



VERMONT STATE HOUSING AUTHORITY

ONE PROSPECT STREET

MONTPELIER, VT 05602-3556

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



APPLICATION FOR RENTAL ASSISTANCE

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

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

For Office Use Only
Date Received _____ Time Received _____

Table with 4 columns: NAME (FIRST, LAST, MAIDEN), MAILING ADDRESS (PO BOX/STREET, CITY/TOWN, STATE & ZIP CODE), PHYSICAL RESIDENCE (STREET ADDRESS, CITY/TOWN, STATE & ZIP CODE), PHONE NUMBER (MESSAGE NUMBER, HOME NUMBER, WORK NUMBER), CONTACT PERSON (NAME, PHONE NUMBER, ADDRESS)

FAMILY COMPOSITION
List all persons who will be living in the household when you receive rental assistance.
Table with 8 columns: Name, Relation, Social Security # Or Alien Registration #, Sex, Age, Date of Birth, Place of Birth, Note Here If Disabled, Handicapped, Pregnant, or a Student

GENERAL INFORMATION
Table with 2 columns: YES/NO, and questions about subsidized housing, rental assistance, criminal records, pets, and disability accommodations.

PROGRAM
Check the program that you are applying for.
List of programs: Tenant-Based Section 8 Voucher Program, Project-Based Certificate/Moderate Rehabilitation, VSHA Property. Includes fields for Program Property and Number of Bedrooms Required.

INCOME/ASSET INFORMATION

Complete all sections below.

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

| Family Member | Employer Name & Address | Employer's Phone Number | Rate/Hour | Hours/Week | For Office Use |
|---------------|-------------------------|-------------------------|-----------|------------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |

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

| Family Member | Source Name & Address | ID or Claim # | Amount | Circle One | For Office Use |
|---------------|-----------------------|---------------|--------|-------------|----------------|
| | | | | wk, mth, yr | |
| | | | | wk, mth, yr | |
| | | | | wk, mth, yr | |
| | | | | wk, mth, yr | |
| | | | | wk, mth, yr | |

ASSETS: List all bank accounts (savings and checking), stocks, bonds, securities, CD's, credit union shares, IRA or Keogh Plans, Savings Bonds, or any possessions kept for investment purposes, etc.

| Family Member | Name & Address (Bank, Broker, etc.) | Account Number | Balance/Value | For Office Use |
|---------------|-------------------------------------|----------------|---------------|----------------|
| | | | | |
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REAL ESTATE: Provide information for any real estate (land and/or building) which you currently own.

| Family Member | Complete Address of Real Estate | Appraised Value | Mortgage Balance | Mortgage Holder |
|---------------|---------------------------------|-----------------|------------------|-----------------|
| | | | | |

Name and Address of Mortgage Holder:

Address of Town Clerk where the property is located:

DIVESTITURE OF ASSETS:

During the past two (2) years, has any member of the household disposed of, transferred, or otherwise given away any assets for less than what they were worth? " No " Yes, if you answered Yes, please complete the following.

| Description of Asset | Cash Value* | Amount Received | Date Disposed Of |
|----------------------|-------------|-----------------|------------------|
| | \$ | \$ | |

*CASH VALUE is the market value of the asset minus reasonable costs incurred in selling or converting an asset to cash. Such reasonable costs include: Penalties for withdrawing funds before maturity, Broker/legal fees for the sale or conversion of assets, Settlement costs for real estate transactions.

EXPENSES
Complete all sections below.

CHILD CARE EXPENSES: List only those expenses for children age 12 and younger which enable you or another household member to work or attend school.

| Name & Complete Address of Care Giver | Amount/Hour | Amount/Week | For Office Use |
|---------------------------------------|-------------|-------------|----------------|
| | | | |
| | | | |

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

| Name & Complete Address of Care Giver | Amount/Hour | Amount/Week | For Office Use |
|---------------------------------------|-------------|-------------|----------------|
| | | | |
| | | | |

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

| Apparatus | Name & Address Where Purchased | Cost | For Office Use |
|-----------|--------------------------------|------|----------------|
| | | | |
| | | | |

MEDICAL EXPENSES: Complete this section if head of household or spouse is elderly, disabled or handicapped. List only expenses you pay out of pocket. Include health insurance, prescriptions, doctors, dentists, eyeglasses, hearing aids, outstanding medical bills.

| Family Member | Name & Address (To Whom You Pay) | Prescription # Insurance Claim # | Amount | How Often | For Office Use |
|---------------|----------------------------------|----------------------------------|--------|-----------|----------------|
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HOUSING NEEDS FOR SECTION 8 VOUCHER PROGRAM
VSHA uses the following Local Preferences. Please check all that apply to your current housing situation.

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

If you are claiming one of these local preferences, you must provide us with the name, address and phone number of the agency or shelter that can verify your housing situation.

| | |
|----------|-------------------|
| Name: | Telephone Number: |
| Address: | |

**ONLY COMPLETE THIS SECTION if you are applying for
Project-Based Certificate, Mod. Rehab. and/or Managed Housing Programs**

LANDLORD REFERENCES: You must list three (3) landlords and provide their complete mailing addresses.

| Name | Complete Address | Telephone # | Dates You Lived Here From: To: |
|------|------------------|-------------|-----------------------------------|
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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 |
|------|------------------|-------------|----------------|
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*******Please read carefully and sign, unsigned applications will be returned.*******

APPLICANT CERTIFICATION

I/we certify that the information given on household composition, income, net family assets, allowances and deductions, as well as all other information provided is accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable by federal law with fines up to \$10,000 or imprisonment for up to 5 years. I/we understand that false statements or information are grounds for termination of housing assistance, termination of tenancy and/or retroactive rent increases.

My/Our signature(s) below constitutes my/our consent to have the Vermont State Housing Authority conduct a background check, including verification of the information contained herein. I/we hereby expressly consent to the release of information by prior landlords, employers, credit bureaus/references, criminal information centers, and other individuals or entities with information relevant to the information provided herein to representatives of the housing authority processing this application and performing the background check.

“I have read and understand this statement.”

Signature of Head of Household: _____ Date: _____

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

“The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the federal government, that federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.”

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

My national origin is: _____

WARNING: Section 100 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to matters with its jurisdiction.