Equal Housing Opportunity Provider

Vermont State Housing Authority
One Prospect Street Montpelier, VT 05602
Phone: 802-828-1991; Fax: 802-828-2111;
Message Line: 1-800-820-5119; TTY: 1-800-798-3118

Housing Choice Voucher Program: Application for Assistance

Thank you for your interest in the Housing Choice Voucher Program. Please make sure to read the instructions below prior to submitting your application as there is important information of which you should be aware.

PLEASE KEEP THESE INSTRUCTIONS FOR YOUR RECORDS

Return Parts II and III to VSHA

- Vermont State Housing Authority operates the Housing Choice Voucher (HCV) Program primarily through telephone, mail and electronic correspondence. If you have questions feel free to contact the Intake Department directly. If you would like to meet with staff it is best to call for an appointment to insure availability.
- If you or anyone in your family is a person with disabilities and you need a reasonable accommodation to complete this application, please refer to the "Notice of Right to Reasonable Accommodation" on page 2.
- Vermont State Housing Authority will provide free interpretation services to clients who have limited English Proficiency.
- If you move and do not update your address, your file may be inactivated during our update. You will need to re-apply.
- Please answer all questions on the application form. Do not leave any questions blank. If a question does not apply to you, please write "none". All Yes or No questions must be checked (√).
- If you need more space to answer a question, please attach one or more pages to the application.
- Unless specifically indicated, all questions in this application apply to all members of the household.
- All information that you provide on this application must be true and complete. It is a violation of federal and state criminal law to make false statements on an application for housing assistance. Vermont State Housing Authority will verify information through computer matching with other federal agencies through HUD's Upfront Income Verification (UIV) process. If you do not understand a question, please call the Intake Department.
- The legal head of household and all adults 18 and over must sign and date the application.
- Criminal background checks and sex offender registration checks on all adult household members (including live-in aides) will be completed before determining final eligibility.

To qualify for housing assistance an applicant must:

- Have an annual income at the time of admission that does not exceed the income limit established by the Department of Housing and Urban Development (HUD).
- Meet the HUD requirements for citizenship or immigration status.
- Provide a copy of Social Security cards for all family members when requested.
- Pay any money owed to VSHA or any other housing authority.
- Not be subject to lifetime sex offender registration requirements.
- Sign authorization forms in order to verify eligibility requirements.

- Not have any household members who have engaged in any criminal activity that threatens the health, safety, or right to peaceful enjoyment of the premises by other residents.
- Not have any household members who have engaged in any drug-related or violent criminal activity.

RETURN COMPLETED APPLICATION TO: Vermont State Housing Authority One Prospect St Montpelier, VT 05602

Notice of Right to Reasonable Accommodation

A Reasonable Accommodation is intended to enable a person with a disability to have equal access to and enjoyment of the housing programs administered by the Vermont State Housing Authority (VSHA) through changes to either rules, policies or procedures. VSHA is obligated to make an accommodation that is reasonable, provided that doing so does not present an undue financial and administrative burden and has an identifiable relationship to the individual's disability.

If you have a disability and you need:

- an exception, change or adjustment in our rules, policies, practices or services that would make it easier for you to apply for or participate in our programs,
- a change in the way we communicate with you or give you information,

You may ask for this kind of exception, change or adjustment, which we call a Reasonable Accommodation.

If you verify you have a disability, if your request is reasonable and financially and administratively possible, we will try to make the changes you request.

If you need assistance in making your Request for a Reasonable Accommodation, VSHA staff will be happy to provide help.

We will review your request and give you an answer in 10 working days unless there is a problem getting all the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

To request a Reasonable Accommodation:

- Call 1-802-828-1991
- Call 1-800-798-3118 (TTY line)
- Write to Vermont State Housing Authority, One Prospect St, Montpelier, VT 05602
- Message Line: 1-800-820-5119

If you need help completing the reasonable accommodation form, or if you would like to submit a request in some other way, please let us know.

Head of Household name:_____SS#: XXX-XX-_____

Vermont State Housing Authority offers the following preferences that can effect your place on the waiting list. If you feel you qualify for any of these preferences, please check below.

PREFERENCES – Qualifying for a preference(s) will affect your position on the waiting list. Please read the attached *Definitions of Preferences* carefully, and indicate which preferences apply to your household.

