

## Accessory Dwelling Unit Program



## **Homeowner Pre-Application**

SEND TO: VT State Housing Authority/ATTN: MELISA BEGOVIC One Prospect Street, Montpelier, VT 05602 <u>AND/OR</u> Fax: (802) 828-2111

HOUSEHOLD INFORMATION (Please Print or Type)									
Name of Applicant(s):									
Physical Address:									
Mailing Address:									
Phone Number(s):									
Email:									
Program Eligibility:									
YES □ NO □ Are you the owner of the home at the above listed address?									
YES □	NO 🗆	Is the home at the above listed address your primary residence?							
YES 🗆	NO 🗆	Are you current with mortgage, taxes and insurance for the home at the above listed address?							
YES 🗆	NO 🗆	Is the home at the above listed address now or expected to be on the market for sale?							
YES 🗆	NO 🗆	Is the home at the above listed address a single family residence?							
YES 🗆	NO 🗆	Is your annual household income less than the corresponding amount below for household size?							
YES 🗆	NO 🗆	Would you be willing to rent to a tenant that is below these income guidelines for 5 years?							
		1	2	3	4	5	6		
	\$4	4,100	\$50,400	\$56,700	\$62,950	\$68,000	\$73,050		
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Project Feasibility:									
		Will you be able to obtain initial financing for the project through savings, loan or credit?							
YES 🗆	NO 🗆	☐ Will you be able to complete the project within 12 months?							
YES 🗆	NO 🗆	○ □ Will you be requesting a 0% interest loan from VSHA if available?							
YES 🗆	S D NO D Will you be requesting the reimbursement grant for your project if available?								
YES □ NO □ Are you interested in weatherization and/or a home energy audit for this project?									
***THIS FORM IS FOR INFORMATIONAL PURPOSES AND DOES NOT GUARANTEE ANY GRANTS, LOANS OR SERVICES*** ANYONE INTERESTED IN PARTICIPATING IN THIS PROGRAM MUST CONTACT VSHA <u>BEFORE STARTING ANY WORK</u>									