

Mail this application to:

The name of the waitlist I'm applying for is: _____

Some waitlists are closed: Before sending this application, check <http://www.housingworks.net/> to see what is open

You **must** answer every question on this application: respond to questions that are not applicable by writing "N/A".
Incomplete applications may be returned or discarded.

Name of HoH: _____

Long-Term Mailing Address _____

City/State/Zip: _____
(this address should ideally work for the next 3-5 years):

Phone(s): _____ - _____ - _____ _____ - _____ - _____

Email: _____

The **SSN** for the head of household is: _____

Does the HoH have a **Social Security Number** (SSN)? ☐ Yes ☐ No *If "Yes" you must provide it above).*

What is your **date of birth**? _____ What is your **gender**? _____

Race (white, black, asian, etc)? _____

What was your **mother's last name** when she was born? *Protects your privacy*) _____

How many people will be living in the unit? _____ people. What **unit size** are you seeking? _____ BR

Describe your **Income Sources** (Job, Food Stamps, SSI, TAFDC, etc.) _____

What is your family's **ANNUAL** income? \$ _____ (do NOT write an hourly, weekly, or monthly amount!)

☐ YES ☐ NO Do you have a **rental voucher** or **some other form of regular rental assistance**?

Specify: ☐ Section 8 ☐ MRVP ☐ AHVP ☐ Homebase ☐ _____

☐ YES ☐ NO Do you need a **wheelchair accessible unit** (or a "no-steps" unit)?

☐ YES ☐ NO Do you need **reasonable accommodations** due to a disability, either during the application period or tenancy? _____

☐ YES ☐ NO Are you or any member of your household subject to a lifetime registration requirement under a **State Sex Offender Registration** program?

☐ YES ☐ NO **Priority/Preference Status:** If there is a section in this application that asks about priorities and preferences, did you claim any?

Office Only: Date/Time Stamp



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

Introduction

The Vermont State Housing Authority administers rental assistance programs throughout the State of Vermont. Eligibility for these programs is based on income, household composition and for some properties, suitability. The information you provide on this Application and its attachments will be used to determine if you are eligible for these programs and how much rent you will have to pay.

Funding for rental assistance programs is limited. Assistance is given on a first-come, first-served basis. For some programs, preferences are given to applicants meeting certain guidelines. Ask the Field Representative, Regional Property Manager or Intake staff for an explanation of the preferences and to which programs they apply. All eligible applicants are placed on a Waiting List if funds or apartments are not available at the time the Application has been processed.

Upon reasonable request, an accommodation will be provided to applicants to complete this Application for Rental Assistance. This application can be available in alternative formats; for example: large print, braille or tape, by contacting us.

VSHA Moderate Rehabilitation and Project-Based Properties

<u>Section 8 Existing - Project Based</u>		<u>Section 8 Existing - Project Based (Continued)</u>		<u>Section 8 Mod Rehab Projects</u>	
Barton	Main Street 10 Water Street	St. Albans	Welden Villa Apts	Barre	Branch Street Apts
Bellows Falls	Williams Street	St. Johnsbury	Pearl Street	Barton	King Block
Bennington	Depot Street		Portland Street	Bennington	McCall Street
Brattleboro	So. Main Street Canal Street Clark Street		Elm Street Clarks Avenue	Brandon	Carver Street
Bristol	Bristol Family House	Shoreham	Monte Verde Apts	Burlington	St. John's Hall Sarah Cole House
Burlington	St. Paul Street Flynn Ave Co-Op St. John's Hall	Springfield	Southview	Essex	Country Store Apts
		Vergennes	Colby Block	Fair Haven	Parkview House
Chester	Chester	White River Jct	Templeton Court Apts Colodny Building	Morrisville	Sunset Apts
Georgia	Hidden Pines	Williston	Pine Grove	Northfield	1 Vine Street 37 Water Street
Middlebury	Seminary Street No Pleasant Street		Genest Building Riverside Avenue	St. Johnsbury	Depot Square Apts
Plainfield	Hollister Hill	Windsor	Central Street	Wells River	Ottati Apts
				Windsor	Armory Square Apts

VSHA Managed Properties

<u>Elderly Housing</u>		<u>Elderly Housing (Continued)</u>		<u>Family Housing (Continued)</u>	
Bethel	Depot 1 Depot 2	Hartford	Colodny Building	Northfield	*Dogwood Glen I Apts Dogwood Glen II Apts
Brandon	*Neshobe House	Swanton	Village Apts	Swanton	Abenaki Acres
St. Albans	Welden Villa			Plainfield	Hollister Hill Apts School Street Apts
S. Royalton	*Brightwood House		<u>Family Housing</u>	Morrisville	*Colonial Manor
Northfield	Dogwood Glen II Apts *Green Mountain Apts	Berlin	*Hilltop Townhouses	White River Jct	Templeton Court Apts
Plainfield	School Street Apts	Bethel	Depot 2	Williamstown	*Meadowbrook Place
Middlebury	*Middlebury Common	St. Albans	*Hillcrest Views Apts *Maple St. Duplexes		
Moretown	*Fairground Apts				

*Rural Development 515 Projects

Privacy Act Statement

The Vermont State Housing Authority will comply with the Federal Privacy Act Statement and will use the information on this form to determine maximum income for eligibility, recommended unit size and amount of the individual contribution by the tenant(s). Any information obtained will not be disclosed outside the 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. The Agency is authorized to ask for this information under the programs above, as authorized under the U.S. Housing Act of 1937, as amended, 42 U.S.C., 1437 et. seq., the Housing and Community Development Act of 1981, Public 97-35, 85 Stat., 348, 408. Applicants applying for federally funded programs will be required to sign a Federal Privacy Act Statement as part of the application process.

Vermont State Housing Authority - Equal Opportunity and Non-Discrimination Policy Statement

The Vermont State Housing Authority (VSHA) 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.

The VSHA 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 or disability, deny to any person the opportunity to apply for admission, nor deny to an eligible applicant, the opportunity to lease or rent a dwelling unit suitable to 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. VSHA will not discriminate against selected tenants, and discrimination by one tenant against another is unacceptable and will not be condoned.

The Vermont State Housing Authority will not discriminate against any person or group on the basis of disability, in admission or access to, or treatment and employment in, any of VSHA's facilities, programs and activities, policies, procedures and practices, as and to the extent provided by law.

VSHA's housing programs shall be administered without regard to and shall not discriminate on the basis of race, color, creed, national origin, sex, sexual orientation, place of birth, age, U.S. military veteran status, familial status, marital status, or disability.

Further, the VSHA's personnel actions, including but not limited to recruitment, hiring, training and promotion on the basis of merit, are administered without regard to and shall not discriminate on the basis of race, color, creed, national origin, sex, sexual orientation, place of birth, age, U.S. military veteran status, familial status, marital status or disability.

The VSHA Director of Personnel and Administration has been designated as the responsible employee to coordinate activities under this policy

Inquiries or grievances concerning compliance with this policy statement may be addressed to the Director of Personnel and Administration, by phoning 802-828-3235; 1-800-798-3118 (TDD), or by writing to the following address:

Director of Personnel and Administration
Coordinator - Non-Discrimination Policies
Vermont State Housing Authority
One Prospect Street
Montpelier, Vermont 05602-3556

This Statement is available in alternative formats; for example: Large print, Braille and tape, by contacting the Vermont State Housing Authority.

If you have any questions, please call or write to: **VERMONT STATE HOUSING AUTHORITY**
ONE PROSPECT STREET
MONTPELIER, VT 05602-3556

When you call the office, you should ask to speak to: _____

AFTER YOU HAVE COMPLETED THIS APPLICATION, KEEP THIS PAGE FOR FUTURE REFERENCE.

**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 _____
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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		
<u>YES</u>	<u>NO</u>	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 household's 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, CD's, 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

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.

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.

“I have read and understand this statement.”

Signature of Head of Household: _____ Date: _____

Signature of Spouse/or Co-Head of Household: _____ Date: _____

“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.”

Minority: 1. White 2. Black 3.American Indian 4.Asian 1.Hispanic 2.Non-Hispanic

My national origin is: _____

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 with its jurisdiction.

Housing History, Page 1

Note: you can often locate landlord information by using the Tax Assessor's website in each town (or by calling the Tax Assessor's phone number in most towns: To determine if there is an online Tax Assessor page for a town search the web like this: "Tax Assessor, Boston MA" or "Property Assessment, Dallas TX".

CURRENT RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to: _____ or present

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

PRIOR RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 2

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 3

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A