NOTE: You will be required to verify any preference(s) you claim when determining your final eligibility.

Check all that apply

□	**Disaster Preference**
□	**Move-on Preference**
□	**Preference for Homeless Families with Case Management Support**
□	**Preference for Non-Elderly persons with disabilities transitioning out of institutions**
□	**Preference for Vermont Residents**

Please Note: The Disaster Preference is ranked the highest of all preferences. The Move-on Preference, Homeless Families with Case Management Support Preference and Non-elderly persons with disabilities transitioning out of institutions Preference are all ranked equally. The Vermont Resident Preference is ranked lowest of all preferences. If a change in these preferences is proposed in the future, a public hearing would be held since the outcome may affect your placement on the waiting list.

Definitions/Preferences:

1. Disaster Preference:
This preference is ranked the highest of all preferences and is available to Vermont families who are displaced due to fire, flood, natural disaster, or condemnation by a local, State, or Federal Agency.

2. Move-on Preference:
This preference is available to individuals and families who are Transitioning from one of the following programs administered by the Vermont State Housing Authority:

- HUD's Family Unification program for Youth In Transition;
- The Vermont Rental Subsidy Program (a 12 month rapid rehousing initiative administered by the Vermont Agency of Human Services). *Applications for this preference will be accepted **only after** 9 months of participation in VRS.*
- Individuals/families transitioning from a Domestic Violence Transitional Housing Program (currently on or eligible to be on the Continuum of Care Homeless Inventory Chart for homeless beds).
- *HUD's Continuum of Care Programs administered by VSHA (Shelter plus Care and Rapid Rehousing);

To be considered for this preference, applicants **must** meet the following additional criteria:

- Actively participating in a case-management plan – which includes an exit plan with an appropriate organization providing these services; AND
- Be in compliance with any lease agreement (verbal or written). Families must be current in their rent and any other conditions of tenancy. Families cannot be subject to an eviction action. VSHA will require Certification from the applicant's current landlord stating they are in good standing and in compliance with their lease agreement.

***Applicants transitioning from HUD's/VSHA's Shelter plus Care program MUST provide certification from the (Shelter plus Care) Sponsoring Organization that the applicant has participated in the Shelter plus Care program for no less than 36 months and has met the goals of their case management plan.**

4. Preference for non-elderly persons with disabilities transitioning out of institutions: This preference is available for non-elderly disabled applicants who are transitioning out of institution or other segregated settings, or are at serious risk of institutionalization, are homeless, or at risk of becoming homeless. Verification of eligibility will be obtained upon selection from the waiting list.

5. Preference for Vermont Residents: This preference is available for applicants who either live or work in the state of Vermont and can prove residency through a verified current address or verification from an employee

Definition Mainstream Voucher Eligibility - *These vouchers are for applicants that have at least one disabled adult in the household, who is between the ages of 18-61. Preference for these vouchers is given to those transitioning out of institutional or other segregated settings, at serious risk of institutionalization, homeless, or at risk of becoming homeless. To be considered for a Mainstream Voucher, please complete this section.*

Is there an adult in your household between the ages of 18-61 who is disabled? □Yes □No

If yes, check all that apply:

☐ Disabled Adult is currently living in a car, on the street, or another place not meant for habitation.
☐ Disabled Adult is at risk of becoming homeless. Disabled Adult has nowhere else to live and lack the resources or support networks, including family, friends, faith-based, or other social networks, to obtain permanent housing.
☐ Disabled Adult is currently living in an emergency shelter, transitional housing, Safe Haven, or hotel/motel paid for by a charitable organization or by a government program.
☐ Disabled Adult was recently discharged from an institution, including a hospital, substance abuse or mental health treatment facility, or jail/prison, where he/she stayed for 90 days or less and was living in an emergency shelter or place not meant for human habitation immediately before entering the institution.
☐ Disabled Adult is transitioning out of an institution (such as a nursing home or group home) or other segregated setting or at serious risk of institutionalization.
☐ Disabled Adult is currently fleeing from or attempting to flee domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening condition against himself/herself or another family member. Disabled Adult has nowhere else to live and lack the resources or support networks, including family, friends, faith-based, or other social networks, to obtain permanent housing.

