



VERMONT STATE HOUSING AUTHORITY

APPLICATION FOR ASSISTANCE

Please complete with pen or type

Thank you for your interest in the housing managed by the Vermont State Housing Authority.

The Vermont State Housing Authority manages apartments throughout the State of Vermont, many of which have rental assistance available to help you pay the rent. Eligibility is based on income, household composition, and suitability. The information you provide on this application and its attachments will be used to determine if you are eligible and suitable for the housing we manage and how much rent you will have to pay.

All eligible applicants are placed on a waiting list if funds or apartments are not available at the time the application is processed.

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, use the space provided at the end of this application and add additional sheets as necessary. Many of the forms require all adult household members to sign: please make additional copies of such forms as necessary for your individual household.

Upon reasonable request, an accommodation will be provided to applicants to complete this application. This application can be made available in alternative formats (for example: large print, Braille or tape) by contacting us. IF YOU NEED TO REQUEST A REASONABLE ACCOMMODATION, SUCH AS NEEDING ASSISTANCE IN COMPLETING THIS APPLICATION, PLEASE CONTACT US AT THE NUMBERS BELOW.

One Prospect Street
Montpelier VT 05602-3556
TTY: 800-798-3118
Message Only: 800-820-5119
www.vsha.org



**EQUAL HOUSING
OPPORTUNITY**

THE PROPERTIES LISTED BELOW ARE MANAGED BY THE VSHA. CHECK THE PROPERTIES FOR WHICH YOU
WOULD LIKE TO BE CONSIDERED. PLEASE ALSO BE SURE TO SELECT THE BEDROOM SIZE(S)

<u>County/Town</u>	<u>Property</u>	<u>Bedroom(s)</u>	<u>Type</u>
<u>Addison County</u>			
Middlebury	<input type="checkbox"/> Middlebury Commons	<input type="checkbox"/> 1	Elderly / Disabled
Vergennes	<input type="checkbox"/> Valley View II	<input type="checkbox"/> 1	Elderly / Disabled
<u>Chittenden County</u>			
Milton	<input type="checkbox"/> Meadowlane Apartments	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Elderly / Disabled
<u>Franklin County</u>			
St. Albans	<input type="checkbox"/> Hillcrest Views	<input type="checkbox"/> 2	Family
	<input type="checkbox"/> Welden Villa	<input type="checkbox"/> 1	Elderly / Disabled
Swanton	<input type="checkbox"/> Village Apartments	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Elderly / Disabled
<u>Lamoille County</u>			
Morrisville	<input type="checkbox"/> Colonial Manor	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Family
<u>Orange County</u>			
Williamstown	<input type="checkbox"/> Meadowbrook Place	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Family
<u>Orleans County</u>			
Greensboro	<input type="checkbox"/> Lauredon Village	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Elderly / Disabled
<u>Rutland County</u>			
Brandon	<input type="checkbox"/> Neshobe House	<input type="checkbox"/> 1	Elderly / Disabled
<u>Washington County</u>			
Berlin	<input type="checkbox"/> Hilltop Townhouses	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Family
Marshfield	<input type="checkbox"/> Hollister Hill	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Family
Moretown	<input type="checkbox"/> Fairground Apartments	<input type="checkbox"/> 1	Elderly / Disabled
Northfield	<input type="checkbox"/> Dogwood Glen I	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Family
	<input type="checkbox"/> Dogwood Glen II	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Elderly / Family
	<input type="checkbox"/> Green Mountain Apartments	<input type="checkbox"/> 1	Elderly / Disabled
Plainfield	<input type="checkbox"/> School Street Apartments	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Elderly / Family
<u>Windsor County</u>			
Bethel	<input type="checkbox"/> Depot I	<input type="checkbox"/> 1	Elderly / Disabled
	<input type="checkbox"/> Depot II	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Elderly / Family
South Royalton	<input type="checkbox"/> Brightwood House	<input type="checkbox"/> 1	Elderly / Disabled
Wilder	<input type="checkbox"/> Hollow Drive	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Family
White River Junction	<input type="checkbox"/> Northwoods I	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Family
	<input type="checkbox"/> Northwoods II	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Family
	<input type="checkbox"/> Colodny Building	<input type="checkbox"/> 1	Elderly / Disabled
	<input type="checkbox"/> Bridge & Main (see note below)	<input type="checkbox"/> 1	Family

Ask for assistance before using this application for Bridge & Main

CHECKLIST:

It is important that you complete all sections of this application, providing complete addresses and signing in all applicable areas. Before returning your application, please review the checklist below to ensure that your application is complete. Incomplete or unsigned applications will be returned.

