



VERMONT STATE HOUSING AUTHORITY

APPLICATION FOR ASSISTANCE

Please complete with pen or type

Thank you for your interest in the housing managed by the Vermont State Housing Authority.

The Vermont State Housing Authority manages apartments throughout the State of Vermont, many of which have rental assistance available to help you pay the rent. Eligibility is based on income, household composition, and suitability. The information you provide on this application and its attachments will be used to determine if you are eligible and suitable for the housing we manage and how much rent you will have to pay.

All eligible applicants are placed on a waiting list if funds or apartments are not available at the time the application is processed.

Instructions:

Read this application carefully and fill out each section that applies to you or a member of your household. Provide as much information as possible. If you cannot fit all information in the space provided, use the space provided at the end of this application and add additional sheets as necessary. Many of the forms require all adult household members to sign: please make additional copies of such forms as necessary for your individual household.

Upon reasonable request, an accommodation will be provided to applicants to complete this application. This application can be made available in alternative formats (for example: large print, Braille or tape) by contacting us. IF YOU NEED TO REQUEST A REASONABLE ACCOMMODATION, SUCH AS NEEDING ASSISTANCE IN COMPLETING THIS APPLICATION, PLEASE CONTACT US AT THE NUMBERS BELOW.

One Prospect Street
Montpelier VT 05602-3556
TTY: 800-798-3118
Message Only: 800-820-5119
www.vsha.org



**EQUAL HOUSING
OPPORTUNITY**

THE PROPERTIES LISTED BELOW ARE MANAGED BY THE VSHA. CHECK THE PROPERTIES FOR WHICH YOU
WOULD LIKE TO BE CONSIDERED. PLEASE ALSO BE SURE TO SELECT THE BEDROOM SIZE(S)

<u>County/Town</u>	<u>Property</u>	<u>Bedroom(s)</u>	<u>Type</u>
<u>Addison County</u>			
Middlebury	<input type="checkbox"/> Middlebury Commons	<input type="checkbox"/> 1	Elderly / Disabled
Vergennes	<input type="checkbox"/> Valley View II	<input type="checkbox"/> 1	Elderly / Disabled
<u>Chittenden County</u>			
Milton	<input type="checkbox"/> Meadowlane Apartments	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Elderly / Disabled
<u>Franklin County</u>			
St. Albans	<input type="checkbox"/> Hillcrest Views	<input type="checkbox"/> 2	Family
	<input type="checkbox"/> Welden Villa	<input type="checkbox"/> 1	Elderly / Disabled
Swanton	<input type="checkbox"/> Village Apartments	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Elderly / Disabled
<u>Lamoille County</u>			
Morrisville	<input type="checkbox"/> Colonial Manor	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Family
<u>Orange County</u>			
Williamstown	<input type="checkbox"/> Meadowbrook Place	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Family
<u>Orleans County</u>			
Greensboro	<input type="checkbox"/> Lauredon Village	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Elderly / Disabled
<u>Rutland County</u>			
Brandon	<input type="checkbox"/> Neshobe House	<input type="checkbox"/> 1	Elderly / Disabled
<u>Washington County</u>			
Berlin	<input type="checkbox"/> Hilltop Townhouses	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Family
Marshfield	<input type="checkbox"/> Hollister Hill	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Family
Moretown	<input type="checkbox"/> Fairground Apartments	<input type="checkbox"/> 1	Elderly / Disabled
Northfield	<input type="checkbox"/> Dogwood Glen I	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Family
	<input type="checkbox"/> Dogwood Glen II	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Elderly / Family
	<input type="checkbox"/> Green Mountain Apartments	<input type="checkbox"/> 1	Elderly / Disabled
Plainfield	<input type="checkbox"/> School Street Apartments	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Elderly / Family
<u>Windsor County</u>			
Bethel	<input type="checkbox"/> Depot I	<input type="checkbox"/> 1	Elderly / Disabled
	<input type="checkbox"/> Depot II	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Elderly / Family
South Royalton	<input type="checkbox"/> Brightwood House	<input type="checkbox"/> 1	Elderly / Disabled
Wilder	<input type="checkbox"/> Hollow Drive	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Family
White River Junction	<input type="checkbox"/> Northwoods I	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Family
	<input type="checkbox"/> Northwoods II	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Family
	<input type="checkbox"/> Colodny Building	<input type="checkbox"/> 1	Elderly / Disabled
	<input type="checkbox"/> Bridge & Main (see note below)	<input type="checkbox"/> 1	Family

Ask for assistance before using this application for Bridge & Main

CHECKLIST:

It is important that you complete all sections of this application, providing complete addresses and signing in all applicable areas. Before returning your application, please review the checklist below to ensure that your application is complete. Incomplete or unsigned applications will be returned.

HAVE YOU ? ? ? ? ?