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 □Moderate Rehab
□Project Based Voucher □Mainstream Voucher

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 for Project Based/Moderate Rehab

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
						☐ Y ☐ N

8. Ethnicity (check one box)	9. Race (check all that apply)	10. social sec. #
□Hispanic/ Latino □Non-Hispanic/ Latino	□ White □America Indian/Alaska Native □Native Hawaiian/Pacific Islander/other □ Asian □Black/African American	

1.Last Name	2.First Name	3.MI	4.DOB	5. Gender	6. Relationship to Head ?	7. Disabled
						☐ Y ☐ N

8. Ethnicity (check one box)	9. Race (check all that apply)	10. social sec. #
□Hispanic/ Latino □Non-Hispanic/ Latino	□ White □America Indian/Alaska Native □Native Hawaiian/Pacific Islander/other □ Asian □Black/African American	

1.Last Name	2.First Name	3.MI	4.DOB	5. Gender	6. Relationship to Head ?	7. Disabled
						☐ Y ☐ N

8. Ethnicity (check one box)	9. Race (check all that apply)	10. social sec. #
□Hispanic/ Latino □Non-Hispanic/ Latino	□ White □America Indian/Alaska Native □Native Hawaiian/Pacific Islander/other □ Asian □Black/African American	

1.Last Name	2.First Name	3.MI	4.DOB	5. Gender	6. Relationship to Head ?	7. Disabled
						☐ Y ☐ N

8. Ethnicity (check one box)	9. Race (check all that apply)	10. social sec. #
□Hispanic/ Latino □Non-Hispanic/ Latino	□ White □America Indian/Alaska Native □Native Hawaiian/Pacific Islander/other □ Asian □Black/African American	

More Space for household information on next page

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

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

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

Part 1: Household (continued)

1	Does your family lack a regular nighttime residence, live in a shelter or other non- residential place?	☐Yes ☐ No
2	Is the Head of Household pregnant?	☐Yes ☐ No
3	Have you or anyone in your household every served in the armed services? If so. Who? _____ Which Branch? _____	☐Yes ☐ No
4	Do you give VSHA Permission to share your name with the Veterans Administration Medical Center? Name:_____ Signature:_____	☐Yes ☐ 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: _____	☐Yes ☐ 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?	☐Yes ☐ 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?	☐Yes ☐ No
8	Are you or any member of your household subject to a lifetime sex offender registration under a state sex offender registration?	☐Yes ☐ 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:_____	☐Yes ☐ 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
			$	☐yes ☐no
verification Source Name and address				

Account Holder	Type of Account	Account #	Current Balance	Documentation Attached
			$	☐yes ☐no
verification Source Name and address				

Account Holder	Type of Account	Account #	Current Balance	Documentation Attached
			$	☐yes ☐no
verification Source Name and address				

Account Holder	Type of Account	Account #	Current Balance	Documentation Attached
			$	☐yes ☐no
verification Source Name and address				

Account Holder	Type of Account	Account #	Current Balance	Documentation Attached
			$	☐yes ☐no
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 ☐yes ☐no
verification Source Name and address			

Member Name	Income type	Monthly income	Documentation attached ☐yes ☐no
verification Source Name and address			

Member Name	Income type	Monthly income	Documentation attached ☐yes ☐no
verification Source Name and address			

Member Name	Income type	Monthly income	Documentation attached ☐yes ☐no
verification Source Name and address			

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 ☐yes ☐no
verification source Name and Address			

Member Name	Allowance type	Monthly Payment $	Documentation attached ☐yes ☐no
verification source Name and Address			

Member Name	Allowance type	Monthly Payment $	Documentation attached ☐yes ☐no
verification source Name and Address			

Member Name	Allowance type	Monthly Payment $	Documentation attached ☐yes ☐no
verification source Name and Address			

Member Name	Allowance type	Monthly Payment $	Documentation attached ☐yes ☐no
verification source Name and Address			

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: _____

PART II: Please Return to VSHA

HUD/FEDERALLY MANDATED EXCLUDED INCOME

Although not included for purposed of eligibility or rent calculation, HUD requires that nay 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 received one category, please list them separately.

