



**VERMONT STATE HOUSING AUTHORITY
APPLICATION FOR ASSISTANCE**

One Prospect Street, Montpelier, VT 05602-3556

802-828-3295 (Voice); 800-798-3118 (TTY); 800-820-5119 (Message); 802-828-2111 (Fax)

Please complete with pen or type.



www.vsha.org



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
CONTACT PERSON	NAME	ADDRESS	TELEPHONE

**Please read through this application carefully.
Incomplete or unsigned applications will be returned.**

Upon signing this application, you will be certifying that the information provided is true, accurate and complete. False statements or information is punishable by federal law with fines up to \$10,000 or imprisonment for up to 5 years. Additionally, false statements or information is also grounds for termination of housing assistance, termination of tenancy and/or retroactive rent increases.

GENERAL INFORMATION		
<u>YES</u> <input type="checkbox"/>	<u>NO</u> <input type="checkbox"/>	Have you ever lived in subsidized housing or received rental assistance? 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 been convicted of a crime? If yes, please explain:
<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"/>	Are you requesting a handicap/disability adjustment to income?
<input type="checkbox"/>	<input type="checkbox"/>	Are you requesting a special handicapped accessible apartment?
<input type="checkbox"/>	<input type="checkbox"/>	Do you hold that the apartment applied for will be your household's permanent residence and that you will not maintain a separate rental unit in a different location?

FAMILY COMPOSITION List all persons who will be living in the household when you receive rental assistance and their relationship to you. H=Head, K=Co-Head, S=Spouse, Y=Youth, F=Foster Child, A= Adult							
Name	Relation	Social Security # or Alien Registration #	Sex	Age	Date of Birth	Place of Birth	If Applicable, Check Appropriate Box
	HEAD						<input type="checkbox"/> Disabled <input type="checkbox"/> Handicap <input type="checkbox"/> Pregnant <input type="checkbox"/> Full-Time Student
							<input type="checkbox"/> Disabled <input type="checkbox"/> Handicap <input type="checkbox"/> Pregnant <input type="checkbox"/> Full-Time Student
							<input type="checkbox"/> Disabled <input type="checkbox"/> Handicap <input type="checkbox"/> Pregnant <input type="checkbox"/> Full-Time Student
							<input type="checkbox"/> Disabled <input type="checkbox"/> Handicap <input type="checkbox"/> Pregnant <input type="checkbox"/> Full-Time Student
							<input type="checkbox"/> Disabled <input type="checkbox"/> Handicap <input type="checkbox"/> Pregnant <input type="checkbox"/> Full-Time Student

Do You have at least 50% legal physical custody of all dependent children named above?
 Yes No It not, please explain: _____

If you have indicated that anyone 18 years of age or older is a student, please provide the name of the school: _____

VSHA uses the following Local Preferences. All preferences are ranked equally. Please check all that apply to your current housing situation

YES

NO

Victims of Domestic Violence: This preference is available to individuals or families that are homeless due to domestic violence, or are currently living in a situation in which they are being subjected to domestic violence. *For purposes of this preference, domestic violence is defined as a pattern of coercive control that may be primarily psychological, economic, or sexual, but that is reinforced by one or more act(s) of frightening physical violence, credible physical threat, or sexual assault.)* To qualify for this preference, you must have no other option for safe, long-term housing. *The number of families admitted under this preference shall be limited to no more than 40 per year.*

Participants in VSHA's Transitional Housing Programs: This preference is available to individuals or families who are transitioning from one of the following programs administered by VSHA: Family Unification Program for Youth in Transition or Shelter Plus Care Program or State of Vermont's Housing Assistance Subsidy Program (administered by the State of Vermont). To qualify, an applicant must be in compliance with their lease and with their applicable case management plan. For Shelter Plus Care Program participants, must be have participated in Shelter Plus Care Program for at least 36 months, and must have met the goals of the Individual Service Plan (ISP).

Presidentially Declared Disaster: This Preference is available to individuals and families who have been displaced from their homes as a result of a natural disaster which is located in a presidentially declared disaster area and have been issued a FEMA control number by the Federal Emergency Management Association.

