



## 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 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 <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. #	

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

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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**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: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
 City: \_\_\_\_\_  
 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	

Check this box if you have no assets

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				

Account Holder	Type of Account	Account #	Current Balance \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Verification Source Name and Address				

Account Holder	Type of Account	Account #	Current Balance \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Verification Source Name and Address				

Account Holder	Type of Account	Account #	Current Balance \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Verification Source Name and Address				

Account Holder	Type of Account	Account #	Current Balance \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Verification Source Name and Address				

**Part 4: Income Information:**

1. Did you file a federal income tax return last year? Yes No

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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    |                      |

Check this box if you have no income.

**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
Verification Source Name and Address			

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
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

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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

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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

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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			

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

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

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

Member Name	Allowance type	Monthly Payment \$	Documentation attached <input type="checkbox"/> Yes <input type="checkbox"/> 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 purposes of eligibility or rent calculation, HUD requires that any income received from the following categories be documented. Please read the list and fill in any lines that are applicable. If more than one family member received one category, please list them separately.*

<u>Exclusion</u>	<u>Family Member</u>	<u>Annual Amount</u>
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

PART II

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)

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

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

**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

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**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

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**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 (42 U.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.

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**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.

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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:

Signature lines for Head of Household, Spouse, and Other Family Member over age 18, including Date and Social Security Number fields.

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.	

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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.



**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.

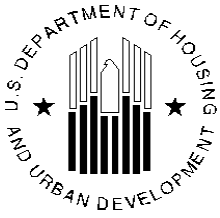
**This Notice was provided by the below-listed PHA:**

**I hereby acknowledge that the PHA provided me with the  
*Debts Owed to PHAs & Termination Notice:***

**Signature**

**Date**

**Printed Name**



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

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4. Whether or not the PHA has obtained a judgment against you; and
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**This Notice was provided by the below-listed PHA:**

**I hereby acknowledge that the PHA provided me with the  
*Debts Owed to PHAs & Termination Notice:***

**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
			<input type="checkbox"/>	<input type="checkbox"/>	X
			<input type="checkbox"/>	<input type="checkbox"/>	X
			<input type="checkbox"/>	<input type="checkbox"/>	X
			<input type="checkbox"/>	<input type="checkbox"/>	X
			<input type="checkbox"/>	<input type="checkbox"/>	X
			<input type="checkbox"/>	<input type="checkbox"/>	X
			<input type="checkbox"/>	<input type="checkbox"/>	X
			<input type="checkbox"/>	<input type="checkbox"/>	X
			<input type="checkbox"/>	<input type="checkbox"/>	X

**Warning- Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000; imprisoned for up to 5 years; and/or prohibited from receiving future assistance.**

### 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 II

**Part 2: Applies to Noncitizen Family Members Only**

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

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

**Consent to Verify Eligible Immigration Status**

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

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

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

Head of Household name: \_\_\_\_\_ SS#: XXX-XX-\_\_\_\_\_

Vermont State Housing Authority offers the following preferences that can affect 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: Preferences do not apply to the Project Based Voucher Program or Moderate Rehab.

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

**Please read definitions for preferences below and check all that apply**

<input type="checkbox"/>	<p><b>Disaster Preference: <i>briefly describe circumstances</i></b></p> <p>_____</p> <p>_____</p>
<input type="checkbox"/>	<p><b>Move-on Preference: Please check which Transitional Housing Program applies:</b></p> <p><input type="checkbox"/>VRS    <input type="checkbox"/>DV transitional unit    <input type="checkbox"/>RRH    <input type="checkbox"/>S+C    <input type="checkbox"/>FUP-youth in transition</p>
<input type="checkbox"/>	<p><b>Preference for Homeless Families with Case Management Support</b></p>
<input type="checkbox"/>	<p><b>Preference for Non-Elderly persons with disabilities transitioning out of institutions</b>  <b>Please check all that apply:</b></p> <p><input type="checkbox"/> Disabled Adult is currently living in a car, on the street, or another place not meant for habitation.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p>
<input type="checkbox"/>	<p><b>Preference for Vermont Residents</b></p>

**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:

- VSHA/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 Vermont's Continuum of Care Homeless Inventory Charts for homeless beds).
- \*HUD's Continuum of Care Programs administered by VSHA
  - **Shelter + Care** *\*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*
  - **Rapid Rehousing-** *Applications for this preference will be accepted **only after 9 months of participation in VSHA's Rapid Rehousing Program.***

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.

**3. Preference for Homeless Families with Case Management Support:** This Preference will be provided to families who are homeless (as defined below) **and** who will be receiving regular on-site case management support from a local homeless services, social services or mental health agency for at least one year after moving into a voucher-assisted unit. Status will be verified through the agency providing case management.

*Homeless Definition: An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:*  
*a. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park abandoned building, bus or train station, airport, or camping ground; or b. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or c. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution”.*

This Preference is limited to no more than 100 applicants / fiscal year

**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 an 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 employer.

If you are claiming one of these local preferences, you **must** provide us with the name, address and phone number of the Town Health Officer or Agency (homeless services, social services or mental health agency) that can verify your housing situation.

**Name of Agency who can verify preference status:** \_\_\_\_\_

**Name of Individual (if known)  
and title who can verify preference status:** \_\_\_\_\_

**Address of Agency:** \_\_\_\_\_

**Phone number of Agency /Individual** \_\_\_\_\_

**Vermont State Housing Authority**  
**One Prospect St, Montpelier, VT 05602**

Release of Information:

I (please print) \_\_\_\_\_ give permission for Vermont State Housing Authority (VSHA) and any and all of the below named agencies to share information related to my housing needs. This may include but is not limited to application and recertification paperwork including needed verifications, waitlist status and termination of assistance.

Name of Agency	Phone number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This also includes information related to my criminal background check:  
YES       NO

This consent form expires 15 months after signed or at my request, whichever comes first.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature