



VERMONT STATE HOUSING AUTHORITY
 ONE PROSPECT STREET
 MONTPELIER, VT 05602-3556
 PRELIMINARY APPLICATION FOR ASSISTANCE

Please complete
 with pen or type.



The Vermont State Housing Authority administers rental assistance programs throughout the state of Vermont, with the exception of the city of Montpelier which is served exclusively by the Montpelier Housing Authority.

Eligibility for these programs is based on income, household composition and for some properties, suitability. The information you provide on this application and its attachments will be used to determine if you are eligible.

Head of Household:	Social Security #:	-	-
Co-Head of Household:	Social Security #:	-	-
Address:			
City:	State:	Zip:	-
Mailing Address (if different):			
Telephone: - -	Work or Message #: - -	# of Bedrooms Required:	

PLEASE CHECK THE PROGRAM(S) YOU ARE APPLYING FOR:

- Tenant-Based Section 8 Voucher Program (Rental Assistance)
- Section 8 Project Based Program - A LIST OF PROPERTIES IS ATTACHED

Funding for rental assistance programs is limited. All eligible applicants are placed on a waiting list if funds or apartments are not available at the time of the application. Assistance is given on a first-come, first-serve basis. For some programs, including the Tenant Based Section 8 Voucher Program, preferences are given to applicants meeting certain guidelines. **If you are claiming a preference, please do not complete this preliminary application. Instead you must complete the full application.**

The following preferences are ranked equally and are offered to:

- 1) Victims of Domestic Violence who are either homeless as a result of domestic violence or currently living in a situation in which they are being subjected to domestic violence. (*Domestic violence is a pattern of coercive control that may be primarily psychological, economic, or sexual, but that is reinforced by one or more act(s) 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;
- 2) Families with a child under the age of six with an elevated blood lead level;
- 3) Those being displaced due to a natural disaster, condemnation, or a finding that their housing has serious defects that make it unsafe;
- 4) Individuals who are participants of or recent graduates of an education or training program designed to prepare the individual for the job market; or
- 5) Individuals who are receiving homeownership education services through a NeighborWorks® Homeownership Center or other HUD approved Homeownership Counseling Center, and are referred by that provider to VSHA's homeownership program as needing the voucher to become a homeowner;
- 6) Individuals who are transitioning from one of the following programs administered by VSHA: Family Unification Program for Youth in Transition or The Shelter Plus Care Program.

Please contact our office for additional information regarding preferences.

List each member of your household and **all** money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, Social Security, disability payments (SSI), Workers' Compensation, retirement benefits, public assistance (for example: TANF, RUFA, ANFC, or general assistance), Veterans benefits, rental property income, etc. **List additional household members and information on a separate sheet.**

List All Members of the Household	Zero Income Or Monthly Wages	Monthly ANFC Grant	Monthly Child Support	Other Income specify source	If applicable, check box.
Name: SS#: - - Date of Birth / /	\$	\$	\$	\$ Source:	Disabled <input type="checkbox"/> Handicap <input type="checkbox"/> Pregnant <input type="checkbox"/> Full-Time Student <input type="checkbox"/>
Name: SS#: - - Date of Birth / /	\$	\$	\$	\$ Source:	Disabled <input type="checkbox"/> Handicap <input type="checkbox"/> Pregnant <input type="checkbox"/> Full-Time Student <input type="checkbox"/>
Name: SS#: - - Date of Birth / /	\$	\$	\$	\$ Source:	Disabled <input type="checkbox"/> Handicap <input type="checkbox"/> Pregnant <input type="checkbox"/> Full-Time Student <input type="checkbox"/>
Name: SS#: - - Date of Birth / /	\$	\$	\$	\$ Source:	Disabled <input type="checkbox"/> Handicap <input type="checkbox"/> Pregnant <input type="checkbox"/> Full-Time Student <input type="checkbox"/>
Name: SS#: - - Date of Birth / /	\$	\$	\$	\$ Source:	Disabled <input type="checkbox"/> Handicap <input type="checkbox"/> Pregnant <input type="checkbox"/> Full-Time Student <input type="checkbox"/>