HAVE YOU ? ? ? ? ?

- Indicated which properties and bedroom size(s) you are applying for?
- Completed Part 1 – Contact Information?
- Completed Part 2 – Family Composition (have you listed everyone who will be a member of your household)?
- Completed Part 3 – Income (have you provided all sources of household income)?
- Completed Part 4 – Assets (have you provided complete names, addresses and account numbers)?
- Completed Part 5 – Expenses (have you provided complete names, addresses and account numbers)?
- Completed Part 6 – References (have you provided complete names, addresses and telephone numbers)?
- Completed Part 7 – General Information Questionnaire (have you answered every question)?
- Completed Part 8 – Zero Income Questionnaire (has every adult member of the household who is reporting no income completed this questionnaire)?
- Completed Part 9 – HUD/Federally Mandated Excluded Income (has every adult member of the household who receives any income category completed this section)?
- Completed Part 10 – Applicant Certification & Release (has this section been signed)?
- Completed a General Release Form for every adult member of the household?
- Completed the HUD Privacy Act Notice for every adult member of the household?
- Completed a Request For Criminal Record Check for every adult member of the household?
- Completed an Authorization to Release Credit Information for every adult member of the household?
- Completed the Applicant Certification?
- Completed the Declaration of Citizenship (including all members of the household)?
- Completed an Ethnicity & Racial Data form for every member of the household?
- Completed HUD Form 9887-A (Applicant’s/Tenant’s Consent to the Release of Information)?
- Completed HUD Form 9887 (Notice and Consent for the Release of Information)?
- Completed HUD Form 92006 (Supplemental and Optional Contact Information)? Completion of this form is optional.

Completed applications may be mailed to:

Vermont State Housing Authority
One Prospect Street
Montpelier VT 05602-3556

or delivered to the above address during office hours which are Monday-Friday, 7:45 AM – 4:30 PM.

You may also drop your application off at any of our regional offices. Please call the office closest to you to schedule a time to drop off your application:

White River Junction: 295-8883
Middlebury: 388-1005
St. Albans: 527-1071

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 Authority 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 Authority is authorized to ask for this information under the above as authorized under the U.S. Housing Act of 1937, as amended (42 U.S.C., 1437 et. seq.) and 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 **REASONABLE ACCOMMODATIONS**

The Vermont State Housing Authority complies with state and federal laws requiring housing providers to make reasonable accommodations or changes to either 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.

The Authority will consider suggested accommodations from an individual and determine whether the request is reasonable from a financial and administrative point of view. If such accommodation is not reasonable, the Authority will work with the individual to provide an alternative accommodation that would meet their disability needs.

VERMONT STATE HOUSING AUTHORITY
EQUAL OPPORTUNITY AND NONDISCRIMINATION 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; Executive Order 13166; 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 or religion, national origin, sex, sexual orientation, gender identity, ancestry or place of birth, age, U.S. Military Veteran status, familial status, marital status, disability, or HIV status, 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 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 or religion, national origin, sex, sexual orientation, gender identity, ancestry or place of birth, age, U.S. Military Veteran status, familial status, marital status, disability or HIV status.

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

The VSHA Director of Human Resources 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 Diane May, Coordinator – Nondiscrimination Policies, the Vermont State Housing Authority, One Prospect Street, Montpelier, VT 05602-3556; 802-828-3295; 800-798-3118 (TTY); 800-820-5119 (Message Line).

You may also file a housing program grievance with the Vermont Human Rights Commission, 800-416-2010 (Voice and TTY) or 802-828-2480 (Voice and TTY). If you have questions regarding your rights as a disabled tenant or need assistance, you may also contact: Vermont Legal Aid, 800-889-2047; Fair Housing Project of the CVOEO, 800-287-7971 or 802-864-3334; or the Vermont Center for Independent Living, 800-639-1522 (Voice and TTY) or 802-229-0501 (Voice and TTY).

This statement is available in alternative formats (for example: large print, Braille and tape) by contacting Diane May at the address and numbers listed above. (May 2007)

PART 1 – APPLICANT INFORMATION			
NAME	First Name	Last	Middle Initial/Maiden
EMAIL ADDRESS			
MAILING ADDRESS	PO Box / Street	City/Town	State / Zip Code
PHYSICAL ADDRESS	Street Address	City/Town	State / Zip Code
TELEPHONE NUMBERS	Home	Message	Work
CONTACT PERSON	Name	Address	Telephone

YOU MUST COMPLETE EVERY PART OF THIS APPLICATION.

