



Vermont State Housing Authority  
 One Prospect Street Montpelier, VT 05602  
 Phone: 802-828-1991; Fax: 802-828-2111;  
 Message Line: 1-800-820-5119; TTY: 1-800-798-3118



**Equal Housing Opportunity  
 Provider**



## **VSHA Housing Programs: Pre-Application for Assistance**

**Thank you for your interest in VSHA's: Housing Choice Voucher, Project Based Voucher, Moderate Rehab and Mainstream Voucher programs. Please make sure to read the instructions below prior to submitting your application as there is important information of which you should be aware.**

### **PLEASE KEEP THESE INSTRUCTIONS FOR YOUR RECORDS**

### **Return Parts II and III to VSHA**

- Vermont State Housing Authority operates our housing programs primarily through telephone, mail and electronic correspondence. If you have questions feel free to contact the Intake Department directly. If you would like to meet with staff it is best to call for an appointment to insure availability.
- Vermont State Housing Authority operates the Project Based Voucher Program (PBV) and Moderate Rehab Program in partnership with private and for profit property owners.
- If you or anyone in your family is a person with disabilities and you need a reasonable accommodation to complete this application, please refer to the "Notice of Right to Reasonable Accommodation" on page 2.
- Vermont State Housing Authority will provide free interpretation services to clients who have limited English Proficiency.
- If you move and do not update your address, your application may be inactivated during one of our waitlist updates. You will need to re-apply.
- Please answer all questions on the application form. Do not leave any questions blank. If a question does not apply to you, please write "none". All Yes or No questions must be checked (v).
- If you need more space to answer a question, please attach one or more pages to the application.
- Unless specifically indicated, all questions in this application apply to all members of the household.
- All information that you provide on this application must be true and complete. It is a violation of federal and state criminal law to make false statements on an application for housing assistance. Vermont State Housing Authority will verify information through computer matching with other federal agencies through HUD's Upfront Income Verification (UIV) process. If you do not understand a question, please call the Intake Department.
- The legal head of household and all adults 18 and over must sign and date the application.
- Criminal background checks and sex offender registration checks on all adult household members (including live-in aides) will be completed before determining final eligibility.

### **To qualify for housing assistance an applicant must:**

- Have an annual income at the time of admission that does not exceed the income limit established by the Department of Housing and Urban Development (HUD).
- Meet the HUD requirements for citizenship or immigration status.
- Provide a copy of Social Security cards for all family members when requested.
- Pay any money owed to VSHA or any other housing authority.

## PART I

- Not be subject to lifetime sex offender registration requirements.
- Sign authorization forms in order to verify eligibility requirements.
- Not have any household members who have engaged in any criminal activity that threatens the health, safety, or right to peaceful enjoyment of the premises by other residents.
- Not have any household members who have engaged in any drug-related or violent criminal activity.

**RETURN COMPLETED APPLICATION TO: Vermont State Housing Authority One Prospect St Montpelier, VT 05602**

### **Notice of Right to Reasonable Accommodation**

A Reasonable Accommodation is intended to enable a person with a disability to have equal access to and enjoyment of the housing programs administered by the Vermont State Housing Authority (VSHA) through changes to either rules, policies or procedures. VSHA is obligated to make an accommodation that is reasonable, provided that doing so does not present an undue financial and administrative burden and has an identifiable relationship to the individual's disability.

If you have a disability and you need:

- an exception, change or adjustment in our rules, policies, practices or services that would make it easier for you to apply for or participate in our programs,
- a change in the way we communicate with you or give you information,

You may ask for this kind of exception, change or adjustment, which we call a Reasonable Accommodation.

If you verify you have a disability, if your request is reasonable and financially and administratively possible, we will try to make the changes you request.

If you need assistance in making your Request for a Reasonable Accommodation, VSHA staff will be happy to provide help.

We will review your request and give you an answer in 10 working days unless there is a problem getting all the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

To request a Reasonable Accommodation:

- Call 1-802-828-1991
- Call 1-800-798-3118 (TTY line)
- Write to Vermont State Housing Authority, One Prospect St, Montpelier, VT 05602
- Message Line: 1-800-820-5119

***If you need help completing the reasonable accommodation form, or if you would like to submit a request in some other way, please let us know.***

**PRE-APPLICATION FOR RENTAL ASSISTANCE  
VERMONT STATE HOUSING AUTHORITY  
1 PROSPECT ST, MONTPELIER VT 05602**

**Please complete this application to be considered for rental assistance and return to Vermont State Housing Authority. Should you need assistance please contact the intake office at (802)828-1991**

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

Vermont State Housing Authority offers the following preferences that can affect your place on the waiting list. If you feel you qualify for any of these preferences, please check below.

**PREFERENCES – Qualifying for a preference(s) will affect your position on the waiting list.** Please read the attached Definitions of Preferences carefully, and indicate which preferences apply to your household.

NOTE: You will be required to verify any preference(s) you claim when determining your final eligibility.  
NOTE: Preferences do not apply to the Project Based Voucher Program or Moderate Rehab Program.

**Please read definitions and check all that apply**

<input type="checkbox"/>	<b>Disaster Preference: <i>briefly describe circumstances</i></b> _____ _____
<input type="checkbox"/>	<b>Move-on Preference: Please check which Transitional Housing Program applies:</b> <input type="checkbox"/> VRS <input type="checkbox"/> DV transitional unit <input type="checkbox"/> RRH <input type="checkbox"/> S+C <input type="checkbox"/> FUP-youth in transition
<input type="checkbox"/>	<b>Preference for Homeless Families with Case Management Support</b>
<input type="checkbox"/>	<b>Preference for Non-Elderly persons with disabilities transitioning out of institutions</b> <b>Please check all that apply:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Disabled Adult is currently living in a car, on the street, or another place not meant for habitation.</li> <li><input type="checkbox"/> Disabled Adult is at risk of becoming homeless. Disabled Adult has nowhere else to live and lack the resources or support networks, including family, friends, faith-based, or other social networks, to obtain permanent housing.</li> <li><input type="checkbox"/> Disabled Adult is currently living in an emergency shelter, transitional housing, Safe Haven, or hotel/motel paid for by a charitable organization or by a government program.</li> <li><input type="checkbox"/> Disabled Adult was recently discharged from an institution, including a hospital, substance abuse or mental health treatment facility, or jail/prison, where he/she stayed for 90 days or less and was living in an emergency shelter or place not meant for human habitation immediately before entering the institution.</li> <li><input type="checkbox"/> Disabled Adult is transitioning out of an institution (such as a nursing home or group home) or other segregated setting or at serious risk of institutionalization.</li> <li><input type="checkbox"/> Disabled Adult is currently fleeing from or attempting to flee domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening condition against himself/herself or another family member. Disabled Adult has nowhere else to live and lack the resources or support networks, including family, friends, faith-based, or other social networks, to obtain permanent housing.</li> </ul>
<input type="checkbox"/>	<b>Preference for Vermont Residents</b>

**Please Note:** The Disaster Preference is ranked the highest of all preferences. The Move-on Preference, Homeless Families with Case Management Support Preference and Non-elderly persons with disabilities transitioning out of institutions Preference are all ranked equally. The Vermont Resident Preference is ranked lowest of all preferences. If a change in these preferences is proposed in the future, a public hearing would be held since the outcome may affect your placement on the waiting list.

## **Definitions/Preferences:**

### **1. Disaster Preference:**

This preference is ranked the highest of all preferences and is available to Vermont families who are displaced due to fire, flood, natural disaster, or condemnation by a local, State, or Federal Agency.

### **2. Move-on Preference:**

This preference is available to individuals and families who are transitioning from one of the following programs:

- VSHA/HUD's Family Unification Program for Youth In Transition;
- The Vermont Rental Subsidy Program (a 12 month rapid rehousing initiative administered by the Vermont Agency of Human Services). *Applications for this preference will be accepted **only after 9 months of participation in VRS.***
- Individuals/families transitioning from a Domestic Violence Transitional Housing Program (currently on or eligible to be on Vermont's Continuum of Care Homeless Inventory Charts for homeless beds).
- \*HUD's Continuum of Care Programs administered by VSHA
  - **Shelter + Care** *\*Applicants transitioning from HUD's/VSHA's Shelter plus Care program **MUST** provide certification from the (Shelter plus Care) Sponsoring Organization that the applicant has participated in the Shelter plus Care program for no less than 36 months and has met the goals of their case management plan*
  - **Rapid Rehousing-** *Applications for this preference will be accepted **only after 9 months of participation in VSHA's Rapid Rehousing Program.***

