-3556



802/ 828-3295 (VOICE), 800/798-3118 (TDD), 802/820-5119 (MESSAGE LINE)

APPLICATION FOR RENTAL ASSISTANCE

Read this application carefully and fill out each section that applies to you or a member of your household. Provide as much information as possible. If you cannot fit all information in the space provided, add additional sheets. **IF YOU NEED TO REQUEST A REASONABLE ACCOMMODATION, SUCH AS NEEDING ASSISTANCE IN COMPLETING THIS APPLICATION, PLEASE CONTACT US AT (802) 828-3016 OR LEAVE A MESSAGE AT 1-800-820-5119.**

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

Date Received

For Office Use Only

Time Received

NAME	FIRST	LAST	MAIDEN
MAILING ADDRESS	PO BOX/STREET	CITY/TOWN	STATE & ZIP CODE
PHYSICAL RESIDENCE	STREET ADDRESS	CITY/TOWN	STATE & ZIP CODE
PHONE NUMBER	MESSAGE NUMBER	HOME NUMBER	WORK NUMBER
CONTACT PERSON	NAME	PHONE NUMBER	ADDRESS

FAMILY COMPOSITION

List all persons who will be living in the household when you receive rental assistance.

Name	Relation	Social Security # Or Alien Registration #	Sex	Age	Date of Birth	Place of Birth	Note Here If Disabled, Handicapped, Pregnant, or a Student
	head						

GENERAL INFORMATION

YES	NO	Have you ever lived in subsidized housing? If yes, name of Agency providing assistance:
		Are you currently receiving rental assistance? If yes, name of Agency providing assistance:
		Have you or any member of the household been convicted of a crime? If yes, please explain:
		Do you have pets? If yes, what kind?
		Some properties do not allow pets. Would you give your pet(s) up for adoption to move into a property?
		Are you requesting a handicap/disability adjustment to income?
		Are you requesting a special handicapped accessible apartment?
		Do you hold that the apartment applied for will be your households permanent residence and that you will not maintain a separate subsidized rental unit in a different location?

PROGRAM

Check the program that you are applying for.

Tenant-Based Section 8 Voucher Program.
Project-Based Certificate/Moderate Rehabilitation
Program Property_____

Number of Bedrooms Required_____

VSHA Property:_____

Number of Bedrooms Required_____

INCOME/ASSET INFORMATION					
Complete all sections below.					
EMPLOYMENT INFORMATION: List all full and/or part time employment for all members of the household (including: self-employment, babysitting or military reserves).					
Family Member	Employer Name & Address	Employer’s Phone Number	Rate/Hour	Hours/Week	For Office Use

OTHER INCOME: List income from Welfare, TANF, General Assistance, Social Security, SSI, Pensions, Worker’s Comp., Unemployment Comp., Child Support, Rental Property, Scholarships, Grants, Work Study, Alimony, Etc.					
Family Member	Source Name & Address	ID or Claim #	Amount	Circle One	For Office Use
				wk, mth, yr	
				wk, mth, yr	
				wk, mth, yr	
				wk, mth, yr	
				wk, mth, yr	

ASSETS: List all bank accounts (savings and checking), stocks, bonds, securities, CDs, credit union shares, IRA or Keogh Plans, Savings Bonds, or any possessions kept for investment purposes, etc.				
Family Member	Name & Address (Bank, Broker, etc.)	Account Number	Balance/Value	For Office Use

REAL ESTATE: Provide information for any real estate (land and/or building) which you currently own.				
Family Member	Complete Address of Real Estate	Appraised Value	Mortgage Balance	Mortgage Holder
Name and Address of Mortgage Holder:				
Address of Town Clerk where the property is located:				

DIVESTITURE OF ASSETS:			
During the past two (2) years, has any member of the household disposed of, transferred, or otherwise given away any assets for less than what they were worth? No Yes, if you answered Yes, please complete the following.			
Description of Asset	Cash Value*	Amount Received	Date Disposed Of
	\$	\$	
*CASH VALUE is the market value of the asset minus reasonable costs incurred in selling or converting an asset to cash. Such reasonable costs include: Penalties for withdrawing funds before maturity, Broker/legal fees for the sale or conversion of assets, Settlement costs for real estate transactions.			