- Indicated which properties and bedroom size(s) you are applying for?
- Completed Part 1 – Contact Information?
- Completed Part 2 – Family Composition (have you listed everyone who will be a member of your household)?
- Completed Part 3 – Income (have you provided all sources of household income)?
- Completed Part 4 – Assets (have you provided complete names, addresses and account numbers)?
- Completed Part 5 – Expenses (have you provided complete names, addresses and account numbers)?
- Completed Part 6 – References (have you provided complete names, addresses and telephone numbers)?
- Completed Part 7 – General Information Questionnaire (have you answered every question)?
- Completed Part 8 – Zero Income Questionnaire (has every adult member of the household who is reporting no income completed this questionnaire)?
- Completed Part 9 – HUD/Federally Mandated Excluded Income (has every adult member of the household who receives any income category completed this section)?
- Completed Part 10 – Applicant Certification & Release (has this section been signed)?
- Completed a General Release Form for every adult member of the household?
- Completed the HUD Privacy Act Notice for every adult member of the household?
- Completed a Request For Criminal Record Check for every adult member of the household?
- Completed an Authorization to Release Credit Information for every adult member of the household?
- Completed the Applicant Certification?
- Completed the Declaration of Citizenship (including all members of the household)?
- Completed an Ethnicity & Racial Data form for every member of the household?
- Completed HUD Form 9887-A (Applicant’s/Tenant’s Consent to the Release of Information)?
- Completed HUD Form 9887 (Notice and Consent for the Release of Information)?
- Completed HUD Form 92006 (Supplemental and Optional Contact Information)? Completion of this form is optional.

Completed applications may be mailed to:

Vermont State Housing Authority
One Prospect Street
Montpelier VT 05602-3556

or delivered to the above address during office hours which are Monday-Friday, 7:45 AM – 4:30 PM.

You may also drop your application off at any of our regional offices. Please call the office closest to you to schedule a time to drop off your application:

White River Junction: 295-8883
Middlebury: 388-1005
St. Albans: 527-1071

PRIVACY ACT STATEMENT

The Vermont State Housing Authority will comply with the Federal Privacy Act Statement and will use the information on this form to determine maximum income for eligibility, recommended unit size, and amount of the individual contribution by the tenant(s). Any information obtained will not be disclosed outside the Authority except as required and permitted by law. You do not have to give us this information; but, if you do not, your eligibility approval may be delayed or rejected. The Authority is authorized to ask for this information under the above as authorized under the U.S. Housing Act of 1937, as amended (42 U.S.C., 1437 et. seq.) and the Housing and Community Development Act of 1981 (Public 97-35, 85 Stat., 348, 408). Applicants applying for federally-funded programs will be required to sign a Federal Privacy Act Statement as part of the application process.

VERMONT STATE HOUSING AUTHORITY **REASONABLE ACCOMMODATIONS**

The Vermont State Housing Authority complies with state and federal laws requiring housing providers to make reasonable accommodations or changes to either rules, procedures and housing units or properties if such changes are necessary to enable a person with a disability to have equal access to and enjoyment of the unit, property, facility or program.

Reasonable accommodations will be made during the application process and during an individual's participation in our programs provided the accommodation does not present an undue financial or administrative burden. Any accommodation or change must be necessary for the individual to have equal access and enjoyment of the housing and programs, not just be desirable.

The Authority will consider suggested accommodations from an individual and determine whether the request is reasonable from a financial and administrative point of view. If such accommodation is not reasonable, the Authority will work with the individual to provide an alternative accommodation that would meet their disability needs.

VERMONT STATE HOUSING AUTHORITY
EQUAL OPPORTUNITY AND NONDISCRIMINATION POLICY STATEMENT

The Vermont State Housing Authority (VSHA) will comply with Title VI of the Civil Rights Act of 1964 and Title VIII of the Civil Rights Act of 1968; Section 504 of the Rehabilitation Act of 1973; Executive Order 11063; Executive Order 13166; Fair Housing Amendments Act of 1988; The Americans With Disabilities Act of 1990; and with the laws of the State of Vermont prohibiting discrimination in public accommodations and in employment practices, and all related rules, regulations and requirements thereunder.

The VSHA will not, on account of race, color, creed or religion, national origin, sex, sexual orientation, gender identity, ancestry or place of birth, age, U.S. Military Veteran status, familial status, marital status, disability, or HIV status, deny to any person the opportunity to apply for admission nor deny to an eligible applicant the opportunity to lease or rent a dwelling unit suitable to its needs. Further, in the selection of tenants, there will be no discrimination against persons otherwise eligible for admission because their income is derived whole or in part from public assistance. VSHA will not discriminate against selected tenants, and discrimination by one tenant against another is unacceptable and will not be condoned.

The Vermont State Housing Authority will not discriminate against any person or group on the basis of disability, in admission or access to, or treatment and employment in, any of VSHA's facilities, programs and activities, policies, procedures and practices, as and to the extent provided by law.

VSHA's housing programs shall be administered without regard to and shall not discriminate on the basis of race, color, creed or religion, national origin, sex, sexual orientation, gender identity, ancestry or place of birth, age, U.S. Military Veteran status, familial status, marital status, disability or HIV status.

Further, the VSHA's personnel actions, including but not limited to recruitment, hiring, training, promotion on the basis of merit, are administered without regard to and shall not discriminate on the basis of race, color, creed or religion, national origin, sex, sexual orientation, gender identity, ancestry or place of birth, age, U.S. Military Veteran status, familial status, marital status, disability or HIV status.

The VSHA Director of Human Resources and Administration has been designated as the responsible employee to coordinate activities under this policy. Inquiries or grievances concerning compliance with this policy statement may be addressed to Arlene M. Shorten-Goodrich, Coordinator – Nondiscrimination Policies, the Vermont State Housing Authority, One Prospect Street, Montpelier, VT 05602-3556; 802-828-3295; 800-798-3118 (TTY); 800-820-5119 (Message Line).

You may also file a housing program grievance with the Vermont Human Rights Commission, 800-416-2010 (Voice and TTY) or 802-828-2480 (Voice and TTY). If you have questions regarding your rights as a disabled tenant or need assistance, you may also contact: Vermont Legal Aid, 800-889-2047; Fair Housing Project of the CVOEO, 800-287-7971 or 802-864-3334; or the Vermont Center for Independent Living, 800-639-1522 (Voice and TTY) or 802-229-0501 (Voice and TTY).