To be considered for this preference, applicants **must** meet the following additional criteria:

- Actively participating in a case-management plan – which includes an exit plan with an appropriate organization providing these services; AND
- Be in compliance with any lease agreement (verbal or written). Families must be current in their rent and any other conditions of tenancy. Families cannot be subject to an eviction action. VSHA will require Certification from the applicant's current landlord stating they are in good standing and in compliance with their lease agreement

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

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

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

**4. Preference for non-elderly persons with disabilities transitioning out of institutions:** This preference is available for non-elderly disabled applicants who are transitioning out of an institution or other segregated settings, or are at serious risk of institutionalization, are homeless, or at risk of becoming homeless. Verification of eligibility will be obtained upon selection from the waiting list.

**5. Preference for Vermont Residents:** This preference is available for applicants who either live or work in the state of Vermont and can prove residency through a verified current address or verification from an employer

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

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

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

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

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



Vermont State Housing Authority  
Pre-Application for Rental Assistance  
1 Prospect St. Montpelier VT 05602

Phone: 802-828-1991; Message: 1-800-820-5119; TTY: 1-800-798-3118

Name: (head of household) \_\_\_\_\_ Email: \_\_\_\_\_

(Street Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Homeless:  Yes  No

Mailing Address (if different from above) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Please complete for Head of Household**

Gender: \_\_\_\_\_

Disabled:  Yes  No

Pregnant:  Yes  No

-Do you require a translator or interpreter?  Yes  No If so, which language? \_\_\_\_\_

-Do you or your family require an accommodation to participate fully in this application process?  Yes  No

If yes, describe the accommodation you require: \_\_\_\_\_

- Does your household require an accessible unit?  Yes  No

-Have you ever served in the U.S. Armed Service (Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard or Reserves)?  Yes  No Which Branch? \_\_\_\_\_

-I give VSHA Permission to share my name with the Veterans Administration Medical Center?  Yes  No

Please check all that apply:  White  African American  Asian  American Indian  Alaska Native /  
 Hispanic  Non-Hispanic

I am applying for:  Project Based Voucher  Moderate Rehab  
 Housing Choice Voucher  Mainstream Voucher

**When applying for a Project Based or Moderate Rehab Voucher, please check the boxes in Part III, to indicate the property and bedroom size your household required and return along with Part II of the Pre- Application Without this we are unable to process your application.**

**PLEASE ONLY INDICATE THE PROPERTIES WHERE YOU'RE TRULY INTERESTED IN BEING CONSIDERED**

**Please answer the following questions:**

1. My Gross annual household income is \$\_\_\_\_\_ (list yearly income for all household members before taxes)
2. Name of spouse or co-head: \_\_\_\_\_
  - a. List the name(s), Gender(s), Relationship(s), and Birthdate(s) and disability status of all people who will live in the unit:

Name & Social Sec. #	Relation to Head	Gender	DOB	Disabled?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Are you or any household member subject to a lifetime sex offender registration in any state? If Yes, Where? \_\_\_\_\_  Yes  No

4. Have you or any household member been convicted of drug related criminal activity for the production Or manufacture of methamphetamine on the premises of federally assisted housing?  Yes  No

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE AND COMPLETE.  
 I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in the Housing Choice Voucher program. I understand I am required to notify one of the listed Housing Authorities of any change in information on this application. I understand if I cannot be contacted at the last mailing address given, my name may be removed from the waiting list and I will have to reapply. I certify that I have attained the age of 18 yrs. or I am an emancipated minor and therefore have the full legal capacity to act on my own behalf in the matter of contracts.