Displaced Families Preference: This preference is available to families who are displaced due to fire, flood, natural disaster, or condemnation by a local, State or Federal agency, or the applicant is living in housing that has at least one serious defect that threatens their health or safety (such as unusable water or septic system, grossly insufficient heat in winter, severe fire hazard(s) such as grossly defective wiring).

Lead-Based Paint Preference: This preference is available to a family with a child under the age of six in the household who has tested positive for lead paint poisoning (child must have an elevated blood level of 15 ug/dl or higher) and are occupying a rental unit that contains lead-based paint.

Educational/Training Preference: This preference is available to families whose head or spouse are recent graduates of or participants in an education or training program designed to prepare the individual for the job market. *The number of individuals admitted under this preference is limited to not more than 20 households per year. Pursuing a GED or high school diploma does not constitute an educational or training program for the purposes of this preference.*

Homeownership Preference: This preference is available to very low-income families that are: (a) receiving homeownership education services through a Neighborworks® Homeownership Center or other HUD approved Homeownership Counseling Center; and (b) are referred by that provider to VSHA's Homeownership Program as needing the voucher to become a homeowner. *The number of families admitted under this preference shall be limited to no more than 20 families per year.*

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 and Address of Agency verifying preference: _____

Name _____ Title _____ Phone number: _____

INCOME 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, etc.)

Family Member	Employer Name & Address	Employer's Phone Number	Rate/Hour	Hours/Week

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	Check One
				<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
				<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

ASSET INFORMATION

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

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.

EXPENSE INFORMATION (Complete all sections below.)**CHILD CARE EXPENSES:** List only those expenses for children age 12 and younger who 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

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

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

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

ONLY COMPLETE THE REFERENCE SECTIONS if you are applying for Project-Based Certificate, Moderate Rehabilitation, and/or Managed Housing Programs**LANDLORD REFERENCES:** You must list three (3) landlords and provide their complete mailing addresses.

Landlord Name	Landlord's Address	Telephone #	Dates You Lived Here
			From: To:
			From: To:
			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 5. Hispanic 6. 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 within its jurisdiction.

IMPORTANT - PLEASE COMPLETE AND RETURN WITHIN SEVEN (7) DAYS

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 Amt</u>
Income from employment of children under 18	_____	_____
Payments received from 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 (in excess of \$480) doesn't include head or spouse	_____	_____
Adoption Assistance Payments	_____	_____
Development Disability Care Payment	_____	_____
Refunds and rebates for property taxes	_____	_____
PASS (plan for achieving self-support)	_____	_____
Other publicly funded programs (Amts. Specifically for reimbursement of Out-of-pocket expenses to allow participation in a specific program)	_____	_____
HUD funded training programs	_____	_____
Americorps Living Allowance	_____	_____
Indian Settlements/Trust	_____	_____
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	_____	_____
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 Emp. Program)	_____	_____

I hereby certify that the above information is true and correct to the best of my knowledge.

Head of Household

Date

Authorization for the Release of Information

Tenant ID

HA requesting release of information:

April 18, 2012

Authority: 42 U.S.C. 1437f and 3535(d), implemented at 24CFR 982.551(b).

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to: identity and marital status, employment income and assets, residences and rental activity, Medical or Child Care Allowances, Credit and Criminal Activity. HUD and the HA need this information to verify your eligibility for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the information that is obtained based on the consent form.

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

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

Sources of Information: The groups or individuals that may be asked to release the authorized information include but are not limited to:

- Previous Landlords (including Public Housing Agencies)
- Courts and Post Offices
- Schools and Colleges
- Law Enforcement Agencies
- Support and Alimony Providers
- Past and Present Employers
- Social Service Agencies
- State Unemployment Agencies
- State Wage Information Collection Agencies
- Social Security Administration
- Medical and Child Care Providers
- Veterans Administration
- Retirement Systems
- Banks and other Financial Institutions
- Credit Providers and Credit Bureaus
- Utility Companies
- Internal Revenue Service

Consent: I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household

Date

Social Security Number (if any) of Head of Household

Spouse

Date

Other Family Member over age 18

Date

Other Family Member over age 18

Date

Other Family Member over age 18

Date

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

**Authorization for the Release of Information/
Privacy Act Notice**

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

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

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

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

April 18, 2012

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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

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

Penalties for Misusing this Consent:

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

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

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

Supplement 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:	
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason to 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 chose not to provide the contact information.