EXPENSES			
Complete all sections below.			
CHILD CARE EXPENSES: List only those expenses for children age 12 and younger which enable you or another household member to work or attend school.			
Name & Complete Address of Care Giver	Amount/Hour	Amount/Week	For Office Use

HANDICAPPED/ATTENDANT CARE EXPENSES: List only those expenses for family members which enable a family member (including the handicapped family member) to work.			
Name & Complete Address of Care Giver	Amount/Hour	Amount/Week	For Office Use

AUXILIARY APPARATUS ENABLING A HANDICAPPED PERSON TO WORK: List only those expenses, such as wheelchairs, ramps, or special equipment for the blind, that would enable the handicapped person to work.			
Apparatus	Name & Address Where Purchased	Cost	For Office Use

MEDICAL EXPENSES: Complete this section if head of household or spouse is elderly, disabled or handicapped. List only expenses you pay out of pocket. Include health insurance, prescriptions, doctors, dentists, eyeglasses, hearing aids, outstanding medical bills.					
Family Member	Name & Address (To Whom You Pay)	Prescription # Insurance Claim #	Amount	How Often	For Office Use

HOUSING NEEDS FOR SECTION 8 VOUCHER PROGRAM		
VSHA uses the following Local Preferences. Please check all that apply to your current housing situation.		
<u>YES</u>	<u>NO</u>	Are you being displaced due to fire, flood, natural disaster, or condemnation by a local, state or federal agency?
		Is there a terminally ill family member (head, spouse or child) who needs to move closer to a medical facility?
		Is there a child under the age of six in the household who has tested positive for lead paint poisoning and is occupying a rental unit that contains lead-based paint? Child must have an EBL (elevated blood level) of 20 ug/dl or higher.
		Are you a Moderate Rehabilitation/Project-Based Certificate family who is currently residing in a unit which is overcrowded or under-occupied? Owner of property must certify that there is not an appropriate sized unit available in their portfolio.
		Are you and/or your family a victim of domestic violence and living in a shelter? You must certify that the abuser will not be a part of the assisted household.
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.		
Name:		Telephone Number:
Address:		

ONLY COMPLETE THIS SECTION if you are applying for Project-Based Certificate, Mod. Rehab. and/or Managed Housing Programs			
LANDLORD REFERENCES: You must list three (3) landlords and provide their complete mailing addresses.			
Name	Complete Address	Telephone #	Dates You Lived Here From: To:

CREDIT REFERENCES: You must list three (3) businesses with whom you have had business dealings within the last two (2) years (Utilities, stores, bank loans, etc.).			
Name	Complete Address	Telephone #	Account Number

*****Please read carefully and sign, unsigned applications will be returned.*****

APPLICANT CERTIFICATION	
<p>I/we certify that the information given on household composition, income, net family assets, allowances and deductions, as well as all other information provided is accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable by federal law with fines up to \$10,000 or imprisonment for up to 5 years. I/we understand that false statements or information are grounds for termination of housing assistance, termination of tenancy and/or retroactive rent increases.</p> <p>My/Our signature(s) below constitutes my/our consent to have the Vermont State Housing Authority conduct a background check, including verification of the information contained herein. I/we hereby expressly consent to the release of information by prior landlords, employers, credit bureaus/references, criminal information centers, and other individuals or entities with information relevant to the information provided herein to representatives of the housing authority processing this application and performing the background check.</p> <p>“I have read and understand this statement.”</p> <p>Signature of Head of Household:_____ Date:_____</p> <p>Signature of Spouse/or Co-Head of Household:_____ Date:_____</p> <p>“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 tenant applicants on the basis of race, color, national origin, religion, sex, 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, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.”</p> <p>Minority: 1. White 2. Black 3.American Indian 4.Asian 1.Hispanic 2.Non-Hispanic</p> <p>My national origin is:_____</p> <p>WARNING: Section 100 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to matters within its jurisdiction.</p>	