Signature: Head of Household	Date	Signature: CO-head, Spouse	Date
Signature: other adult	Date	Signature: Other Adult	Date

- Equal Access. We are committed to making sure that all of our programs, services and activities are fully accessible to persons regardless of race, color, religion, gender, sexual orientation, national origin, ancestry, age, physical or mental disability, familial status or the receipt of public assistance. If you, or anyone in your family, encounter any type of barrier that prevent you from receiving the full benefit of the Section 8 Housing Choice Voucher Program, please contact a participating housing authority. You can also contact the Fair Housing and Equal Opportunity National toll-free hot line number: 1-800-669-9777.
- Applicants may request a "reasonable accommodation" if they or any other family member has a disability when such an accommodation is necessary to afford persons with disabilities an equal opportunity to use and enjoy their housing. Language assistance and other appropriate communication auxiliary aids and services are available upon request. Please call any of the Participating Housing Authorities if you have questions about your rights to accommodation.
- Note: Federal regulations prohibit rental assistance to persons other than United States citizens, nationals, or certain categories of eligible non-U.S. citizens. Families with some eligible family members may be entitled to prorated housing assistance



11/30/2019 Pre-app

Please return application to:  
 Vermont State Housing Authority  
 1 Prospect St, Montpelier, VT 05602



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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



PART III

Properties with Elderly/disabled are designated housing for persons over the age of 62 or those who are disabled.			
		<b>Location</b>	<b>Property</b>
<b>Addison County</b>	<input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Bristol	Bristol Family Housing EP management: (802)878-7000
	<input type="checkbox"/> 0 Bedroom <input type="checkbox"/> 1 Bedroom	Middlebury	Court Street Apartments ACCT: (802)877-2626
	<input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Waltham	McKnight Ln ACCTL (802)877-2626
<i>Elderly/Disabled</i>	<input type="checkbox"/> 1 Bedroom	Middlebury	Middlebury Commons VSHA: (802)828-1045
	<input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom <input type="checkbox"/> 4 Bedroom	Middlebury	North Pleasant Street Apts ACCT: (802)877-2626
	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Middlebury	Pine Meadow Apartments Maloney Properties: (802)472-5016
	<input type="checkbox"/> 2 bedroom <input type="checkbox"/> 3 Bedroom	Middlebury	Seminary Street Apartments ACCT: (802)877-2626
	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Middlebury	Smith Housing ACCT: (802)877-2626
	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 3 Bedroom	Middlebury	Vergennes Housing ACCT: (802)877-2626
<i>Elderly/Disabled</i>	<input type="checkbox"/> 1 Bedroom	Vergennes	Willow Apartments Summit PM: (802)846-5430
<b>Bennington County</b>	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Bennington/ Arlington	Battenkill North Shires Housing: (802)442-8139
	<input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Bennington	Depot Street Shires Housing: (802)442-8139
<b>Caledonia County</b>	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom	Lyndonville	101 Main Street (Mathewson) Rural Edge: (802)535-3555
	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom	Lyndonville	599 Main St Rural Edge: (802)535-3555
	<input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 4 Bedroom	Lyndonville	86 Raymond Street Rural Edge: (802)535-3555
	<input type="checkbox"/> 3 Bedroom	S. Ryegate	Lind Homes Rural Edge: (802)535-3555

## PART III

	<input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Hardwick	Evergreen Manor Alliance Property Management (802)899-3400
	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom	Lyndonville	Lyndon Housing Rural Edge: (802)535-3555
<i>Elderly/Disabled</i>	<input type="checkbox"/> 1 Bedroom	Peacham	Peacham Housing EP Management: (802)878-7000
	<input type="checkbox"/> 2 Bedroom	St Johnsbury	Memphremagog Rentals (802)334-2262
	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom <input type="checkbox"/> 4 Bedroom	St. Johnsbury	Caledonia Housing Rural Edge: (802)535-3555
<b>Chittenden County</b>	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Burlington	Flynn Ave Coop Champlain Housing Trust: (802)862-6244
<i>Elderly 55+</i>	<input type="checkbox"/> 1 Bedroom	Milton	Elm Place Cathedral Square: (802)863-2224
<i>Elderly/Disabled</i>	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom	Burlington	Thayer Housing Cathedral Square: (802)863-2224
	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Colchester	Arbor Gardens I EP Management: (802)878-7000
<i>Elderly/Disabled</i>	<input type="checkbox"/> 1 Bedroom	Essex JCT	Whitcomb Terrace Cathedral Square: (802)863-2224
<i>Elderly/Disabled</i>	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom	Milton	School Street Manor Simplicity PM: (802)861-6468
<i>Elderly/Disabled</i>	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Shelburne	Harrington Village Cathedral Square: (802)863-2224
<i>Elderly/Disabled</i>	<input type="checkbox"/> 0 Bedroom <input type="checkbox"/> 1 Bedroom	Winooski	Genest Building Farrell: (802)852-0789
<b>Essex County</b>	<input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom <input type="checkbox"/> 4 Bedroom	Brighton	Brighton Scattered Rural Edge: (802)535-3555
<i>Elderly/Disabled &amp; Family</i>	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom	Island Pond	Alder/Mountain MG Contracting: (802)723-6130