This statement is available in alternative formats (for example: large print, Braille and tape) by contacting Arlene M. Shorten-Goodrich at the address and numbers listed above. (May 2007)

PART 1 – APPLICANT INFORMATION			
NAME	First Name	Last	Middle Initial/Maiden
MAILING ADDRESS	PO Box / Street	City/Town	State / Zip Code
PHYSICAL ADDRESS	Street Address	City/Town	State / Zip Code
TELEPHONE NUMBERS	Home	Message	Work
CONTACT PERSON	Name	Address	Telephone

YOU MUST COMPLETE EVERY PART OF THIS APPLICATION.

IF A SECTION DOES NOT APPLY TO YOUR HOUSEHOLD, PLEASE WRITE
“None” or “N/A”.

***** **SOCIAL SECURITY DOCUMENTATION** *****

All household members must provide a valid Social Security Number (SSN) evidenced by an original Social Security Card or an original document issued by a federal or state governmental agency which contains the name and SSN of the household member and other identifying information of the household member.

FOR OFFICE USE ONLY	Staff Name:
	Date Received:
	Time Received:

PART 2 – FAMILY COMPOSITION

List all persons who will be living in the household when you receive rental assistance. Indicate household member(s) who will live in the unit on a part-time basis by checking the appropriate box.

Name	Relation to Head of Household	Soc Sec # or Alien Registration #	Sex	Age	Date of Birth	Place of Birth	Check <u>ALL</u> boxes that apply	SCHOOL
							<input type="checkbox"/> Disabled <input type="checkbox"/> Handicap <input type="checkbox"/> Pregnant <input type="checkbox"/> Veteran <input type="checkbox"/> Victim of Natural Disaster <input type="checkbox"/> Part time occupant	<input type="checkbox"/> Not in school <input type="checkbox"/> Part-time student <input type="checkbox"/> Full-time student
	Head of Household						<input type="checkbox"/> Disabled <input type="checkbox"/> Handicap <input type="checkbox"/> Pregnant <input type="checkbox"/> Veteran <input type="checkbox"/> Victim of Natural Disaster <input type="checkbox"/> Part time occupant	<input type="checkbox"/> Not in school <input type="checkbox"/> Part-time student <input type="checkbox"/> Full-time student
							<input type="checkbox"/> Disabled <input type="checkbox"/> Handicap <input type="checkbox"/> Pregnant <input type="checkbox"/> Veteran <input type="checkbox"/> Victim of Natural Disaster <input type="checkbox"/> Part time occupant	<input type="checkbox"/> Not in school <input type="checkbox"/> Part-time student <input type="checkbox"/> Full-time student
							<input type="checkbox"/> Disabled <input type="checkbox"/> Handicap <input type="checkbox"/> Pregnant <input type="checkbox"/> Veteran <input type="checkbox"/> Victim of Natural Disaster <input type="checkbox"/> Part time occupant	<input type="checkbox"/> Not in school <input type="checkbox"/> Part-time student <input type="checkbox"/> Full-time student
							<input type="checkbox"/> Disabled <input type="checkbox"/> Handicap <input type="checkbox"/> Pregnant <input type="checkbox"/> Veteran <input type="checkbox"/> Victim of Natural Disaster <input type="checkbox"/> Part time occupant	<input type="checkbox"/> Not in school <input type="checkbox"/> Part-time student <input type="checkbox"/> Full-time student
							<input type="checkbox"/> Disabled <input type="checkbox"/> Handicap <input type="checkbox"/> Pregnant <input type="checkbox"/> Veteran <input type="checkbox"/> Victim of Natural Disaster <input type="checkbox"/> Part time occupant	<input type="checkbox"/> Not in school <input type="checkbox"/> Part-time student <input type="checkbox"/> Full-time student

PART 3 – INCOME

EMPLOYMENT INFORMATION: List all full and/or part-time employment for all members of the household (including self-employment, babysitting, military reserves, etc.)

Family Member	Employer Name & Address	Employer Phone #	Rate/ Hour	Hours/ Week	For VSHA Office Use Only

OTHER INCOME: List income from: Welfare, TANF, General Assistance, Social Security, SSI, Pensions, Workers Comp, Unemployment Comp, Child Support, Rental Property, Scholarships, Grants, Work Study, Alimony, etc.

Family Member	Source Name & Address	ID or Claim #	Amount	Check One	For VSHA Office Use Only
				<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
				<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
				<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
				<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	

PART 4 – ASSETS

List all bank accounts, stocks, bonds, securities, CD's, credit union shares, IRA or Keogh Plans, Savings Bonds, possessions kept for investment purposes, cash in your pocket, etc.

Family Member	Name & Address (Bank, Broker, etc.)	Account #	Balance/ Value	For VSHA Office Use Only

REAL ESTATE: Complete for any real estate (land and/or building) you currently own.

Family Member	Complete Address of Real Estate	Appraised Value	Mortgage Balance	Mortgage Holder
Name and address of Mortgage Holder:				
Address of Town Clerk where property is located:				

DIVESTURE OF ASSETS: During the past two (2) years, has any member of the household disposed of, transferred, or otherwise given away any assets for less than what they were worth? No Yes

If Yes, please complete the following:

Description of Asset	Cash Value*	Amount Received	Date Disposed of

***Cash Value** is the market value of the asset minus reasonable costs incurred in converting it to cash. This can include early withdrawal penalties and broker/legal fees or settlement costs for real estate transactions.