Type of Account	Account Number	Institution	Amount or Value
Savings Account			\$
Checking Account			\$
Certificates/ Stocks & Bonds			\$
Real Estate/Other			\$
TOTAL VALUE			\$

Do you or any members of your household require any special accommodations to participate in the program? If yes, please contact us for information regarding reasonable accommodations. Yes No

Are you currently or have you ever received rental assistance?
If yes, list where and when: _____ Yes No

Are you now or have you ever been evicted from housing assisted under any federally assisted housing program? (For example, Public Housing, Section 8, etc.) If yes, please provide dates and names of housing authorities: _____ Yes No

Are you now being or have you ever been terminated from the Section 8 certificate or voucher program?
If yes, when and why? Please explain: _____ Yes No

Have you or anyone in your household ever been arrested or convicted of a drug-related crime?
If yes, please explain and give dates: _____ Yes No

Have you or anyone in your household ever been arrested or convicted for participation in a violent crime? If yes, please explain and give dates: _____ Yes No

Is any member of your household subject to the lifetime registration requirement under the state sex offender registration law? _____ Yes No

Have you 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 dates: _____ Yes No

Have you disposed of any assets within the past two (2) years? If yes, value \$ _____ and date disposed of / / _____ Yes No

The following information is required for statistical purposes so HUD may determine the degree to which its programs are utilized by minority families. Head of Household: White African American Asian American Indian Alaskan Native Hispanic Non-Hispanic

If you need assistance in completing this application, please call our office at 802-828-3295 (Voice); 800-798-3118 (TTY); 800-820-5119 (Message); and 802-828-2111 (Fax). Please print or type. **YOU WILL BE REQUIRED TO COMPLETE ADDITIONAL FORMS ONCE YOU ARE DETERMINED ELIGIBLE FOR ASSISTANCE. Warning: Title 18, Section 1001 of the United States Code 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.**

*******Please read carefully and sign: unsigned or incomplete applications will be returned*******

I/we certify that the information provided in this preliminary application 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 and are grounds for termination of housing assistance, termination of tenancy and or retroactive rent increases. I/we have read and understand this statement.

Signature of Head of Household: _____ Date: _____

Signature of Co-Head of Household: _____ Date: _____



**Project-Based & Moderate Rehabilitation Properties
Vermont State Housing Authority**



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

County/Town	Property	Bedrooms	Type	Man. Agent
<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 <i>(Vergennes housing)</i>	1/3	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>Bernington County:</u>				
<i>Bernington:</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>Brighton:</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/Fam	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>Georgia:</i>	<input type="checkbox"/> Hidden Pines	1	Eld/Disabled	Champlain HT
<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>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"/> Grove Street	1/3	Transitional	RHC
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

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.

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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.

Privacy Act Statement

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

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

The Vermont State Housing Authority (VSHA) will comply with Title VI of the Civil Rights Act of 1964 and Title VIII of the Civil Rights Act of 1968; Section 504 of the Rehabilitation Act of 1973; Executive Order 11063, Fair Housing Amendments Act of 1988; The Americans with Disabilities Act of 1990; and with the laws of the State of Vermont prohibiting discrimination in public accommodations and in employment practices, and all related rules, regulations and requirements thereunder.

The VSHA will not, on account of race, color, creed, national origin, sex, sexual orientation, place of birth, age, U.S. military veteran status, familial status, marital status or disability, deny to any person the opportunity to apply for admission, nor deny to an eligible applicant, the opportunity to lease or rent a dwelling unit suitable to its needs. Further, in the selection of tenants, there will be no discrimination against persons otherwise eligible for admission because their income is derived in whole or in part from public assistance. VSHA will not discriminate against selected tenants, and discrimination by one tenant against another is unacceptable and will not be condoned.

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

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

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

The VSHA director of 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 Arlene M. Shorten-Goodrich, Coordinator – Nondiscrimination Policies, The Vermont State Housing Authority, One Prospect Street, Montpelier, VT 05602-3556; 802-828-3295 (Voice); 800-798-3118 (TTY); 800-820-5119 (Message) or 802-828-2111 (Fax).

You may also file a grievance with the Vermont Human Rights Commission, 800-416-2010 (Voice and TTY) or 802-828-2480 (Voice or 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

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 Arlene M. Shorten-Goodrich.