PART III

<b>Franklin County</b>			
	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom	Enosburg Falls	Falls Housing LP Champlain Housing Trust: (802)862-6244
<i>Elderly/Disabled</i>	<input type="checkbox"/> 1 Bedroom	Fairfax	Hidden Pines Champlain Housing Trust: (802)862-6244
	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom	Richford	Main Street Mill Alliance Property Management: (802)899-3400
<i>Elderly/Disabled</i>	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom	St Albans	Hawk's Nest 802 PM: (802)879-6507
<i>Elderly/Disabled</i>	<input type="checkbox"/> 1 Bedroom	St. Albans	Welden Villa Apartments VSHA: (802)828-1045
<b>Grand Isle County</b> <i>Service Enriched</i>	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Grand Isle	Isle Lane Champlain Housing Trust: (802)862-6244
<b>Lamoille County</b>	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom	Morrisville	Arthur's Main St. Housing Alliance Property Management: (802)899-3400
<b>Orange County</b> <i>Service Enriched</i>	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Bradford	Waits River Housing DOWNSTREET: (802)476-4493
<i>Elderly/Disabled</i>	<input type="checkbox"/> 0 Bedroom <input type="checkbox"/> 1 Bedroom	Chelsea	The Gardens TGWS: (802)433-1600
	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom	Randolph	Hedding Drive Stewart PM: (603) 641-2163
	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Randolph	Salisbury Square Stewart PM: (603) 641-2163
	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom	Derby	John's River Rural Edge: (802)535-3555
<b>Orleans County</b>	<input type="checkbox"/> 2 Bedroom	Newport	Memphremagog rentals (802)334-2262

## PART III

	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Newport Ctr	Choquette Scattered Sites (802)334-6304
<b>Rutland County</b> <i>Service Enriched</i> <i>Elderly/Disabled</i>	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Brandon	Parkvillage Apartments Summit PM: 802-846-5430
<i>Elderly/Disabled</i>	<input type="checkbox"/> 1 Bedroom	Fair Haven	Adams House Housing Trust of Rutland County: (802)775-3139
<i>Elderly/Disabled</i>	<input type="checkbox"/> 1 Bedroom	Fair Haven	Parkview Apartments John Hamel: (802)349-5225
	<input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom <input type="checkbox"/> 4 Bedroom	Rutland	Columbian Avenue Housing Trust of Rutland County: (802)775-3139
	<input type="checkbox"/> 3 Bedroom	Rutland	Marble Street Housing Trust of Rutland County: (802)775-3139
	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Rutland	Rutland Rehab Scattered Site Housing Trust of Rutland County: (802)775-3139
	<input type="checkbox"/> 2 Bedroom	West Rutland	Kazon Building TPM: (802)496-9400
	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom	West Rutland	Stanislaus Apartments Housing Trust of Rutland County: (802)775-3139
<b>Washington County</b> <i>Elderly/Disabled</i>	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom	Cabot	Cabot Commons DOWNSTREET: (802)476-4493
<i>Service Enriched</i>	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom	Northfield	Dogwood Glen I VSHA: (802)828-1045
<i>Service Enriched</i>	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Plainfield	Hollister Hill Apartments VSHA: (802)828-1045
<i>Elderly/Disabled</i>	<input type="checkbox"/> 1 Bedroom	Waitsfield	Evergreen Place Senior Housing DOWNSTREET: (802)476-4493
<i>Elderly/Disabled</i>	<input type="checkbox"/> 1 Bedroom	Waterbury	Stimson & Graves Building DOWNSTREET: (802)476-4493
	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom	Waterbury Ctr.	Green Mountain Seminary Apts DOWNSTREET: (802)476-4493
<b>Windham County</b>	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Bellows Falls	Bellows Falls Housing Stewart PM: (603) 641-2163