PART 5 – EXPENSE INFORMATION

CHILD CARE EXPENSES: List only those expenses for children age 12 and younger which enable you or another household member to work or attend school. List only those expenses you pay out of pocket.

Name & Complete Address of Care Giver	Amount/ Hour	Amount/ Week	For VSHA Office Use Only

MEDICAL EXPENSES: Complete this section if head of household or spouse is elderly, disabled or handicapped. List only expenses you pay out of pocket. Include: health insurance, prescriptions, doctors, dentists, eyeglasses, hearing aids, outstanding medical bills.

Family Member	Name & Address (to whom you pay)	Insurance Policy #	Amount	How Often	For VSHA Office Use Only

HANDICAPPED/ATTENDANT CARE EXPENSES: List only those expenses which enable a family member (including the handicapped family member) to work.

Name & Complete Address of Care Giver	Amount/ Hour	Amount/ Week	For VSHA Office Use Only

AUXILIARY APPARATUS ENABLING A HANDICAPPED PERSON TO WORK: List only those expenses – such as wheelchairs, ramps, or special equipment for the blind – that enable the handicapped person to work.

Apparatus	Name & Address Where Purchased	Cost	For VSHA Office Use Only

PLEASE ANSWER THE FOLLOWING QUESTIONS

- | | | |
|--------------------------|--------------------------|---|
| <u>YES</u> | <u>NO</u> | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you requesting a handicapped adjustment to income? (Available to all households in which either the head or co-head is: (1) age 62 or older, <u>or</u> (2) under age 62 and disabled) |
| <input type="checkbox"/> | <input type="checkbox"/> | Does any member of the household require special accommodations to participate in the housing programs administered by the VSHA? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a companion or service animal? If so, what kind: |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have limitations on climbing stairs? If yes please describe: _____
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you in need of an apartment with all living space on a single floor? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you in need of a wheelchair accessible apartment? (i.e. roll under cabinets) |

PART 7 – GENERAL INFORMATION

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever lived in subsidized housing <u>or received rental assistance</u> ? If Yes: name of agency that provided or is providing assistance:
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently receiving rental assistance? If Yes: name of agency providing assistance:
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any member of the household ever committed any fraud in a federally-assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? If Yes, please explain and give State and date:
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any member of the household been arrested or convicted of a drug-related crime? If Yes, please explain and give State(s) and date(s):
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any member of the household ever been arrested or convicted for participating in a violent crime? If Yes, please explain and give State(s) and date(s):
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any member of the household ever been convicted of a crime (other than one listed above)? If Yes, please explain and give State(s) and date(s):
<input type="checkbox"/>	<input type="checkbox"/>	Is any member of your household subject to the lifetime sex offender registration program? If Yes, provide name and State(s):
<input type="checkbox"/>	<input type="checkbox"/>	Are any household members currently a full-time student or expected to be within the next 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have pets? If Yes, what kind:
<input type="checkbox"/>	<input type="checkbox"/>	Some properties do not allow pets. Would you give your pet(s) up for adoption to move into a property?
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any member of the household ever been evicted from housing or have an eviction pending? If Yes, please provide date(s) and name(s) of landlord(s) or housing authority:
<input type="checkbox"/>	<input type="checkbox"/>	Are you now or have you ever been terminated from the Section 8 Certificate or Voucher Program? If Yes, when and why? Please explain:

PART 7 – GENERAL INFORMATION (continued)

YES

NO

- Do you or any member of your household smoke?
- All of our properties are designated smoke-free. You are not permitted to smoke in the apartment or anywhere on the property. Do you agree that your entire household and all guest will abide by this property rule?
- Do you or any member of your household currently use illegal drugs, marijuana or abuse alcohol?
- Have you or any member of your household ever been asked to leave a housing unit or not had a lease renewed? If Yes, please explain:
- Do you hold that the apartment applied for will be your household’s primary residence and that you will not maintain a separate residence in a different location?
- Do you or any member of your household have a Letter of Priority Entitlement (LOPE) letter?
- Have you or any member of your household ever been evicted from a federally assisted housing unit for drug-related criminal activity within the last three years?
- Are you currently homeless? (If yes, please complete Appendix 1)
- Are you at risk of homelessness? (If yes, please complete Appendix 2)

CURRENT AND PRIOR STATES OF RESIDENCE

List all persons who will be living in the household and what their current and ALL prior states of residence were; if no prior states, list “None”.

NAME	Current State of Residence	Prior State(s) of Residence

PART 8 – ZERO INCOME QUESTIONNAIRE

ONLY COMPLETE IF YOU HAVE NO INCOME. Must be completed by every member of the household age 18 and over who is reporting NOT TO HAVE ANY INCOME. [MAKE COPIES AS NEEDED]

YES NO

Have you been employed at any time during the past 12 months? If Yes, please list:

Employer:

Employer's address:

Date you started:

Date you left:

Why you left:

Have you received benefits from any federal, state or local agency during the past 12 months? If Yes, please list for each:

Agency Name	Benefit Amount	Date Started	Date Stopped	Why benefits stopped
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Have you received Social Security, Supplemental Security Income (SSI), Unemployment, TANF, General Assistance (GA), Veteran, Worker's Compensation, or any other payments in the past 12 months? If Yes, please list for each:

Agency Name	Amount Received	Date Payments Started	Date Payments Stopped
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Did you file Federal or State Income Tax Returns for the prior year? If Yes, please list the State(s):

Have you received alimony or child support during the past 12 months? If Yes, please list:

Who payments were from	Amount of payments	Frequency of payments	Date payments started	Date payments stopped
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Do you have any of the following assets: savings, checking, money market, stocks, bonds, CD's, property or real estate: If Yes, please list:

Type	Account #	Type	Account #
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PART 8 – ZERO INCOME QUESTIONNAIRE (continued)

ONLY COMPLETE IF YOU HAVE NO INCOME. Must be completed by every member of the household age 18 and over who is reporting NOT TO HAVE ANY INCOME. [MAKE COPIES AS NEEDED]

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have internet service? If Yes, how is the bill paid?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have cable service? If Yes, how is the bill paid?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have telephone service? If Yes, how is the bill paid?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have cellular phone service? If Yes, how is the bill paid?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a pager or beeper? If Yes, how is the bill paid?
<input type="checkbox"/>	<input type="checkbox"/>	Do you smoke? If Yes, how do you buy this item?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a motor vehicle? If Yes, how do you pay for gas, maintenance, registration, insurance?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have credit cards or installment loans? If Yes, how is the bill paid?
<input type="checkbox"/>	<input type="checkbox"/>	Do you rent movies or attend sporting events, concerts, or other entertainment events that require tickets? If Yes, how are these items paid for?
<input type="checkbox"/>	<input type="checkbox"/>	Do you live in rental housing? If Yes, how are rent, electricity, heat, water/sewer and trash removal paid for?
How do you do laundry?		
How do you obtain clothing?		
If you receive Food Stamps, how do you obtain non-food items?		

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.

Signature of Applicant: _____ Date: _____

PART 9 – 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 receives 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 for foster children or foster adults		
Lump Sum additions to family assets (deferred payments, inheritances, capital gains, insurance payments, etc.)		
Medical reimbursements		
Income of a 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/month)		
Sporadic income (gifts, pay of a Census Taker)		
Holocaust Reparation Payments		
Earnings for full-time students 18 years and older which exceed \$480		
Adoption Assistance Payments in excess of \$480		
Developmental Disability Care Payment		
Refunds and rebates for property taxes		
PASS (Plan for Achieving Self-Support – SSI)		
Other publicly-funded programs (amounts specifically for reimbursement of out-of-pocket expenses to allow participation in a specific program)		
HUD-funded training programs		
AmeriCorps living allowance		
Indian settlements/trusts		
Title IV of the Higher Education Act of 1965		
Spina Bifida – any allowance paid under the provisions of 38 U.S.C. 1805 to a child suffering from Spina Bifida who is a child of a Vietnam veteran		

PART 9 – HUD/FEDERALLY MANDATED EXCLUDED INCOME (continued)

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 receives one category, please list them separately.

<u>Exclusion</u>	<u>Family Member</u>	<u>Annual Amount</u>
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 information contained in this application is true and correct to the best of my knowledge.

Head of Household

Date

For VSHA Office Use Only	Gross Annual Income _____ Deductions _____ Adjusted Gross Annual Income _____	
For VSHA Office Use Only	Final Eligibility For: <input type="checkbox"/> Project-Based <input type="checkbox"/> Local Preference _____ <input type="checkbox"/> NC/SR/MR <input type="checkbox"/> Rural Development <input type="checkbox"/> Low-Income Housing Tax Credits	Staff Name _____ Date Received _____ Time Received _____

PART 10 – APPLICANT CERTIFICATION

I/We certify that the information given on household composition, income, net family assets, allowances and deductions, as well as all other information provided is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable by federal law with fines up to \$10,000 or imprisonment for up to 5 years. I/We understand that false statements or information are grounds for termination of housing assistance, termination of tenancy, and/or retroactive rent increases.

My/Our signature(s) below constitutes my/our consent to have the Vermont State Housing Authority conduct a background check, including verification of the information contained herein. I/We hereby expressly consent to the release of information by prior landlords, employers, credit bureaus/references, criminal information centers, and other individuals or entities with information relevant to the information provided herein to representatives of the Vermont State Housing Authority processing this application and performing the background check.

“I have read and understand this statement.”

Signature of Head of Household: _____ Date: _____

Signature of Spouse/or
Co-Head of Household: _____ Date: _____

“The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that the Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity and sex of individual applicants on the basis of visual observation or surname.”

Please put an “X” in the box next to the appropriate response.

ETHNICITY:	<input type="checkbox"/>	Hispanic or Latino	<input type="checkbox"/>	Non-Hispanic or Non-Latino		
	RACE:	<input type="checkbox"/>	American Indian/Alaskan Native	<input type="checkbox"/>	Asian	<input type="checkbox"/>
		<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander			<input type="checkbox"/>
GENDER:	<input type="checkbox"/>	Male		<input type="checkbox"/>	Female	

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.

APPLICANT CERTIFICATION

Giving True and Complete Information – I certify that all the information provided on household composition, income, family assets and items for allowances and deductions is accurate and complete to the best of my knowledge. I have reviewed the application form and certify that the information shown is true and correct.

Reporting Changes in Income or Household Composition – I know I am required to report immediately in writing any changes in income and in the household size. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

Reporting on Prior Housing Assistance – I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance – I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Vermont State Housing Authority immediately in writing. I will not sublease my assisted residence.

Cooperation – I know I am required to cooperate in supplying any information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays and termination of assistance.

Criminal and Administrative Actions for False Information – I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or state criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance.

Signatures of All Household Adults

Date

1.		
2.		
3.		
4.		

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. 1/31/2014

PHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

Vermont State Housing Authority
One Prospect Street
Montpelier VT 05602

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 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(l)(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.

