



**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

1	2	3	4	5	6
\$44,100	\$50,400	\$56,700	\$62,950	\$68,000	\$73,050

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:

Member Name:

Income type:

Monthly GROSS income:

Verification Source Name and address:

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Income type:

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Verification Source Name and address:

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

**Vermont State Housing Authority**  
**GENERAL RELEASE OF INFORMATION**

> Only **ONE** General Release is needed for each household member who is 18 years of age or older. <

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**VSHA Accessory Dwelling Unit Program**  
**General Release**

Vermont State Housing Authority  
802-828-3295 (voice)

One Prospect Street  
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: \_\_\_\_\_

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**General Release**

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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](http://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.