

Vermont State Housing Authority (VSHA)

One Prospect Street, Montpelier, Vermont 05602

Phone: (802) 828-3295 or 1-800-820-5119 (messages)

Fax: (802) 828-3248 TTY: 1-800-798-3118



Housing Programs: Pre-Application for Assistance

One application.

Complete this form to preapply for the following rental assistance programs:

➔ Section 8 Housing Choice:

Can help you afford decent, safe housing. If eligible, you'll be put on a waiting list until funds become available. Once they do, you'll get a voucher and have to find your own housing.

➔ Project Based/Moderate Rehab:

Can help you afford rent at certain properties. If eligible, you'll be put on waiting lists for the properties you specify. If a unit becomes available, you'll pay rent based on your household income.

Eligibility for housing assistance.

To qualify for assistance, you must:

- ➔ Meet income limits established by the U.S. 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.
- ➔ Not owe money to the Vermont State Housing Authority (VSHA) or other housing authority.
- ➔ Sign any authorization forms required to verify eligibility requirements.
- ➔ Not have any household members (including yourself) who:
 - ➔ Have engaged in drug-related or violent criminal activities or any criminal activity that would threaten the health, safety or peaceful enjoyment of premises by other residents.
 - ➔ Are subject to lifetime registration requirements on any State's sex offender registry.

Any questions? Help is available!

CALL: (802) 828-1991, 1-800-820-5119

SENIORS: If you're 60 or older, call Vermont's Senior Helpline at **1-800-642-5119**.

VISIT: You can visit our office in Montpelier. Make sure you call first to get an appointment.

TTY/RELAY: If you're deaf or hard of hearing, dial **1-800-798-3118**.

Getting Started

Pre-Application Process

1. Complete this application following the instructions below.

- ➔ Answer all questions completely and honestly. The information you provide will be verified. It's a violation of federal and state law to make false statements.
- ➔ Don't leave any question blank.
- ➔ If you need more space, attach additional pages as needed.
- ➔ Unless indicated, each question applies to all household members.

2. Sign the application.

The applicant and all adults 18 and over must sign and date the application. *We will complete criminal background and sex offender registry checks on all adult household members.*

3. Attach copies of any required documents.

Some questions may ask for additional documents. Send copies as originals may not be returned.

4. Submit your application.

Send your application to:

Vermont State Housing Authority
One Prospect Street
Montpelier, VT 05602

5. Submit additional documents if requested.

We may ask you to provide copies of additional documents (e.g., pay stubs, immigration documents, etc.)

Report Changes

While waiting for a voucher, let us know if your contact information changes. If you don't, your application may become inactive and you'll have to reapply.

Other Important Facts

If you have limited English, we can provide free interpretation services to help you access our services.

If you have a disability, you may be entitled to reasonable¹ accommodations to help you apply. This could include:

- ➔ Providing information in accessible formats (e.g., large print or Braille).
- ➔ Giving you more time to gather any documents we need.
- ➔ Making an exception to our rules or policies to make it easier for you to participate in our programs.

To request an accommodation:

Call: (802) 828-1991

Write: Vermont State Housing Authority,
1 Prospect St., Montpelier, VT 05602

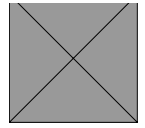
If you need help making your request, let us know. We're happy to help!

We'll give you an answer within 10 working days – unless we have an issue getting the information we need or you agree to give us more time.

¹ *Reasonable* means an accommodation that doesn't present an undue financial and administrative burden and has an identifiable relationship to the person's disability.

Pre-Application for Housing Assistance

Please print clearly and answer questions completely and honestly. Thank you!



PRE-APPLYING FOR ASSISTANCE: Section 8 Housing Choice Project-Based/Moderate Rehab

1. Tell us about you, the person applying.

First name, middle name, last name and suffix (Jr., Sr., III, etc.)		Date of birth (mm/dd/yyyy)			
Social Security number	Phone number where you can be reached () -		Email		
Mailing address (street address or PO box, city, state, zip code)					
Physical address (if different from mailing address)					
Ethnicity: (check ✓ one) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Need an accessible unit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Race: (check ✓ all that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other			Citizenship: <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Legal Alien <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Other		

COMPLETE THESE QUESTIONS FOR THE APPLICANT & HOUSEHOLD:

a. Is your household currently homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. What is the yearly gross income (<i>before tax</i>) for all household members?	\$
c. Have you ever served in the United States Armed Services? <i>If yes, what branch:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Is any household member subject to lifetime registration on any State's sex offender registry? <i>If yes, where:</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Has any household member been convicted of criminal activity related to the production of methamphetamine on the premises of federally-assisted housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Do you live/have you ever lived in public housing, Section 8 housing or any other type of federally-funded housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If YES, tell us when and where in the space below:</i>	
g. Do you require a translator or interpreter? <i>If yes, what language?</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Do you require a special accommodation to participate in the application process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If YES, please describe what you need:</i>	

2. Tell us about all the other people who will live in the unit.

Provide details for everyone who will be part of your household in the rental unit. Use extra paper if necessary. Include your name and SSN at the top of every additional page.

OTHER PERSON 1

1. Full name (first, middle initial, last):		2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Gender: <input type="checkbox"/> M <input type="checkbox"/> F
4. Date of birth (mm/dd/yyyy):	5. Social Security number:	6. Relationship to applicant:	

OTHER PERSON 2

1. Full name (first, middle initial, last):		2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Gender: <input type="checkbox"/> M <input type="checkbox"/> F
4. Date of birth (mm/dd/yyyy):	5. Social Security number:	6. Relationship to applicant:	

OTHER PERSON 3

1. Full name (first, middle initial, last):		2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Gender: <input type="checkbox"/> M <input type="checkbox"/> F
4. Date of birth (mm/dd/yyyy):	5. Social Security number:	6. Relationship to applicant:	

OTHER PERSON 4

1. Full name (first, middle initial, last):		2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Gender: <input type="checkbox"/> M <input type="checkbox"/> F
4. Date of birth (mm/dd/yyyy):	5. Social Security number:	6. Relationship to applicant:	

ADDITIONAL DOCUMENTATION:

- If you think you may qualify for an approved preference, ask for, complete and submit a copy of APPENDIX ONE: APPLICATION FOR A HOUSING PREFERENCE.
- If you are applying for a Project-Based/Moderate Rehab voucher, ask for, complete and submit a copy of APPENDIX TWO: RENTAL PROPERTIES.

SIGN BELOW.

Unsigned applications may be returned.

By signing below, I certify that I understand that:

- Submitting false, or misrepresenting, information may result in losing my eligibility for the Housing Choice Voucher program.
- I need to notify the Housing Authorities if any information on this application changes.
- 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.

I certify that the information provided is accurate and complete and that I am at least 18 years old or an emancipated minor.

Signature _____ Date _____