Exclusion	Family Member	Annual Amount
Income from employment of children under 18		
Payments received from Foster children or Foster adults		
Lump sum additions to family assets (deferred payment, inheritance, capital gains insurance payments, etc.)		
Medical Reimbursements		
Income of 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 per 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 (amounts specifically for reimbursement of out of pocket expenses to allow participation in a specific program)		
HUD Funded training program		
Americorps Living Allowance		
Indian Settlements/Trust		
Title IV of the Higher Education Act of 1965		
Spina Bifida-any allowance paid under the provision 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 Employment 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/ 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

OMB CONTROL NUMBER: 2501-0014
exp. 07/31/2017

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)
Vermont State Housing Authority 1 Prospect St Montpelier, VT 05602 **December 10, 2015**	

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.

PART II

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.

Authorization for the Release of Information

Tenant ID

HA requesting release of information:

Vermont State Housing Authority
1 Prospect St
Montpelier, VT 05602

December 10, 2015

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.

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: _____

PART II: RETURN THIS SECTION TO VSHA

OMB Control # 2502-0581
Exp. (11/30/2015)

Optional and Supplemental 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.

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

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ 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.

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.

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 08/31/2016.

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)

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, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

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, subject to 24 CFR Part 16.
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?
If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. 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. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be 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.

This Notice was provided by the below-listed PHA:	**I hereby acknowledge that the PHA provided me with the *Debts Owed to PHAs & Termination N*otice:**
Vermont State Housing Authority 1 Prospect St Montpelier, VT 05602	**Signature** **Date** **Printed Name**

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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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.

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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.

This Notice was provided by the below-listed PHA:	**I hereby acknowledge that the PHA provided me with the *Debts Owed to PHAs & Termination N*otice:**
Vermont State Housing Authority 1 Prospect St Montpelier, VT 05602	**Signature** **Date** **Printed Name**

Declaration of Citizenship

Please complete this form and return to:
Vermont State Housing Authority
1 Prospect Street
Montpelier, VT 05602

Part 1: Applies to All Family/Household 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.

First Name	Last Name	Age	I am a citizen or a national of the U.S	I am a noncitizen with eligible immigration status	Signature of Adult listed to the left, or Signature of Guardian for Minors
			☐	☐	X
			☐	☐	X
			☐	☐	X
			☐	☐	X
			☐	☐	X
			☐	☐	X
			☐	☐	X
			☐	☐	X
			☐	☐	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.

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 _____

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 Cart
(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.

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	

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.

PART III

Return to VSHA with properties/bedroom size indicated

Properties with Elderly/disabled are designated housing for persons over the age of 62 or those who are disabled.			
		Location	**Property**
Addison County	□ 2 Bedroom □ 3 Bedroom	Bristol	Bristol Family Housing EP management: (802)878-7000
	□ 0 Bedroom □ 1 Bedroom	Middlebury	Court Street Apartments ACCT: (802)877-2626
	□ 2 Bedroom □ 3 Bedroom	Waltham	McKnight Ln ACCTL (802)877-2626
Elderly/Disabled	□ 1 Bedroom	Middlebury	Middlebury Commons VSHA: (802)828-1045
	□ 2 Bedroom □ 3 Bedroom □ 4 Bedroom	Middlebury	North Pleasant Street Apts ACCT: (802)877-2626
	□ 1 Bedroom □ 2 Bedroom □ 3 Bedroom	Middlebury	Pine Meadow Apartments Maloney Properties: (802)472-5016
	□ 2 bedroom □ 3 Bedroom	Middlebury	Seminary Street Apartments ACCT: (802)877-2626
	□ 1 Bedroom □ 2 Bedroom □ 3 Bedroom	Middlebury	Smith Housing ACCT: (802)877-2626
	□ 1 Bedroom □ 3 Bedroom	Middlebury	Vergennes Housing ACCT: (802)877-2626
Elderly/Disabled	□ 1 Bedroom	Vergennes	Willow Apartments Summit PM: (802)846-5430
Bennington County	□ 1 Bedroom □ 2 Bedroom □ 3 Bedroom	Bennington/ Arlington	Battenkill North Shires Housing: (802)442-8139
	□ 2 Bedroom □ 3 Bedroom	Bennington	Depot Street Shires Housing: (802)442-8139
Caledonia County	□ 1 Bedroom □ 2 Bedroom	Lyndonville	101 Main Street (Mathewson) Rural Edge: (802)535-3555
	□ 1 Bedroom □ 2 Bedroom	Lyndonville	599 Main St Rural Edge: (802)535-3555
	□ 2 Bedroom □ 4 Bedroom	Lyndonville	86 Raymond Street Rural Edge: (802)535-3555
	□ 3 Bedroom	S. Ryegate	Lind Homes Rural Edge: (802)535-3555

PART III

Return to VSHA with properties/bedroom size indicated

	□ 2 Bedroom □ 3 Bedroom	Hardwick	Evergreen Manor Alliance Property Management (802)899-3400
	□ 1 Bedroom □ 2 Bedroom	Lyndonville	Lyndon Housing Rural Edge: (802)535-3555
Elderly/Disabled	□ 1 Bedroom	Peacham	Peacham Housing EP Management: (802)878-7000
	□ 2 Bedroom	St Johnsbury	Memphremagog Rentals (802)334-2262
	□ 1 Bedroom □ 2 Bedroom □ 3 Bedroom □ 4 Bedroom	St. Johnsbury	Caledonia Housing Rural Edge: (802)535-3555
Chittenden County	□ 1 Bedroom □ 2 Bedroom □ 3 Bedroom	Burlington	Flynn Ave Coop Champlain Housing Trust: (802)862-6244
Elderly 55+	□ 1 Bedroom	Milton	Elm Place Cathedral Square: (802)863-2224
Elderly/Disabled	□ 1 Bedroom □ 2 Bedroom	Burlington	Thayer Housing Cathedral Square: (802)863-2224
	□ 1 Bedroom □ 2 Bedroom □ 3 Bedroom	Colchester	Arbor Gardens I EP Management: (802)878-7000
Elderly/Disabled	□ 1 Bedroom	Essex JCT	Whitcomb Terrace Cathedral Square: (802)863-2224
Elderly/Disabled	□ 1 Bedroom □ 2 Bedroom	Milton	School Street Manor Simplicity PM: (802)861-6468
Elderly/Disabled	□ 1 Bedroom □ 2 Bedroom □ 3 Bedroom	Shelburne	Harrington Village Cathedral Square: (802)863-2224
Elderly/Disabled	□ 0 Bedroom □ 1 Bedroom	Winooski	Genest Building Farrell: (802)852-0789
Essex County	□ 2 Bedroom □ 3 Bedroom □ 4 Bedroom	Brighton	Brighton Scattered Rural Edge: (802)535-3555
Elderly/Disabled & Family	□ 1 Bedroom □ 2 Bedroom	Island Pond	Alder/Mountain MG Contracting: (802)723-6130

PART III

Return to VSHA with properties/bedroom size indicated

Franklin County	□ 1 Bedroom □ 2 Bedroom	St. Albans	Driscoll Block Americanadian LLC: (802)527-2300
	□ 1 Bedroom □ 2 Bedroom	Enosburg Falls	Falls Housing LP Champlain Housing Trust: (802)862-6244
Elderly/Disabled	□ 1 Bedroom	Fairfax	Hidden Pines Champlain Housing Trust: (802)862-6244
	□ 1 Bedroom □ 2 Bedroom	Richford	Main Street Mill Alliance Property Management: (802)899-3400
55+/disabled	□ 1 Bedroom □ 2 Bedroom	St Albans	Hawk's Nest 802 PM: (802)879-6507
Elderly/Disabled	□ 1 Bedroom	St. Albans	Welden Villa Apartments VSHA: (802)828-1045
Grand Isle County *Service Enriched*	□ 1 Bedroom □ 2 Bedroom □ 3 Bedroom	Grand Isle	Isle Lane Champlain Housing Trust: (802)862-6244
Lamoille County	□ 1 Bedroom □ 2 Bedroom	Morrisville	Arthur's Main St. Housing Alliance Property Management: (802)899-3400
Orange County *Service Enriched*	□ 1 Bedroom □ 2 Bedroom □ 3 Bedroom	Bradford	Waits River Housing DOWNSTREET: (802)476-4493
Elderly/Disabled	□ 0 Bedroom □ 1 Bedroom	Chelsea	The Gardens TGWS: (802)433-1600
	□ 1 Bedroom □ 2 Bedroom	Randolph	Hedding Drive Stewart PM: (603) 641-2163
	□ 1 Bedroom □ 2 Bedroom □ 3 Bedroom	Randolph	Salisbury Square Stewart PM: (603) 641-2163
Orleans County	□ 1 Bedroom □ 2 Bedroom	Derby	Derby Housing Rural Edge: (802)535-3555
Elderly/Disabled	□ 1 Bedroom □ 2 Bedroom	Derby	Hotel/ Kidder Rural Edge: (802)535-3555
	□ 2 Bedroom	Newport	Memphremagog rentals (802)334-2262

