

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



<input type="radio"/>	Head of Household's FIRST Name
<input type="radio"/>	Head of Household's MIDDLE Name
<input type="radio"/>	Head of Household's LAST Name

HoH's SOCIAL SECURITY NUMBER	<input type="radio"/>	GENDER	<input type="radio"/>	HoH's DATE OF BIRTH	<input type="radio"/>
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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
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YOUR HOME TELEPHONE	SECOND TELEPHONE
<input type="radio"/>	<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 <input type="radio"/> # Children <input type="radio"/> Total #	<input type="radio"/>	<input type="radio"/> .0 <input type="radio"/> 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"/>



MOBILE HOME PARK APPLICATION



Thank you for your interest in the Mobile Home Parks owner by the Housing Foundation, Inc., and managed by the Vermont State Housing Authority.

INSTRUCTIONS

- ❖ 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 as necessary.
- ❖ The Consent for Release of Information/Certification of Completion, criminal background Release and Credit Release all require all adult household members to sign: please make additional copies of such forms as necessary for your individual household.

PRIVACY ACT STATEMENT

The Vermont State Housing Authority and the Housing Foundation, Inc. will comply with the Federal Privacy Act Statement. Any information obtained will not be disclosed to an outside agency except as required and permitted by law. You do not have to give us this information; but, if you do not, your eligibility approval may be delayed or rejected.

REASONABLE ACCOMMODATIONS

The Vermont State Housing Authority and The Housing Foundation, Inc. comply with state and federal laws requiring housing providers to make reasonable accommodations or changes to rules, procedures and housing units or properties if such changes are necessary to enable a person with a disability to have equal access to and enjoyment of the unit, property, facility or program.

Reasonable accommodations will be made during the application process and during an individual's participation in our programs provided the accommodation does not present an undue financial or administrative burden. Any accommodation or change must be necessary for the individual to have equal access and enjoyment of the housing and programs, not just be desirable.

To request an accommodation, please contact the management agent:

Mail: Vermont State Housing Authority, MHP Division, One Prospect Street, Montpelier, VT 05602-3556
Telephone: Direct: 802-828-3023 TTY: 800-798-3118 Toll Free Message Line 800-820-5119

**EQUAL OPPORTUNITY AND NONDISCRIMINATION POLICY STATEMENTS
AVAILABLE UPON REQUEST**

(effective 11/1/12)

PART 1- GENERAL INFORMATION		
A. Do you certify that this will be your household's primary residence and that you will not maintain a separate residence in another location? _____ Yes _____ No		
B. LOT INFORMATION		
Name of Park	Lot Number	Name of Current Tenant/Seller
C. ACTION REQUESTED		
_____ PURCHASING	_____ Existing home on lot _____ New home to be placed on vacant lot _____ Used home to be placed on vacant lot	_____ I am paying cash for the home OR _____ I am financing the home Financial Lender _____ Contact Name _____ Contact Telephone _____ Loan Amount \$ _____ Monthly Payment (including taxes and insurance) \$ _____
_____ RENTING WITH OPTION TO PURCHASE	\$ _____ Amount of monthly rent you will be paying? Amount above includes the lot rent _____ Yes _____ No	
_____ JOINING AN EXISTING HOUSEHOLD		
D. PETS		
	Some parks do not allow or have restrictions regarding pets. Do you own a pet? _____ Yes _____ No If yes, would you give your pet up for adoption to move into the park? _____ Yes _____ No If yes, Breed _____ Weight _____ Last Shots _____ Breed _____ Weight _____ Last Shots _____ Breed _____ Weight _____ Last Shots _____	

PART 2 - APPLICATION INFORMATION				
NAME	First	Last	Middle Initial	Maiden Name
MAILING ADDRESS	PO Box / Street _____ City/Town _____ State / Zip Code _____			
PHYSICAL ADDRESS	Street Address _____ City/Town _____ State / Zip Code _____			
TELEPHONE NUMBERS	Home	Message	Work	
EMAIL ADDRESS				

PART 3 – FAMILY COMPOSITION - List all persons who will be living in the household.

Names of Household Members	Relationship to Head of Household	Social Security Number	Date of Birth	State(s) of Residence	
				Current	All Prior
	HEAD				

PART 4 – INCOME

EMPLOYMENT INFORMATION: List all full and/or part-time employment for all members of the household.

Family Member	Employer Name & Address	Employer Phone #	Rate/ Hour	Hours/ Week	For VSHA Office Use Only

OTHER INCOME: List income from: Welfare, Reach Up, General Assistance, Social Security, SSI, Pensions, Workers Comp, Unemployment Comp, Child Support, or Alimony.

Family Member	Source Name & Address	ID/Claim #	Amount	Check One	Office Use
				<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
				<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
				<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	

PART 5 - REFERENCES

LANDLORD REFERENCES: Please list three (3) landlords. **If you have not had three landlords, please provide a written statement as to where you have resided the last five (5) years.**

Name	Complete Address	Telephone #	Dates You Lived Here From: To:

PERSONAL REFERENCES: Please list three (3) non-relative personal references.

Name	Complete Address	Telephone #

Part of the application process is the need to verify all sources of income that you want us to include in calculations of a debt to income ratio. This is used to determine whether you can afford to lease a lot in the park. This part of the processing will be faster if you include, with your application, independent verifications of income such as:

- ❖ Paystubs for the prior three months
- ❖ Annual benefit letter for Social Security, SSI and/or SSDI
- ❖ Proof of benefits for pensions and retirements
- ❖ Proof of payment for other sources of income such as annuities, child support, alimony, etc...

PART 6 - GENERAL INFORMATION		
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any member of the household ever committed any fraud in a federally-assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? If Yes, please explain and give State and date:
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any member of the household been arrested or convicted of a drug-related crime? If Yes, please explain and give State(s) and date(s):
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any member of the household ever been arrested or convicted for participating in a violent crime? If Yes, please explain and give State(s) and date(s):
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any member of the household ever been convicted of a crime (other than one listed above)? If Yes, please explain and give State(s) and date(s):
<input type="checkbox"/>	<input type="checkbox"/>	Is any member of your household subject to the lifetime sex offender registration program? If Yes, provide name and State(s):
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any member of the household ever been evicted from housing or have an eviction pending? If Yes, please provide date(s) and name(s) of landlord(s) or housing authority:
<input type="checkbox"/>	<input type="checkbox"/>	Do you or any member of your household abuse alcohol?
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any member of your household ever been asked to leave a housing unit or not had a lease renewed? If Yes, please explain:

PART 7 - CONSENT FOR RELEASE OF INFORMATION/CERTIFICATION OF COMPLETION	
<p>Your signature below authorizes VSHA and HFI to obtain any information that is pertinent to eligibility and suitability for residency at the mobile home park to in which you have applied and certifies that the information listed on this application is complete and true to the best of my knowledge. Photocopies of this authorization may be used. The original is retained by the requesting organization.</p>	
<p>Applicant Signature: _____ Date: _____</p> <p>Co-Applicant Signature: _____ Date: _____</p> <p>Other Adult Signature: _____ Date: _____</p> <p>Other Adult Signature: _____ Date: _____</p>	

MUST BE COMPLETED BY EVERY ADULT MEMBER OF THE HOUSEHOLD

REQUEST FOR CRIMINAL RECORD CHECK

Applicant: _____
Last First Middle

Maiden or Alias Name(s): _____

Date of Birth: ____/____/____ Social Security Number: ____/____/____

Gender: _____ Race: _____ Telephone #: _____

Place of Birth: _____
City/Town State Country

List all states in which you have lived: _____


RELEASE

I hereby authorize Vermont State Housing Authority to conduct a comprehensive background check that includes any one or all of the following: past employment and tenancy, criminal, drug, and driving records.

I understand that the results of checks will be made available to the Vermont State Housing Authority for use in reviewing my initial and continued suitability as a tenant. I am aware that the background reports I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies, national credit reporting agencies, and other sources.

I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request to the relevant reporting agency within 72 hours of learning the results. ScreeningOne, Inc., 2233 W. 190th Street, Torrance, CA 90504, (866) 273-3848 or Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, Vermont 05671-2101

I understand that a photocopy, facsimile or scanned copy of this signed document shall be considered as valid as an original.

 Signature of Applicant: _____ Date: _____

AUTHORIZATION TO RELEASE CREDIT INFORMATION

Applicant: _____
Last First Middle

Maiden or Alias Name(s): _____

Mailing Address: _____
Street City State Zip

Physical Address: _____
Street City State Zip

Date of Birth: ____/____/____ Social Security Number: ____/____/____ Telephone #: _____

RELEASE: I hereby acknowledge you to release, report and communicate to the Vermont State Housing Authority all of the information in your possession regarding my credit standing, credit record, or credit history.

 Signature of Applicant: _____ Date: _____

MUST BE COMPLETED BY EVERY ADULT MEMBER OF THE HOUSEHOLD

REQUEST FOR CRIMINAL RECORD CHECK

Applicant: _____
Last First Middle

Maiden or Alias Name(s): _____

Date of Birth: ____/____/____ Social Security Number: ____/____/____

Gender: _____ Race: _____ Telephone #: _____

Place of Birth: _____
City/Town State Country

List all states in which you have lived: _____

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Last First Middle


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Mailing Address: _____
Street City State Zip

Physical Address: _____
Street City State Zip

Date of Birth: ____/____/____ Social Security Number: ____/____/____ Telephone #: _____

RELEASE: I hereby acknowledge you to release, report and communicate to the Vermont State Housing Authority all of the information in your possession regarding my credit standing, credit record, or credit history.

 Signature of Applicant: _____ Date: _____

VERMONT STATE HOUSING AUTHORITY
1 PROSPECT STREET
MONTPELIER VT 05602

TO:
