Please return application to: Vermont State Housing Authority via email at moneytomove@vsha.org

## **VT State Housing Authority (VSHA)**





## 1. Information about landlord

Landlord Phone Number:	Landlord Email:	
	esident of Vermont? (this will not affect eligil	
,	money required to move into unit	
	# of bedrooms:	Monthly rent: \$
	Is last month's rent required to	
	enant: \$(Total cannot be more than	<u> </u>
•	o move in: \$Expected move	
TOTAL required for this tenant	Thove III. \$Expected filove	e-iii uate.
also be determined by this formI certify that to the best	f my knowledge and belief there are no viol	ations of the Rental Housing Heal
•	ermont.gov/sites/default/files/REG_Rental_	, , , , , , , , , , , , , , , , , , ,
•	rease the contract rent before January 1, 202	21 or when the rental agreement
ends, whichever is later.	wimingto against the toponts on the basis of	roco color notional origin or
•	criminate against the tenants on the basis of or children, sex, gender identity, sexual orie	
stalking, age receipt of public a	•	Traction, abase, sexual assuare of
	otice by [date]that VSHA	will pay the above TOTAL, I will
allow the tenant to move in or	date]	
I certify I will not evict t	e tenant for non-payment of rent prior to Jar	nuary 1, 2021.
•	nant leaves, I will refund the security deposit	t to the tenant in accordance with
VSA § 4461.	ived advance root and the toward vessel visit	o unit with our months
•	ived advance rent and the tenant vacates thund VSHA the rent for the remaining months	·
•	ps://www.irs.gov/pub/irs-pdf/fw9.pdf), the	
voided check with this comple	, , , , , , , , , , , , , , , , , , ,	13 Sheet Deposit form and a
	For VSHA Use Only:	
Program Approval	,	Accounting
		Accounting

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## 4. Landlord signature

I hereby declare that the above information is true and accurate to the best of my knowledge and belief and am signing under penalty of perjury under Vermont law. I am signing by electronically entering my name below or providing an original signature. I understand certain information on this form may be shared with my tenant.

Tenant First Name:	Tenant Last Name:
	Tenant Email:
Number of people living in your household:	
Names of people living in your household:	
6. Tenant certification (Tenant: Answer fire	rst question then initial others to verify that you have read them.)
I need this new rental unit because:	
At this time, this is the only applicati	ion that I or any other person in my household is submitting to th
or any other program for help to move to a $% \left\{ 1,2,\ldots ,n\right\}$	new rental unit.
To the best of my knowledge and be	elief there are no violations of the Rental Housing Health Code, o
there are, I will grant the landlord access to $% \left\{ 1,2,\ldots ,2\right\}$	make repairs within 30 days.
(See <a href="https://www.healthvermont.gov/sites/">https://www.healthvermont.gov/sites/</a>	<u>/default/files/REG_Rental_Housing_Code.pdf</u> )
I understand that VSHA will make pa	ayments directly to my landlord.
I understand that my landlord agree	es not to take any action to evict me for nonpayment of rent befo
January 1, 2021.	
I understand my landlord will not ra	ise my rent before January 1, 2021, or when my rental agreemen
ends, whichever is later.	
7. Click link to tenant demographic survey	y (optional) <a href="https://www.surveymonkey.com/r/RHSP_Tenant_Demo">https://www.surveymonkey.com/r/RHSP_Tenant_Demo</a>
8. Tenant signature	
I hereby declare that the above information	is true and accurate to the best of my knowledge and belief and
•	mont law. I am signing by electronically entering my name below
providing an original signature. I understand	d certain information on this form may be shared with my landlor
/s/	Date:
131	Date.