IF A SECTION DOES NOT APPLY TO YOUR HOUSEHOLD, PLEASE WRITE
“None” or “N/A”.

***** **SOCIAL SECURITY DOCUMENTATION** *****

All household members must provide a valid Social Security Number (SSN) evidenced by an original Social Security Card or an original document issued by a federal or state governmental agency which contains the name and SSN of the household member and other identifying information of the household member.

FOR OFFICE USE ONLY	Staff Name:
	Date Received:
	Time Received:

PART 2 – FAMILY COMPOSITION

List all persons who will be living in the household when you receive rental assistance. Indicate household member(s) who will live in the unit on a part-time basis by checking the appropriate box.

Name	Relation to Head of Household	Soc Sec # or Alien Registration #	Sex	Age	Date of Birth	Place of Birth	Check <u>ALL</u> boxes that apply	SCHOOL
							<input type="checkbox"/> Disabled <input type="checkbox"/> Handicap <input type="checkbox"/> Pregnant <input type="checkbox"/> Veteran <input type="checkbox"/> Victim of Natural Disaster <input type="checkbox"/> Part time occupant	<input type="checkbox"/> Not in school <input type="checkbox"/> Part-time student <input type="checkbox"/> Full-time student
	Head of Household						<input type="checkbox"/> Disabled <input type="checkbox"/> Handicap <input type="checkbox"/> Pregnant <input type="checkbox"/> Veteran <input type="checkbox"/> Victim of Natural Disaster <input type="checkbox"/> Part time occupant	<input type="checkbox"/> Not in school <input type="checkbox"/> Part-time student <input type="checkbox"/> Full-time student
							<input type="checkbox"/> Disabled <input type="checkbox"/> Handicap <input type="checkbox"/> Pregnant <input type="checkbox"/> Veteran <input type="checkbox"/> Victim of Natural Disaster <input type="checkbox"/> Part time occupant	<input type="checkbox"/> Not in school <input type="checkbox"/> Part-time student <input type="checkbox"/> Full-time student
							<input type="checkbox"/> Disabled <input type="checkbox"/> Handicap <input type="checkbox"/> Pregnant <input type="checkbox"/> Veteran <input type="checkbox"/> Victim of Natural Disaster <input type="checkbox"/> Part time occupant	<input type="checkbox"/> Not in school <input type="checkbox"/> Part-time student <input type="checkbox"/> Full-time student
							<input type="checkbox"/> Disabled <input type="checkbox"/> Handicap <input type="checkbox"/> Pregnant <input type="checkbox"/> Veteran <input type="checkbox"/> Victim of Natural Disaster <input type="checkbox"/> Part time occupant	<input type="checkbox"/> Not in school <input type="checkbox"/> Part-time student <input type="checkbox"/> Full-time student
							<input type="checkbox"/> Disabled <input type="checkbox"/> Handicap <input type="checkbox"/> Pregnant <input type="checkbox"/> Veteran <input type="checkbox"/> Victim of Natural Disaster <input type="checkbox"/> Part time occupant	<input type="checkbox"/> Not in school <input type="checkbox"/> Part-time student <input type="checkbox"/> Full-time student

PART 3 – INCOME

EMPLOYMENT INFORMATION: List all full and/or part-time employment for all members of the household (including self-employment, babysitting, military reserves, etc.)

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

OTHER INCOME: List income from: Welfare, TANF, General Assistance, Social Security, SSI, Pensions, Workers Comp, Unemployment Comp, Child Support, Rental Property, Scholarships, Grants, Work Study, Alimony, etc.

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

PART 4 – ASSETS

List all bank accounts, stocks, bonds, securities, CD's, credit union shares, IRA or Keogh Plans, Savings Bonds, possessions kept for investment purposes, cash in your pocket, etc.

Family Member	Name & Address (Bank, Broker, etc.)	Account #	Balance/ Value	For VSHA Office Use Only

REAL ESTATE: Complete for any real estate (land and/or building) 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 property is located:				

DIVESTURE 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 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 converting it to cash. This can include early withdrawal penalties and broker/legal fees or settlement costs for real estate transactions.

