Vermont State Housing Authority
Accessory Dwelling Unit Program
Homeowner Application

SEND TO: VT State Housing Authority/ATTN: MELISA BEGOVIC
One Prospect Street, Montpelier, VT 05602
For questions, call 802-828-5456

Applicant Information

Name: (head of household)________________________ Email: _________________________
_________________________________________________________________________________

(Street Address) (City) (State) (Zip)

Mailing Address (if different from above)
_________________________________________________________________________________

Home Phone:_____________________ Cell:_____________________

Work:__________________________

☐ Will you be requesting a 0% interest loan from VSHA? □Yes □ No
☐ Requesting reimbursement grant? □Yes □ No
☐ What is your estimated project budget? $____________
☐ What are the projected start and finish dates for your project?
  Start___________ Finish___________

Income Information:

Is your annual household income less than the corresponding amount below for household size?
☐Yes □No

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$44,100</td>
<td>$50,400</td>
<td>$56,700</td>
<td>$62,950</td>
<td>$68,000</td>
<td>$73,050</td>
</tr>
</tbody>
</table>

If your household income is above the amount on the corresponding chart, you will be required to rent to a tenant that meets these income limits for 5 years at Fair Market rates in order to be eligible for a reimbursement grant. Are you willing to meet this criteria?

☐Yes □No
(Tenant eligibility will be determined by VSHA, but tenant selection will be the responsibility of the homeowner. Eligibility will be determined only upon initial lease term or upon tenant turn over. Please contact VSHA with any questions)

1. If your income is below corresponding chart AND you wish to receive a reimbursement grant, complete the following section for each household member 18 years of age or over:

<table>
<thead>
<tr>
<th>Member Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income type:</td>
</tr>
<tr>
<td>Monthly GROSS income:</td>
</tr>
<tr>
<td>Verification Source Name and address:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Member Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income type:</td>
</tr>
<tr>
<td>Monthly GROSS income:</td>
</tr>
<tr>
<td>Verification Source Name and address:</td>
</tr>
</tbody>
</table>

**Include these supporting documents with the completed application if requesting grant funds:**

- [ ] Most recent tax return
- [ ] Completed Self Certification

**What type of ADU are you building?**

- [ ] Manufactured detached home
- [ ] New construction detached (built in-place)
- [ ] Within current footprint of your home
- [ ] Attached addition to main house
Environmental Considerations

1. When was the home built? _________
   • If before 1978 a Lead inspection is required.

2. Do you have knowledge of asbestos in your home?
   □ Yes □ No

3. Has your home ever been inspected for Asbestos?
   □ Yes □ No
   • If yes, provide report.

4. Is your property in the immediate vicinity of any dumps, landfills, gas station, dry cleaners, industrial sites or other businesses using hazardous substances (including abutting sites or sites located across any roadways)?
   □ Yes □ No

5. Is there an existing Above Ground Storage Tank greater than 100 gallons on your property (250 gallons for propane)?
   □ Yes □ No

6. Will you be removing any trees or exterior structures? (Please explain)
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

7. Is your home on the historic registry?
   □ Yes □ No

8. Is your home within the floodplain?
   □ Yes □ No

9. If yes, do you have flood insurance?
   □ Yes □ No

Please include copies of these supporting documents with the completed application:

❑ Tax bill

❑ Homeowner Insurance Declaration page
SIGN THIS FORM CERTIFYING ACCURACY OF INFORMATION PROVIDED.

Owner:

Name: ______________________________________________

Signature: ___________________________________________               Date: ________________

Co-Owner:

Name: ______________________________________________

Signature: ___________________________________________               Date: ________________
V SHA Accessory Dwelling Unit Program
General Release

Vermont State Housing Authority
One Prospect Street
802-828-3295 (voice)
Montpelier, VT 05602

Name: ___________________________ Social Security: ___________________________

Mailing Address: ____________________________

Legal Address: ____________________________

I hereby authorize any individual, agency, office, group or organization to release to the Vermont State Housing Authority any information or material deemed necessary to determine my initial or ongoing eligibility for this program.

Signature: ___________________________ Date: ___________________________

V SHA Accessory Dwelling Unit Program
General Release

Vermont State Housing Authority
One Prospect Street
802-828-3295 (voice)
Montpelier, VT 05602

Name: ___________________________ Social Security: ___________________________

Mailing Address: ____________________________

Legal Address: ____________________________

I hereby authorize any individual, agency, office, group or organization to release to the Vermont State Housing Authority any information or material deemed necessary to determine my initial or ongoing eligibility for this program.

Signature: ___________________________ Date: ___________________________
List of Acceptable Documentation - MUST BE PROVIDED BY APPLICANT/TENANT

For any household member who is employed:

1. If new employment:
   a. A recent "letter of hire" showing the number of hours worked per week and the rate of pay; OR
   b. A payroll summary generated by the employer within the past 60 days which indicates start date.
2. If existing employment (previously verified):
   a. Paystubs for four consecutive weeks, issued in the past thirty days.

For any household member who receives Social Security benefits:

1. A current Social Security award letter, which may be obtained by going to www.ssa.gov or by calling 1-800-772-1213.

For any household member who receives Welfare/ReachUp/General Assistance benefits:

1. A benefit statement/award letter issued by the Department of Economic Services; OR
2. A benefit history issued by the Dept. of Economic Services.

For any household member who receives Unemployment benefits:

1. Two consecutive check stubs; OR
2. The award letter stating the amount of the weekly benefit.

For child support paid directly to your household by the non-custodial parent:

1. A copy of the child support order

For child support paid through the Office of Child Support:

1. Two consecutive check stubs; OR
2. The child support order; OR
3. Correspondence from the Office of Child Support verifying the amount of support received.

For any assets held by a bank, broker, fund manager or other financial institution, including retirement, checking, savings, mutual fund, certificates of deposit, etc:

1. A current statement issued by the financial institution.

For any household member who is 18 or older and a student:

1. Documentation issued by the educational institution showing that they are enrolled, and whether the enrollment is part time or full time; AND
2. Documentation issued by the institution showing the amount of tuition and aid.