PART III

Return to VSHA with properties/bedroom size indicated

	□ 1 Bedroom □ 2 Bedroom □ 3 Bedroom	Newport Ctr	Choquette Scattered Sites (802)334-6304
Rutland County *Service Enriched* *Elderly/Disabled*	□ 1 Bedroom □ 2 Bedroom □ 3 Bedroom	Brandon	Parkvillage Apartments Summit PM: 802-846-5430
Elderly/Disabled	□ 1 Bedroom	Fair Haven	Adams House Housing Trust of Rutland County: (802)775-3139
Elderly/Disabled	□ 1 Bedroom	Fair Haven	Parkview Apartments John Hamel: (802)349-5225
	□ 2 Bedroom □ 3 Bedroom □ 4 Bedroom	Rutland	Columbian Avenue Housing Trust of Rutland County: (802)775-3139
	□ 3 Bedroom	Rutland	Marble Street Housing Trust of Rutland County: (802)775-3139
	□ 1 Bedroom □ 2 Bedroom □ 3 Bedroom	Rutland	Rutland Rehab Scattered Site Housing Trust of Rutland County: (802)775-3139
	□ 2 Bedroom	West Rutland	Kazon Building TPM: (802)496-9400
	□ 1 Bedroom □ 2 Bedroom	West Rutland	Stanislaus Apartments Housing Trust of Rutland County: (802)775-3139
Washington County *Elderly/Disabled*	□ 1 Bedroom □ 2 Bedroom	Cabot	Cabot Commons DOWNSTREET: (802)476-4493
Service Enriched	□ 1 Bedroom □ 2 Bedroom	Northfield	Dogwood Glen I VSHA: (802)828-1045
Service Enriched	□ 1 Bedroom □ 2 Bedroom □ 3 Bedroom	Plainfield	Hollister Hill Apartments VSHA: (802)828-1045
Elderly/Disabled	□ 1 Bedroom	Waitsfield	Evergreen Place Senior Housing DOWNSTREET: (802)476-4493
Elderly/Disabled	□ 1 Bedroom	Waterbury	Stimson & Graves Building DOWNSTREET: (802)476-4493
	□ 1 Bedroom □ 2 Bedroom	Waterbury Ctr.	Green Mountain Seminary Apts DOWNSTREET: (802)476-4493
Windham County	□ 1 Bedroom □ 2 Bedroom □ 3 Bedroom	Bellows Falls	Bellows Falls Housing Stewart PM: (603) 641-2163