PART 5 – EXPENSE INFORMATION

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. List only those expenses you pay out of pocket.

Name & Complete Address of Care Giver	Amount/ Hour	Amount/ Week	For VSHA Office Use Only

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)	Insurance Policy #	Amount	How Often	For VSHA Office Use Only

HANDICAPPED/ATTENDANT CARE EXPENSES: List only those expenses which enable a family member (including the handicapped family member) to work.

Name & Complete Address of Care Giver	Amount/ Hour	Amount/ Week	For VSHA Office Use Only

AUXILIARY APPARATUS ENABLING A HANDICAPPED PERSON TO WORK: List only those expenses – such as wheelchairs, ramps, or special equipment for the blind – that enable the handicapped person to work.

Apparatus	Name & Address Where Purchased	Cost	For VSHA Office Use Only

PLEASE ANSWER THE FOLLOWING QUESTIONS

YES NO

- Are you requesting a handicapped adjustment to income? (Available to all households in which either the head or co-head is: (1) age 62 or older, or (2) under age 62 and disabled)
- Does any member of the household require special accommodations to participate in the housing programs administered by the VSHA?
- Do you have a companion or service animal? If so, what kind:
- Do you have limitations on climbing stairs? If yes please describe: _____

- Are you in need of an apartment with all living space on a single floor?
- Are you in need of a wheelchair accessible apartment? (i.e. roll under cabinets)

PART 7 – GENERAL INFORMATION

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever lived in subsidized housing <u>or received rental assistance</u> ? If Yes: name of agency that provided or is providing assistance:
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently receiving rental assistance? If Yes: name of agency providing assistance:
<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"/>	Are any household members currently a full-time student or expected to be within the next 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have pets? If Yes, what kind:
<input type="checkbox"/>	<input type="checkbox"/>	Some properties do not allow pets. Would you give your pet(s) up for adoption to move into a property?
<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"/>	Are you now or have you ever been terminated from the Section 8 Certificate or Voucher Program? If Yes, when and why? Please explain:

PART 7 – GENERAL INFORMATION (continued)

YES

NO

- Do you or any member of your household smoke?
- All of our properties are designated smoke-free. You are not permitted to smoke in the apartment or anywhere on the property. Do you agree that your entire household and all guest will abide by this property rule?
- Do you or any member of your household currently use illegal drugs, marijuana or abuse alcohol?
- 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:
- Do you hold that the apartment applied for will be your household’s primary residence and that you will not maintain a separate residence in a different location?
- Do you or any member of your household have a Letter of Priority Entitlement (LOPE) letter?
- Have you or any member of your household ever been evicted from a federally assisted housing unit for drug-related criminal activity within the last three years?
- Are you currently homeless? (If yes, please complete Appendix 1)
- Are you at risk of homelessness? (If yes, please complete Appendix 2)

CURRENT AND PRIOR STATES OF RESIDENCE

List all persons who will be living in the household and what their current and ALL prior states of residence were; if no prior states, list “None”.

NAME	Current State of Residence	Prior State(s) of Residence

PART 8 – ZERO INCOME QUESTIONNAIRE

ONLY COMPLETE IF YOU HAVE NO INCOME. Must be completed by every member of the household age 18 and over who is reporting NOT TO HAVE ANY INCOME. [MAKE COPIES AS NEEDED]

YES NO

Have you been employed at any time during the past 12 months? If Yes, please list:

Employer:

Employer's address:

Date you started:

Date you left:

Why you left:

Have you received benefits from any federal, state or local agency during the past 12 months? If Yes, please list for each:

Agency
Name

Benefit
Amount

Date
Started

Date
Stopped

Why benefits
stopped

Have you received Social Security, Supplemental Security Income (SSI), Unemployment, TANF, General Assistance (GA), Veteran, Worker's Compensation, or any other payments in the past 12 months? If Yes, please list for each:

Agency
Name

Amount
Received

Date Payments
Started

Date Payments
Stopped

Did you file Federal or State Income Tax Returns for the prior year? If Yes, please list the State(s):

Have you received alimony or child support during the past 12 months? If Yes, please list:

Who payments
were from

Amount of
payments

Frequency
of payments

Date payments
started

Date payments
stopped

Do you have any of the following assets: savings, checking, money market, stocks, bonds, CD's, property or real estate: If Yes, please list:

Type

Account #

Type

Account #

PART 8 – ZERO INCOME QUESTIONNAIRE (continued)