Signature of Applicant	Date
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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.

**VERMONT STATE HOUSING AUTHORITY
REQUEST FOR CRIMINAL RECORD CHECK
SECTION 8 HOUSING**

Applicant: _____

Maiden Name: _____

Aliases: _____

Date of Birth: _____

SS#: _____

Gender: _____ Race: _____

Place of Birth: _____
City/Town State Country

Phone Number: _____

List all states in which you have lived: _____

RELEASE

I, _____, hereby acknowledge and agree to a check of my criminal record which may be maintained by either the Vermont Criminal Information Center or the Federal Bureau of Investigation/National Criminal Information Center. I understand that the results of that check will be made available to the Vermont State Housing Authority for use in reviewing my suitability as a tenant. I further understand that I have the right to appeal the results of the criminal record check to the Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, Vermont, 05671-2101.

Signature of Applicant: _____ Date: _____

**VERMONT STATE HOUSING AUTHORITY
REQUEST FOR CRIMINAL RECORD CHECK
SECTION 8 HOUSING**

Applicant: _____

Maiden Name: _____

Aliases: _____

Date of Birth: _____

SS#: _____

Gender: _____ Race: _____

Place of Birth: _____
City/Town State Country

Phone Number: _____

List all states in which you have lived: _____

RELEASE

I, _____, hereby acknowledge and agree to a check of my criminal record which may be maintained by either the Vermont Criminal Information Center or the Federal Bureau of Investigation/National Criminal Information Center. I understand that the results of that check will be made available to the Vermont State Housing Authority for use in reviewing my suitability as a tenant. I further understand that I have the right to appeal the results of the criminal record check to the Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, Vermont, 05671-2101.

Signature of Applicant: _____ Date: _____



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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

- Public Housing (24 CFR 960)
 - Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
 - Section 8 Moderate Rehabilitation (24 CFR 882)
 - Project-Based Voucher (24 CFR 983)
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The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

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

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

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

What are my rights?

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

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

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

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

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

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

The Notice was provided by the below-listed PHA:	I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs & Termination Notice</i>:	
	Signature	Date
	Printed Name:	

DECLARATION OF CITIZENSHIP

April 18, 2012

Tenant ID

PLEASE COMPLETE THIS FORM AND RETURN TO:

Part 1: Applies to All Family Members

Each person who will benefit under the Section 8 Rental Assistance Program must either be a citizen or national of the United States, or be a noncitizen who has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

One box on this form must be checked for each family member indicating status as a citizen or a national of the United States, or a noncitizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States, or do not claim to be a noncitizen with eligible immigration status should not check any box.

All adults must sign where indicated. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

First Name	Last Name	Age	I am a citizen or national of the U.S.	or	I am a noncitizen with eligible immigration status.	Signature of Adult Listed to the left, or Signature of Guardian for Minors.
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____

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.

NOTE: Family members who have checked a box indicating that they are a noncitizen with eligible immigration status must complete Part 2 of this form.

Part 2: Applies to Noncitizen Family Members Only

All family members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following documents:

- (1) Form I-551, Alien Registration Receipt Card
- (2) Form I-94, Arrival-Departure Record with appropriate annotations or documents
- (3) Form I-688, Temporary Resident Card
- (4) Form I-688B, Employment Authorization Card
- (5) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

Please call at to arrange for delivery and copying of original documents.

Do not mail original documents to this office.

If documents are not presented and verified, your family's rental assistance may be reduced, denied, or terminated as provided in regulations promulgated by the U.S. Department of Housing and Urban Development, pending available appeals processes.

Head of Household Certification

As head of household I certify, under penalty of perjury, that all members of my household are listed on Part 1 of this form and that members of my household that have not checked either box on Part 1 of this form do not claim to be citizens or nationals of the United States, or noncitizens with eligible immigration status.

Signature _____ Date _____

Consent to Verify Eligible Immigration Status

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child.

First Name	Last Name	Age	Signature of Adult Listed to the left, or Signature of Guardian for Minors.	Office Use Only INS VERIF. #
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____

Evidence supplied with this form may be released by the Housing Agency, without responsibility for its further use or transmission, to the Immigration and Naturalization Service for purposes of verification of the immigration status of the individual or to the U.S. Department of Housing and Urban Development, as required. The U.S. Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.