DECLARATION OF CITIZENSHIP

PART 1: APPLIES TO ALL FAMILY MEMBERS

DATE: _____

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 that 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 any adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

First Name	Last Name	Age	I am a Citizen or National of the U.S.	OR	I am a Noncitizen with Eligible Immigration Status	Signature of adult listed to the left, or signature of guardian for minors
			<input type="checkbox"/>	OR	<input type="checkbox"/>	X
			<input type="checkbox"/>	OR	<input type="checkbox"/>	X
			<input type="checkbox"/>	OR	<input type="checkbox"/>	X
			<input type="checkbox"/>	OR	<input type="checkbox"/>	X
			<input type="checkbox"/>	OR	<input type="checkbox"/>	X
			<input type="checkbox"/>	OR	<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: _____

NOTE: Family members who have checked a box indicating that they are a noncitizen with eligible immigration status must complete Part 2 of this form.

DECLARATION OF CITIZENSHIP

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 Immigration and Naturalization Service 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.

Please call one of our offices to arrange for delivery and copying of original documents. **Do not mail original documents to this office.**

If documents are not presented and verified, your family's rental assistance may be reduced, denied, or terminated as provided in regulations promulgated by the U.S. Department of Housing and Urban Development, pending available appeals processes.

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	For VSHA Office Use Only INS Verif. #
			X	
			X	
			X	
			X	
			X	
			X	

Evidence supplied with this form may be released by the Vermont State 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.

ETHNICITY & RACIAL DATA

Must be completed by each member of the household (make copies as needed)

NAME:	HOUSEHOLD MEMBER 1					
SOCIAL SECURITY #/TRACS ID:						
Relationship to Head of Household (select one below):						
<input type="checkbox"/> Head of Household	<input type="checkbox"/> Co-Head of Household	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent	<input type="checkbox"/> Foster Child/Adult	<input type="checkbox"/> Other Adult	<input type="checkbox"/> Non-Member
Ethnicity: (select one) <input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Non-Hispanic or Non-Latino				
Race: (select all that apply)						
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian Or Other Pacific Islander	<input type="checkbox"/> White		
_____ Signature of adult listed above or guardian for minor						_____ Date

NAME:	HOUSEHOLD MEMBER 2					
SOCIAL SECURITY #/TRACS ID:						
Relationship to Head of Household (select one below):						
<input type="checkbox"/> Head of Household	<input type="checkbox"/> Co-Head of Household	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent	<input type="checkbox"/> Foster Child/Adult	<input type="checkbox"/> Other Adult	<input type="checkbox"/> Non-Member
Ethnicity: (select one) <input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Non-Hispanic or Non-Latino				
Race: (select all that apply)						
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian Or Other Pacific Islander	<input type="checkbox"/> White		
_____ Signature of adult listed above or guardian for minor						_____ Date

NAME:	HOUSEHOLD MEMBER 3					
SOCIAL SECURITY #/TRACS ID:						
Relationship to Head of Household (select one below):						
<input type="checkbox"/> Head of Household	<input type="checkbox"/> Co-Head of Household	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent	<input type="checkbox"/> Foster Child/Adult	<input type="checkbox"/> Other Adult	<input type="checkbox"/> Non-Member
Ethnicity: (select one) <input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Non-Hispanic or Non-Latino				
Race: (select all that apply)						
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian Or Other Pacific Islander	<input type="checkbox"/> White		
_____ Signature of adult listed above or guardian for minor						_____ Date

NAME:	HOUSEHOLD MEMBER 4					
SOCIAL SECURITY #/TRACS ID:						
Relationship to Head of Household (select one below):						
<input type="checkbox"/> Head of Household	<input type="checkbox"/> Co-Head of Household	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent	<input type="checkbox"/> Foster Child/Adult	<input type="checkbox"/> Other Adult	<input type="checkbox"/> Non-Member
Ethnicity: (select one)		<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non-Hispanic or Non-Latino			
Race : (select all that apply)						
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American		<input type="checkbox"/> Native Hawaiian Or Other Pacific Islander		<input type="checkbox"/> White
_____			_____			
Signature of adult listed above or guardian for minor			Date			

NAME:	HOUSEHOLD MEMBER 5					
SOCIAL SECURITY #/TRACS ID:						
Relationship to Head of Household (select one below):						
<input type="checkbox"/> Head of Household	<input type="checkbox"/> Co-Head of Household	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent	<input type="checkbox"/> Foster Child/Adult	<input type="checkbox"/> Other Adult	<input type="checkbox"/> Non-Member
Ethnicity: (select one)		<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non-Hispanic or Non-Latino			
Race: (select all that apply)						
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American		<input type="checkbox"/> Native Hawaiian Or Other Pacific Islander		<input type="checkbox"/> White
_____			_____			
Signature of adult listed above or guardian for minor			Date			

NAME:	HOUSEHOLD MEMBER 6					
SOCIAL SECURITY #/TRACS ID:						
Relationship to Head of Household (select one below):						
<input type="checkbox"/> Head of Household	<input type="checkbox"/> Co-Head of Household	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent	<input type="checkbox"/> Foster Child/Adult	<input type="checkbox"/> Other Adult	<input type="checkbox"/> Non-Member
Ethnicity: (select one)		<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non-Hispanic or Non-Latino			
Race (select all that apply)						
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American		<input type="checkbox"/> Native Hawaiian Or Other Pacific Islander		<input type="checkbox"/> White
_____			_____			
Signature of adult listed above or guardian for minor			Date			

Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD)
and to an Owner and Management Agent (O/A), and to a Public Housing
Agency (PHA)

**U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner**

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
	Vermont State Housing Authority One Prospect Street Montpelier VT 05602	

Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HUD to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

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 you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

Purpose: In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

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. The O/A and the PHA is also required to protect the income information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when 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:

- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
- Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC
- Section 221(d)(3) Below Market Interest Rate
- Section 236
- HOPE 2 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:

Head of Household

Date

Spouse

Date

Other Family Members 18 and Over

Date

Additional Signatures, if needed:

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Original is retained on file at the project site

ref. Handbooks 4350.3 Rev-1, 4571.1, 4571.2 & 4571.3 and HOPE II Notice of Program Guidelines

form **HUD-9887** (02/2007)

Agencies To Provide Information

State Wage Information Collection Agencies. (HUD andPHA). This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099-INT Statement for Recipients of Interest Income 1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify 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. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 Owner or the PHA responsible for the unauthorized disclosure or improper use.