## PART III

	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom	Bellows Falls	Howard Block Stewart PM: (603) 641-2163
	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 4 Bedroom	Bellows Falls	Pine Street Stewart PM: (603) 641-2163
	<input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Brattleboro	Clark Street W-WHT-(802) 254-4604
	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom	Brattleboro	Abbott Block Stewart PM: (603) 641-2163
	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Brattleboro	Canal Street Apartments W- WHT-(802) 254-4604
	<input type="checkbox"/> 1 Bedroom	Westminster	Chester Gage Stewart PM: (603) 641-2163
<i>Service Enriched</i>	<input type="checkbox"/> 0 Bedroom <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom <input type="checkbox"/> 4 Bedroom	Brattleboro	Esteyville Housing W-WHT-(802) 254-4604
	<input type="checkbox"/> 0 Bedroom <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Brattleboro	Portfolio Enhancement I W-WHT-(802) 254-4604
	<input type="checkbox"/> 1 Bedroom	Brattleboro	The Wilder Building W-WHT-(802) 254-4604
	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Brattleboro	Westgate Allocated Stewart PM: (603) 641-2163
	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Brattleboro	Whetstone W-WHT-(802) 254-4604
<i>Elderly/Disabled</i>	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom	Brattleboro	Red Clover Commons Brattleboro Housing Authority (802) 254-5590
	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Guilford	Algiers W-WHT-(802) 254-4604
<i>Elderly/disabled</i>	<input type="checkbox"/> 0 Bedroom	Putney	Noyes House W-WHT-(802) 254-4604
	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	W Brattleboro	Western Avenue Housing W-WHT- (802) 254-4604
<i>Elderly/Disabled</i>	<input type="checkbox"/> 1 Bedroom	W. Dover	Butterfield Elderly Housing Stewart PM: (603) 641-2163

## PART III

<b>Windsor County</b>	<input type="checkbox"/> 2 Bedroom	Chester	Chester Gage Stewart PM: (603) 641-2163
<i>Elderly/Disabled</i>	<input type="checkbox"/> 1 Bedroom	Hartford	Colodny Building VSHA: (802)828-1045
<i>Service Enriched</i>	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Ludlow	Black River Overlook Stewart PM: (603) 641-2163
<i>Elderly/Disabled</i>	<input type="checkbox"/> 1 Bedroom	Proctorsville	Freeman House Stewart PM: (603) 641-2163
	<input type="checkbox"/> 1 Bedroom	White River Jct	Bridge & Main VSHA: (802)828-1045
	<input type="checkbox"/> 2 Bedroom	Proctorsville	Proctorsville Green Stewart PM: (603) 641-2163
	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Woodstock	Safford Commons Twin Pines: (802)291-7000
	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Springfield	Southview Stewart PM: (603) 641-2163
	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Springfield	Westview Terrace Springfield Housing: (802)885-4905
	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom	White River Jct	Hartford Scattered-PBV Twin Pines: (802)291-7000
	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom	White River Jct	Morale House Twin Pines: (802)291-7000
<i>Service Enriched</i>	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom <input type="checkbox"/> 4 Bedroom	White River Jct	Northwoods VSHA: (802)828-1045
<i>Service Enriched</i>	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Windsor	Union Square Stewart PM: (603) 641-2163

**Moderate Rehabilitation Property Option:**

The following Mod Rehab Properties have vacancies from time to time. If you choose to live in one of these units, you will pay 30% of your monthly adjusted income towards rent and utilities. The Mod Rehab program is not funded from the same monies as Housing Choice Voucher program, so you cannot take your assistance with you if you move from the property. You may remain on the Housing Choice Voucher waiting list while living in one of these units.

		<u>Location</u>	<u>Property</u>
<b>Orange County</b>	<input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Wells River	Ottati apartments EP Management: (802)775-1100
<b>Washington County</b>	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Northfield	Vine St: Alan Ritchie (802)224-6254
<b>Lamoille County</b>	<input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Morrisville	Sunset Apartments Phyllis Houle: (802)888-4021