Project-Based & Moderate Rehabilitation Properties
Vermont State Housing Authority



PLEASE CHECK THE PROPERTIES FOR WHICH YOU WOULD LIKE TO BE CONSIDERED

<u>County/Town</u>	<u>Property</u>	<u>Bedrooms</u>	<u>Type</u>	<u>Man. Agent</u>
<u>Addison County:</u>				
<i>Vergennes:</i>	<input type="checkbox"/> Willow Apts	1	Eld/Disabled	EP MGMT.
	<input type="checkbox"/> So Maple & So Water St 1/3 <i>(Vergennes housing)</i>		Family	ACCT
<i>Middlebury:</i>	<input type="checkbox"/> Seminary St	2/3	Family	ACCT
	<input type="checkbox"/> North Pleasant	2/3/4	Family	ACCT
	<input type="checkbox"/> Pine Meadows	2/3	Family	Maloney
	<input type="checkbox"/> Smith Housing	1/2/3	Family	ACCT
	<input type="checkbox"/> 15 Court Street	0/1	Eld/Disabled	ACCT
<i>Bristol:</i>	<input type="checkbox"/> Bristol Family	2/3	Family	ACCT
<u>Bennington County:</u>				
<i>Bennington:</i>	<input type="checkbox"/> Depot Street	2/3	Family	RAHC
<u>Caledonia County:</u>				
<i>St Johnsbury:</i>	<input type="checkbox"/> St. Johnsbury Housing	1/2/3/4	Family	Gilman PM
	<input type="checkbox"/> Depot Square	0/1/2	Family	Marken
	<input type="checkbox"/> Caledonia Housing	1/2/3	Family	Gilman PM
<i>Peacham:</i>	<input type="checkbox"/> Peacham Housing	1	Eld/Disabled	Gilman PM
<i>Lyndon:</i>	<input type="checkbox"/> Lyndon Housing	1/2	Family	Gilman PM
<u>Essex County:</u>				
<i>Island Pond:</i>	<input type="checkbox"/> Brighton	2/3/4	Eld/Dis/Fam	Gilman PM
<i>Island Pond:</i>	<input type="checkbox"/> Mountain / Alder	1/2	Eld/Dis	MG Contracting
<u>Chittenden County:</u>				
<i>Colchester:</i>	<input type="checkbox"/> Arbor Gardens	1/2	Family	Marcellino
<i>Essex Jct:</i>	<input type="checkbox"/> Whitcomb Terrace	1	Eld/Disabled	Cathedral Square
<i>Milton:</i>	<input type="checkbox"/> School Street	1/2	Eld/Disabled	A. Turner, Jr.
<i>Winooski:</i>	<input type="checkbox"/> Genest Building	0/1	Eld/Disabled	Champlain HT
<u>Franklin County:</u>				
<i>Enosburg Falls:</i>	<input type="checkbox"/> Falls Housing	½	Family	Champlain HT
<i>Franklin:</i>	<input type="checkbox"/> Franklin Carriage	0 (Eff.)	Eld/Disabled	Franklin Homestead
<i>Georgia:</i>	<input type="checkbox"/> Hidden Pines	1	Eld/Disabled	Champlain HT
<i>Richford</i>	<input type="checkbox"/> Main St. Mill	½	Family	Champlain HT
<i>St Albans:</i>	<input type="checkbox"/> Welden Villa	1	Eld/Disabled	VSHA
	<input type="checkbox"/> Hawk's Nest	1/2	Eld(55)/Disabled	EP Management