ONLY COMPLETE IF YOU HAVE NO INCOME. Must be completed by every member of the household age 18 and over who is reporting NOT TO HAVE ANY INCOME. [MAKE COPIES AS NEEDED]

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have internet service? If Yes, how is the bill paid?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have cable service? If Yes, how is the bill paid?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have telephone service? If Yes, how is the bill paid?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have cellular phone service? If Yes, how is the bill paid?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a pager or beeper? If Yes, how is the bill paid?
<input type="checkbox"/>	<input type="checkbox"/>	Do you smoke? If Yes, how do you buy this item?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a motor vehicle? If Yes, how do you pay for gas, maintenance, registration, insurance?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have credit cards or installment loans? If Yes, how is the bill paid?
<input type="checkbox"/>	<input type="checkbox"/>	Do you rent movies or attend sporting events, concerts, or other entertainment events that require tickets? If Yes, how are these items paid for?
<input type="checkbox"/>	<input type="checkbox"/>	Do you live in rental housing? If Yes, how are rent, electricity, heat, water/sewer and trash removal paid for?
How do you do laundry?		
How do you obtain clothing?		
If you receive Food Stamps, how do you obtain non-food items?		

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

Signature of Applicant: _____ Date: _____

PART 9 – HUD/FEDERALLY MANDATED EXCLUDED INCOME

Although not included for purposes of eligibility or rent calculation, HUD requires that any income received from the following categories be documented. Please read the list and fill in any lines that are applicable. If more than one family member receives one category, please list them separately.

<u>Exclusion</u>	<u>Family Member</u>	<u>Annual Amount</u>
Income from employment of children under 18		
Payments received for foster children or foster adults		
Lump Sum additions to family assets (deferred payments, inheritances, capital gains, insurance payments, etc.)		
Medical reimbursements		
Income of a live-in aide		
Student financial aid		
Special Armed Services pay (when family member is exposed to hostile fire)		
Resident Services Stipend (not to exceed \$200/month)		
Sporadic income (gifts, pay of a Census Taker)		
Holocaust Reparation Payments		
Earnings for full-time students 18 years and older which exceed \$480		
Adoption Assistance Payments in excess of \$480		
Developmental Disability Care Payment		
Refunds and rebates for property taxes		
PASS (Plan for Achieving Self-Support – SSI)		
Other publicly-funded programs (amounts specifically for reimbursement of out-of-pocket expenses to allow participation in a specific program)		
HUD-funded training programs		
AmeriCorps living allowance		
Indian settlements/trusts		
Title IV of the Higher Education Act of 1965		
Spina Bifida – any allowance paid under the provisions of 38 U.S.C. 1805 to a child suffering from Spina Bifida who is a child of a Vietnam veteran		

PART 9 – HUD/FEDERALLY MANDATED EXCLUDED INCOME (continued)

Although not included for purposes of eligibility or rent calculation, HUD requires that any income received from the following categories be documented. Please read the list and fill in any lines that are applicable. If more than one family member receives one category, please list them separately.

<u>Exclusion</u>	<u>Family Member</u>	<u>Annual Amount</u>
Agent Orange settlements		
Child Care and Development Block Grant Act of 1990		
Earned Income Tax Credit refunds		
Crime Victim compensation		
Title V of the Older Americans Act (Senior Community Service in Employment Program)		

I hereby certify that the information contained in this application is true and correct to the best of my knowledge.

Head of Household

Date

For VSHA Office Use Only	Gross Annual Income _____ Deductions _____ Adjusted Gross Annual Income _____	
For VSHA Office Use Only	Final Eligibility For: <input type="checkbox"/> Project-Based <input type="checkbox"/> Local Preference _____ <input type="checkbox"/> NC/SR/MR <input type="checkbox"/> Rural Development <input type="checkbox"/> Low-Income Housing Tax Credits	Staff Name _____ Date Received _____ Time Received _____

PART 10 – 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 Vermont State 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, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that the Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability 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, ethnicity and sex of individual applicants on the basis of visual observation or surname.”

Please put an “X” in the box next to the appropriate response.

ETHNICITY:	<input type="checkbox"/>	Hispanic or Latino	<input type="checkbox"/>	Non-Hispanic or Non-Latino		
	RACE:	<input type="checkbox"/>	American Indian/Alaskan Native	<input type="checkbox"/>	Asian	<input type="checkbox"/>
		<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander			<input type="checkbox"/>
GENDER:	<input type="checkbox"/>	Male		<input type="checkbox"/>	Female	

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

APPLICANT CERTIFICATION

Giving True and Complete Information – I certify that all the information provided on household composition, income, family assets and items for allowances and deductions is accurate and complete to the best of my knowledge. I have reviewed the application form and certify that the information shown is true and correct.