Original is retained on file at the project site
ref. Handbooks 4350.3 Rev-1, 4571.1, 4571.2 & 4571.3 and HOPE II Notice of Program Guidelines

form HUD-9887 (02/2007)

Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information Supplied by Individuals Who Apply for Housing Assistance

U.S. Department of Housing and Urban Development

Office of Housing
Federal Housing Commissioner

Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
 - a. The HUD-9887/A Fact Sheet.
 - b. Form HUD-9887.
 - c. Form HUD-9887-A.
 - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
 - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
 - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD-9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
 - HUD's requirements concerning the release of information, and
 - Other customer protections.
2. Sign on the last page that:
 - you have read this form, or
 - the Owner or a third party of your choice has explained it to you, and
 - you consent to the release of information for the purposes and uses described.

Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

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. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits. In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings

Original is retained on file at the project site ref. Handbooks 4350.3 Rev. 1, 4571.1, 4571.2 & 4571.3 form **HUD-9887-A (02/2007)** and

accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)
Rent Supplement
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
Section 202
Sections 202 and 811 PRAC
Section 202/162 PAC
Section 221(d)(3) Below Market Interest Rate
Section 236
HOPE 2 Home Ownership of Multifamily Units

HOPE II Notice of Program Guidelines

Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

I acknowledge receipt of the HUD-9887A Fact Sheet:

Applicant Signature

Date

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 O/A or the PHA responsible for the unauthorized disclosure or improper use.

Original is retained on file at the project site ref. Handbooks 4350.3 Rev. 1, 4571.1, 4571.2 & 4571.3 form **HUD-9887-A (02/2007)** and HOPE II Notice of Program Guidelines

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

Name of Project Owner or his/her representative

Title

Signature & Date

cc: Applicant/Tenant
Owner file

HUD-9887-A Fact Sheet

Verification of Information Provided by Applicants and Tenants of Assisted Housing What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

Example: Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

Example: Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or Braille or providing readers.

TEAR THIS PAGE OUT OF THE APPLICATION AND KEEP IT

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

Programs Covered by this Fact Sheet

- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
- Section 202
- Sections 202 and 811 PRAC
- Section 202/162 PAC
- Section 221(d)(3) Below Market Interest Rate
- Section 236
- HOPE 2 Home Ownership of Multifamily Units

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RHIP - Rental Housing Integrity Improvement Project

EIV & You

Enterprise Income Verification

What YOU Should Know if You are Applying for or are Receiving Rental Assistance through the Department of Housing and Urban Development (HUD)

What is EIV?

EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure "the right benefits go to the right persons".

What income information is in EIV and where does it come from?

<p>The Social Security Administration:</p> <ul style="list-style-type: none"> • Social Security (SS) benefits • Supplemental Security Income (SSI) benefits • Dual Entitlement SS benefits 	<p>The Department of Health and Human Services</p>	<p>(HSS) National Directory of New Hires (NDNH):</p> <ul style="list-style-type: none"> • Wages • Unemployment compensation • New Hire (W-4)
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What is the information in EIV used for?

The EIV system provides the owner and/or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirement to independently verify your employment and/ or income when you recertify for continued rental assistance. Getting the information from the EIV system is more accurate and less time consuming and costly to the owner or manager than contacting your income source directly for verification.

Property owners and managers are able to use the EIV system to determine if you:

- correctly reported your income

They will also be able to determine if you:

- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

Is my consent required to get information about me from EIV?

Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits.

Who has access to the EIV information?

Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenants Rights & Responsibilities* brochure that your property owner or manager is required to give to you every year.

Penalties for providing false information

Providing false information is fraud. Penalties for those who commit fraud could include eviction, repayment of overpaid assistance received, fines up to \$10,000, imprisonment for up to 5 years, prohibition from receiving any future rental assistance and/or state and local government penalties.

Protect yourself, follow HUD reporting requirements

When completing applications and recertifications, you must include all sources of income you or any member of your household receives. Some sources include:

- Income from wages
- Welfare payments
- Unemployment benefits
- Veteran benefits
- Pensions, retirement, etc.
- Income from assets
- Monies received on behalf of a child such as: - Child support, AFDC payments, Social security for children, etc.
- Social Security (SS) or Supplemental Security Income (SSI) benefits

If you have any questions on whether money received should be counted as income, ask your property owner or manager.

When changes occur in your household income or family composition, immediately contact your property owner or manager to determine if this will affect your rental assistance.

Your property owner or manager is required to provide you with a copy of the fact sheet "How Your Rent Is Determined" which includes a listing of what is included or excluded from income.

What if I disagree with the EIV information?

If you do not agree with the employment and/or income information in EIV, you must tell your property owner or manager. Your property owner or manager will contact the income source directly to obtain verification of the employment and/or income you disagree with. Once the property owner or manager receives the information from the income source, you will be notified in writing of the results.