<u>Grand Isle County</u>				
Grand Isle	<input type="checkbox"/> Isle Lane	2/3	Family	Champlain HT
<u>Lamoille County:</u>				
Morrisville:	<input type="checkbox"/> Sunset Apts	2/3	Family	Phyllis Houle
<u>Orange County:</u>				
Bradford	<input type="checkbox"/> Waits River Housing	1/2/3	Family	CVCLT
Randolph:	<input type="checkbox"/> Hedding Drive	1/2	Family	Stewart PM
Wells River:	<input type="checkbox"/> Ottati Apts	2/3	Family	EP Management
Williamstown:	<input type="checkbox"/> The Gardens	0/1	Assisted	Mary Norman
<u>Orleans County:</u>				
Derby:	<input type="checkbox"/> Derby Housing	1/2	Family	Gilman PM
Newport:	<input type="checkbox"/> Sleeper Place	2/3	Eld/Dis/Fam	Gilman PM
	<input type="checkbox"/> Choquette	2/3	Family	Choquette
<u>Rutland County:</u>				
Rutland:	<input type="checkbox"/> Columbian Ave	2/3	Family	RCCLT
	<input type="checkbox"/> Rutland Rehab	1/2/3	Family	RCCLT
	<input type="checkbox"/> 82Grove Street	1/3	Transitional	RCHC
West Rutland:	<input type="checkbox"/> Kazon Building	2	Family	Mike Lorraine
	<input type="checkbox"/> Marble Street	3	Family	RCCLT
Fair Haven:	<input type="checkbox"/> ParkView Apts	1	Eld/Disabled	Parkview Assoc.
	<input type="checkbox"/> Adams House	1	Eld/Disabled	RCCLT
Brandon:	<input type="checkbox"/> ParkVillage	1/2/3	Eld/Dis/Fam	EP MGMT
	<input type="checkbox"/> Erastus Thayer	1/2	Eld/Dis/ Fam	RCCLT
<u>Windham County:</u>				
Bellows Falls:	<input type="checkbox"/> Bellows Falls Housing	1/2	Family	Stewart PM
	<input type="checkbox"/> Pine Street Housing	1/2/3	Family	Stewart PM
	<input type="checkbox"/> Howard Block	1/2	Family	Stewart PM
Brattleboro:	<input type="checkbox"/> South Main	2	Family	WHT
	<input type="checkbox"/> Canal Street	1/2	Family	WHT
	<input type="checkbox"/> Clark Street	2/3	Family	WHT
	<input type="checkbox"/> Abbott Block	1/2	Family	Stewart PM
	<input type="checkbox"/> Western Ave	1/2/3	Family	WHT
	<input type="checkbox"/> Westgate Alloc.	1/2/3	Family	Stewart PM
	<input type="checkbox"/> Westgate Bond	2/3	Family	Stewart PM
	<input type="checkbox"/> Esteyville	0/1/2/3/4	Family	WHT
	<input type="checkbox"/> Butterfield	1	Elderly	Stewart PM
	<input type="checkbox"/> Wilder Block	1	Family	WHT
Putney:	<input type="checkbox"/> Noyes House	SRO	Eld/Disabled	WHT

Washington County:

<i>Waterbury:</i>	<input type="checkbox"/> Stimpson & Graves	1	Eld/Disabled	CVCLT
	<input type="checkbox"/> Grn Mtn Sem.	1/2	Family	CVCLT
<i>Northfield:</i>	<input type="checkbox"/> Vine Street	1/2/3	Family	B. Wrigley
	<input type="checkbox"/> Water Street	3	Family	B. Wrigley
<i>Waitsfield:</i>	<input type="checkbox"/> Evergreen Place	1	Elderly	CVCLT
<i>Plainfield:</i>	<input type="checkbox"/> Hollister Hill	2/3	Family	VSHA
<i>Cabot:</i>	<input type="checkbox"/> Cabot Commons	1/2	Eld/ Disabled	CVCLT

Windsor County:

<i>Springfield:</i>	<input type="checkbox"/> SouthView 1&2	1/2/3	Family	Stewart PM
	<input type="checkbox"/> Westview Terr.	1/2/3/4	Family	SHA
<i>Ludlow:</i>	<input type="checkbox"/> Black River Overlook	2/3	Family	Stewart PM
<i>Proctorsville:</i>	<input type="checkbox"/> Freeman House	1	Eld/Disabled	Stewart PM
	<input type="checkbox"/> Proctorsville Green	2	Family	Stewart PM
<i>Chester:</i>	<input type="checkbox"/> Chester Depot	1/2	Family	RACLT
<i>White River Jct:</i>	<input type="checkbox"/> School Street	1/2	Family	Stewart PM
	<input type="checkbox"/> Northwoods	1/2/3/4	Family/SE	VSHA
	<input type="checkbox"/> Colodney	1	Eld/Disabled	VSHA
<i>Windsor:</i>	<input type="checkbox"/> Union Square	1/2/3	Family/SE	Stewart PM