



PART II: Tenant Information Form

Please complete this form and return to:
Vermont State Housing Authority

One Prospect Street Montpelier, VT 05602

If you need assistance completing
 This form, contact us at:

802-828-1991

Name: (head of household) _____		Email: _____	
(Street Address) _____	(City) _____	(State) _____	(Zip) _____
Mailing Address (if different from above) _____			
Home Phone: _____		Cell: _____ Work _____	

I am applying for: Housing Choice Voucher Project Based Voucher Moderate Rehab

Please check the boxes in Part III, to indicate the property and bedroom size your household requires, and return along with Part II of the Pre-Application Without this we are unable to process your application

Part 1: Household Information

Starting on the first line for the Head of Household, please supply the following information for all adults and children that will live in the housing unit to be assisted. List adults first, then children.

1.Last Name	2.First Name	3.MI	4.DOB	5. Gender	6. Relationship to Head ?	7. Disabled <input type="checkbox"/> Y <input type="checkbox"/> N	
8. Ethnicity (check one box) <input type="checkbox"/> Hispanic/ Latino <input type="checkbox"/> Non-Hispanic/ Latino		9. Race (check all that apply) <input type="checkbox"/> White <input type="checkbox"/> America Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander/other <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American				10. social sec. #	

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More Space for household information on next page

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Part 1: Household (continued)

1	Does your family lack a regular nighttime residence, live in a shelter or other non- residential place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Is the Head of Household pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Have you or anyone in your household ever served in the armed services? If so. Who? _____ Which Branch? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Do you give VSHA Permission to share your name with the Veterans Administration Medical Center? Name: _____ Signature: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Do you currently live or have you previously lived in, public housing, housing assisted by the Section 8 program, or any other type of federally subsidized housing? If you checked yes to this question: When and where: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Have you or any member of your household been evicted from public housing, Indian housing, section 23 housing or housing assisted by the Section 8 program, for drug related criminal activity during the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Have you or any member of your household been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Are you or any member of your household subject to a lifetime sex offender registration under a state sex offender registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	If any child or foster child under age 6 residing in the assisted unit tested positive for EBL list the first name of each child with EBL (elevated blood level) here: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part 2: unit to be occupied by assisted family (if known)

Owner Information:		Assisted Unit Information:	
Name:	Address:	Apt #:	
Address:	City:		
Phone:	State:		

Part 3: Asset Information:

1. Has any member of the family given away or disposed of assets valued at more than \$1000 for less than fair market value during the past two years? yes no

List household assets held by any family member (even children), in the space provided below. An asset is any one of the following:

401 (k)	Checking account	Life insurance policies	Pensions	Stock
Bonds	Individual retirement accounts	Money Market Account	Property (Land)	Trust Funds
Certificate of Deposits	Inheritances	Mutual Funds	Savings Accounts	

Documentation Required: Please provide current statements showing the value and interest rate of each asset and check the "Documentation Attached" box for each income.

Account Holder	Type of Account	Account #	Current Balance \$	Documentation Attached <input type="checkbox"/> yes <input type="checkbox"/> no
verification Source Name and address				

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verification Source Name and address				

Part 4: Income Information:

1. Did you file a federal income tax return last year? yes no
-
2. Does anyone living outside your household pay for or provide money for any of your household bills or living expenses? yes no
-

List income information for all family members 18 or older, including income received on behalf of the household members under the age of 18. Income is any one of the following:

- | | | | |
|---------------------------------------|---------------------|--------------------------|----------------------|
| Alimony | Food Stamps | Self-Employment | Wages/Salaries |
| Child Support | Military pay | Social Security Benefits | Welfare Benefits |
| Financial Assistance to attend school | Periodic gifts | SSI | Workers Compensation |
| Disability Benefits | Retirement Payments | Unemployment Benefits | |

DOCUMENTATION REQUIRED: Provide four weeks of current and consecutive original paystubs, payroll summary reports, SSA benefit verification letters, child support payment stubs, welfare benefit letters and /or printouts, self-employment tax statements, or unemployment benefits notices, and check the Documentation Attached box for each income.

Member Name	Income type	Monthly income	Documentation attached <input type="checkbox"/> yes <input type="checkbox"/> no
verification Source Name and address			

Member Name	Income type	Monthly income	Documentation attached <input type="checkbox"/> yes <input type="checkbox"/> no
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Member Name	Income type	Monthly income	Documentation attached <input type="checkbox"/> yes <input type="checkbox"/> no
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If you need more space please attach additional page

Part 5: Household Expenses

1. Does any adult household member (18 or older) attend school full time?(If yes, provide current enrollment and financial aid information from registrar or admissions officer and enter contact information in the section below) yes no
-
2. Does any adult household member (18 or older) have UNREIMBURSED expenses for child care so that an adult family member can work? yes no
-
3. Does any member of your family have UNREIMBURSED EXPENSES for care of a person with disabilities so that an adult family member can work? yes no
-
4. **ONLY complete the following if the head of household, spouse, or co-head is age 62 Or older, or has a disability.**
Does any member of your family have UNREIMBURSED medical expenses (i.e. medical premiums, medical/dental/optical expenses, prescriptions and OTC medicines) yes no

List expense information relating to questions marked as yes on next page

DOCUMENTATION REQUIRED: Provide documentation from verification source showing the monthly payment for each medical or childcare expense and check the Documentation Attached box for each expense.

Member Name	Allowance type	Monthly Payment \$	Documentation attached <input type="checkbox"/> yes <input type="checkbox"/> no
verification source Name and Address			

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verification source Name and Address			

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Part 6: HEAD OF HOUSEHOLD MUST SIGN THIS FORM CERTIFYING ACCURACY OF INFORMATION PROVIDED

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000 or imprisoned up to five years if I furnish false or incomplete information.

Name: _____

Signature: _____

Date: _____