What if I did not report income previously and it is now being reported in EIV?

If the EIV report discloses income from a prior period that you did not report, you have two options: 1) you can agree with the EIV report if it is correct, or 2) you can dispute the report if you believe it is incorrect. The property owner or manager will then conduct a written third party verification with the reporting source of income. If the source confirms this income is accurate, you will be required to repay any overpaid rental assistance as far back as five (5) years and you may be subject to penalties if it is determined that you deliberately tried to conceal your income.

What if the information in EIV is not about me?

EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social Security Administration website at: <http://www.ssa.gov/pubs/10064.html>.

Who do I contact if my income or rental assistance is not being calculated correctly?

First, contact your property owner or manager for an explanation.

If you need further assistance, you may contact the contract administrator for the property you live in; and if it is not resolved to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-685-8470.

Where can I obtain more information on EIV and the income verification process?

Your property owner or manager can provide you with additional information on EIV and the income verification process. They can also refer you to the appropriate contract administrator or your local HUD office for additional information.

If you have access to a computer, you can read more about EIV and the income verification process on HUD's Multifamily EIV homepage at: www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivhome.cfm.

GENERAL RELEASE FORM

We are required by law to verify information pertaining to all members of a household applying for admission to our Rental Assistance Programs and to periodically update that information. We ask your cooperation by having all adult members of the household sign a General Release Form. Please copy as needed when more than two adults are in the household.

VERMONT STATE HOUSING
AUTHORITY
ONE PROSPECT STREET
MONTPELIER VT 05602-3556
Telephone: (802) 828-3295
TTY (800) 798-3118
Fax (802) 828-3248

Name: _____

Mailing Address: _____

Legal Address: _____

I HEREBY AUTHORIZE ANY INDIVIDUAL, AGENCY, OFFICE, GROUP OR ORGANIZATION TO RELEASE TO THE VERMONT STATE HOUSING AUTHORITY INCOME, ASSET OR EXPENSE INFORMATION DEEMED NECESSARY TO DETERMINE MY INITIAL OR ONGOING ELIGIBILITY FOR ITS PROGRAMS. THIS RELEASE SPECIFICALLY ALLOWS FOR RELEASE OF INFORMATION BY THE SOCIAL SECURITY ADMINISTRATION.

Signature of Applicant/Tenant

Date

VERMONT STATE HOUSING
AUTHORITY
ONE PROSPECT STREET
MONTPELIER VT 05602-3556
Telephone: (802) 828-3295
TTY (800) 798-3118
Fax (802) 828-3248

Name: _____

Mailing Address: _____

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Signature of Applicant/Tenant

Date

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Supplemental and Optional 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.

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)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> 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.	

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

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.

Form HUD- 92006 (05/09)

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APPENDIX 1

If you indicated "yes" that you are currently homeless on Page 13 of the application, check one box to describe your household:

CRITERIA FOR DEFINING HOMELESS	<input type="checkbox"/> Category 1	Literally Homeless	(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: <ul style="list-style-type: none"> (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a 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 and local government programs); <u>or</u> (iii) Is exiting an institution where (s)he has resided for 90 days or less <u>and</u> who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
	<input type="checkbox"/> Category 2	Imminent Risk of Homelessness	(2) Individual or family who will imminently lose their primary nighttime residence, provided that: <ul style="list-style-type: none"> (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; <u>and</u> (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing
	<input type="checkbox"/> Category 3	Homeless under other Federal statutes	(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: <ul style="list-style-type: none"> (i) Are defined as homeless under the other listed federal statutes; agreement in permanent housing during the 60 days prior to the homeless assistance application; (iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; <u>and</u> (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers
	<input type="checkbox"/> Category 4	Fleeing/ Attempting to Flee DV	(4) Any individual or family who: <ul style="list-style-type: none"> (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; <u>and</u> (iii) Lacks the resources or support networks to obtain other permanent housing

APPENDIX 2

If you answered "yes" that you are at risk of homelessness on page 13 of the application, please confirm that your household falls into one of the three categories below:

Yes, my household falls into one of these categories.

CRITERIA FOR DEFINING HOMELESSNESS	Category 1	Individuals and Families	<p>An individual or family who:</p> <ul style="list-style-type: none"> (i) Has an annual income below <u>30%</u> of median family income for the area; <u>AND</u> (ii) Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the "homeless" definition; <u>AND</u> (iii) Meets one of the following conditions: <ul style="list-style-type: none"> (A) Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; <u>OR</u> (B) Is living in the home of another because of economic hardship; <u>OR</u> (C) Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; <u>OR</u> (D) Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; <u>OR</u> (E) Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; <u>OR</u> (F) Is exiting a publicly funded institution or system of care; <u>OR</u> (G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved Con Plan
	Category 2	Unaccompanied Children and Youth	A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute
	Category 3	Families with Children and Youth	An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her.

PLEASE USE THIS PAGE TO PROVIDE ADDITIONAL INFORMATION – COPY OR ADD SHEETS AS NECESSARY.

REMINDER!!!!!!

SOCIAL SECURITY DOCUMENTATION

All household members must provide a valid Social Security Number (SSN) evidenced by an original Social Security Card or an original document issued by a federal or state governmental agency which contains the name and SSN of the household member and other identifying information of the household member.

I certify that I have torn out and kept the following pages from this application	
<input type="checkbox"/>	Page 34-35 HUD 9887-A Fact Sheet
<input type="checkbox"/>	Page 36-37 EIV & You
	Signature of Head of Household _____
	Date _____