PART III

Return to VSHA with properties/bedroom size indicated

	□ 1 Bedroom □ 2 Bedroom	Bellows Falls	Howard Block Stewart PM: (603) 641-2163
	□ 1 Bedroom □ 2 Bedroom □ 4 Bedroom	Bellows Falls	Pine Street Stewart PM: (603) 641-2163
	□ 2 Bedroom □ 3 Bedroom	Brattleboro	Clark Street W-WHT-(802) 254-4604
	□ 1 Bedroom □ 2 Bedroom	Brattleboro	Abbott Block Stewart PM: (603) 641-2163
	□ 1 Bedroom □ 2 Bedroom □ 3 Bedroom	Brattleboro	Canal Street Apartments W-WHT-(802) 254-4604
	□ 1 Bedroom	Westminster	Chester Gage Stewart PM: (603) 641-2163
Service Enriched	□ 0 Bedroom □ 1 Bedroom □ 2 Bedroom □ 3 Bedroom □ 4 Bedroom	Brattleboro	Esteyville Housing W-WHT-(802) 254-4604
	□ 0 Bedroom □ 1 Bedroom □ 2 Bedroom □ 3 Bedroom	Brattleboro	Portfolio Enhancement I W-WHT-(802) 254-4604
	□ 1 Bedroom	Brattleboro	The Wilder Building W-WHT-(802) 254-4604
	□ 1 Bedroom □ 2 Bedroom □ 3 Bedroom	Brattleboro	Westgate Allocated Stewart PM: (603) 641-2163
	□ 1 Bedroom □ 2 Bedroom □ 3 Bedroom	Brattleboro	Whetstone W-WHT-(802) 254-4604
Elderly/Disabled	□ 1 Bedroom □ 2 Bedroom	Brattleboro	Red Clover Commons Brattleboro Housing Authority (802) 254-5590
	□ 1 Bedroom □ 2 Bedroom □ 3 Bedroom	Guilford	Algiers W-WHT-(802) 254-4604
Elderly/disabled	□ 0 Bedroom	Putney	Noyes House W-WHT-(802) 254-4604
	□ 1 Bedroom □ 2 Bedroom □ 3 Bedroom	W Brattleboro	Western Avenue Housing W-WHT-(802) 254-4604
Elderly/Disabled	□ 1 Bedroom	W. Dover	Butterfield Elderly Housing Stewart PM: (603) 641-2163

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Return to VSHA with properties/bedroom size indicated

Windsor County	□ 2 Bedroom	Chester	Chester Gage Stewart PM: (603) 641-2163
Elderly/Disabled	□ 1 Bedroom	Hartford	Colodny Building VSHA: (802)828-1045
Service Enriched	□ 1 Bedroom □ 2 Bedroom □ 3 Bedroom	Ludlow	Black River Overlook Stewart PM: (603) 641-2163
Elderly/Disabled	□ 1 Bedroom	Proctorsville	Freeman House Stewart PM: (603) 641-2163
	□ 1 Bedroom	White River Jct	Bridge & Main VSHA: (802)828-1045
	□ 2 Bedroom	Proctorsville	Proctorsville Green Stewart PM: (603) 641-2163
	□ 1 Bedroom □ 2 Bedroom □ 3 Bedroom	Woodstock	Safford Commons Twin Pines: (802)291-7000
	□ 1 Bedroom □ 2 Bedroom □ 3 Bedroom	Springfield	Southview Stewart PM: (603) 641-2163
	□ 1 Bedroom □ 2 Bedroom □ 3 Bedroom	Springfield	Westview Terrace Springfield Housing: (802)885-4905
	□ 1 Bedroom □ 2 Bedroom	White River Jct	Hartford Scattered-PBV Twin Pines: (802)291-7000
	□ 1 Bedroom □ 2 Bedroom	White River Jct	Morale House Twin Pines: (802)291-7000
Service Enriched	□ 1 Bedroom □ 2 Bedroom □ 3 Bedroom □ 4 Bedroom	White River Jct	Northwoods VSHA: (802)828-1045
Service Enriched	□ 1 Bedroom □ 2 Bedroom □ 3 Bedroom	Windsor	Union Square Stewart PM: (603) 641-2163

PART III

Return to VSHA with properties/bedroom size indicated

Moderate Rehabilitation Property Option:

The following Mod Rehab Properties have vacancies from time to time. If you choose to live in one of these units, you will pay 30% of your monthly adjusted income towards rent and utilities. The Mod Rehab program is not funded from the same monies as Housing Choice Voucher program, so you cannot take your assistance with you if you move from the property. You may remain on the Housing Choice Voucher waiting list while living in one of these units.

		Location	Property
Caledonia County	□ 0 Bedroom □ 1 Bedroom □ 2 Bedroom	St. Johnsbury	Depot Square Apartments: (802)748-1772
Orange County	□ 2 Bedroom □ 3 Bedroom	Wells River	Ottati apartments EP Management: (802)775-1100
Washington County	□ 1 Bedroom □ 2 Bedroom □ 3 Bedroom	Northfield	Vine St: Alan Ritchie (802)224-6254
Lamoille County	□ 2 Bedroom □ 3 Bedroom	Morrisville	Sunset Apartments Phyllis Houle: (802)888-4021