Reporting Changes in Income or Household Composition – I know I am required to report immediately in writing any changes in income and in the household size. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

Reporting on Prior Housing Assistance – I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance – I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Vermont State Housing Authority immediately in writing. I will not sublease my assisted residence.

Cooperation – I know I am required to cooperate in supplying any information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays and termination of assistance.

Criminal and Administrative Actions for False Information – I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or state criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance.

Signatures of All Household Adults

Date

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

GENERAL RELEASE FORM

We are required by law to verify information pertaining to all members of a household applying for admission to our Rental Assistance Programs and to periodically update that information. We ask your cooperation by having all adult members of the household sign a General Release Form. Please copy as needed when more than two adults are in the household.

VERMONT STATE HOUSING
AUTHORITY
ONE PROSPECT STREET
MONTPELIER VT 05602-3556
Telephone: (802) 828-3295
TTY (800) 798-3118
Fax (802) 828-3248

Name: _____

Mailing Address: _____

Legal Address: _____

I HEREBY AUTHORIZE ANY INDIVIDUAL, AGENCY, OFFICE, GROUP OR ORGANIZATION TO RELEASE TO THE VERMONT STATE HOUSING AUTHORITY INCOME, ASSET OR EXPENSE INFORMATION DEEMED NECESSARY TO DETERMINE MY INITIAL OR ONGOING ELIGIBILITY FOR ITS PROGRAMS. THIS RELEASE SPECIFICALLY ALLOWS FOR RELEASE OF INFORMATION BY THE SOCIAL SECURITY ADMINISTRATION.

Signature of Applicant/Tenant

Date

VERMONT STATE HOUSING
AUTHORITY
ONE PROSPECT STREET
MONTPELIER VT 05602-3556
Telephone: (802) 828-3295
TTY (800) 798-3118
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Signature of Applicant/Tenant

Date

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Supplemental and Optional 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.

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)	
<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	<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: _____
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.	

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

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.

Form HUD- 92006 (05/09)

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APPENDIX 1

If you indicated "yes" that you are currently homeless on Page 13 of the application, check one box to describe your household:

CRITERIA FOR DEFINING HOMELESS	<input type="checkbox"/> Category 1	Literally Homeless	(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: <ul style="list-style-type: none"> (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); <u>or</u> (iii) Is exiting an institution where (s)he has resided for 90 days or less <u>and</u> who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
	<input type="checkbox"/> Category 2	Imminent Risk of Homelessness	(2) Individual or family who will imminently lose their primary nighttime residence, provided that: <ul style="list-style-type: none"> (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; <u>and</u> (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing
	<input type="checkbox"/> Category 3	Homeless under other Federal statutes	(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: <ul style="list-style-type: none"> (i) Are defined as homeless under the other listed federal statutes; agreement in permanent housing during the 60 days prior to the homeless assistance application; (iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; <u>and</u> (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers
	<input type="checkbox"/> Category 4	Fleeing/ Attempting to Flee DV	(4) Any individual or family who: <ul style="list-style-type: none"> (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; <u>and</u> (iii) Lacks the resources or support networks to obtain other permanent housing

APPENDIX 2

If you answered "yes" that you are at risk of homelessness on page 13 of the application, please confirm that your household falls into one of the three categories below:

Yes, my household falls into one of these categories.

CRITERIA FOR DEFINING HOMELESSNESS	Category 1	Individuals and Families	<p>An individual or family who:</p> <ul style="list-style-type: none"> (i) Has an annual income below <u>30%</u> of median family income for the area; <u>AND</u> (ii) Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the "homeless" definition; <u>AND</u> (iii) Meets one of the following conditions: <ul style="list-style-type: none"> (A) Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; <u>OR</u> (B) Is living in the home of another because of economic hardship; <u>OR</u> (C) Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; <u>OR</u> (D) Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; <u>OR</u> (E) Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; <u>OR</u> (F) Is exiting a publicly funded institution or system of care; <u>OR</u> (G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved Con Plan
	Category 2	Unaccompanied Children and Youth	A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute
	Category 3	Families with Children and Youth	An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her.

