

**VT State Housing Authority (VSHA) Rental Housing Stabilization Program (RHSP) Tenant Application and Affidavit Page 1**



Tenant First Name: \_\_\_\_\_ Tenant Last Name: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email: \_\_\_\_\_  
Rental Address: \_\_\_\_\_ Unit #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Number of bedrooms in my rental unit: \_\_\_\_\_ Number of People in Household: \_\_\_\_\_  
Mailing Address (if different): \_\_\_\_\_ Unit #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
List other household members here: \_\_\_\_\_  
\_\_\_\_\_

1. Landlord or Business name (Property Owner): \_\_\_\_\_  
2. Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

3. Do you need to move out of this unit? Y N IF Yes, please explain why you cannot stay in your current unit (Do not leave blank) \_\_\_\_\_  
\_\_\_\_\_

Do you need a grant to pay security deposit and required advance rent to move to a different unit? \_\_Y \_\_N  
IF Yes, amount needed \$ \_\_\_\_\_  
(Note: New landlords will also have to apply and certify this amount)

- 4. My unit's monthly rent is \$ \_\_\_\_\_ /Lot Rent \$ \_\_\_\_\_
- 5. The current amount that I owe my landlord for back rent is \$ \_\_\_\_\_
- 6. This is the only application for this unit currently and no other person in my household is applying for the above amount from this or any program currently.
- 7. To the best of my knowledge and belief there are no violations of the Rental Housing Health Code, or, if there are, I will grant the landlord access to make repairs within 30 days. [https://www.healthvermont.gov/sites/default/files/REG\\_Rental\\_Housing\\_Code.pdf](https://www.healthvermont.gov/sites/default/files/REG_Rental_Housing_Code.pdf)
- 8. I understand that VSHA will make payments directly to my landlord. My landlord will accept whichever is less: the actual amount owed or the VSHA Payments Standard per month, and waive the rest, including waiver of fees.
- 9. I understand that my landlord agrees not to take any action to evict me for nonpayment of rent for the months of back rent covered by these funds and going forward for an equal number of months, or six (6) months, whichever is less.
- 10. I understand that my landlord may be required to drop current eviction if applicable.
- 11. I understand my landlord will not raise my rent before January 1, 2021, or when my rental agreement ends, whichever is later.

Having reviewed the list of life safety conditions on page 2 of this form:

- \_\_\_ I am checking here because there are no life safety problems with my unit.
- \_\_\_ I am checking here because there are life safety problems with my unit.
- \_\_\_ I am checking here because there are other necessary repairs at my unit.

**YOU MUST CHECK ONE OF THE SPACES ABOVE FOR YOUR APPLICATION TO BE COMPLETE**

Program Approval

For VSHA use only:

Accounting

*All forms dated previous to 9-3-20 are obsolete*

Approved for payment \_\_\_\_\_ Payment amount \$ \_\_\_\_\_ Date Paid \_\_\_\_\_ Initials \_\_\_\_\_

**VT State Housing Authority (VSHA) Rental Housing  
Stabilization Program (RHSP) Tenant Application  
and Affidavit Page 2**

Tenant/Applicant Name: \_\_\_\_\_

The following are considered life safety conditions. Please check all that apply:

- Major plumbing leaks or flooding, waterlogged ceiling, or floor in imminent danger of falling
- Any condition that jeopardizes the security of the unit (such as door and/or window locks)
- Natural or LP gas or fuel oil leaks
- Any electrical problem or condition that could result in shock or fire
- Absence of a working heating system when outside temperature is below 60 degrees Fahrenheit.
- Utilities not in service, including no running hot water
- Conditions that present the imminent possibility of injury
- Obstacles that prevent safe entrance or exit from the unit
- Absence of a functioning toilet in the unit
- Inoperable smoke detectors

*Please use the space below to list other maintenance issues or make additional comments:*

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I hereby declare that the above information is true and accurate to the best of my knowledge and belief and that I 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 all information, other than demographic, on this form will be shared with my landlord and/or tenant.

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This information will not affect the decision regarding your grant and will only be shared as part of statistical data, after your personal identifying information removed.*

Age:             56-65  
 18-25         66-75  
 26-35         76-84  
 36-45         85 +  
 46-55

Race: (Check all that apply)

American Indian

Asian

White

Black/African American

Native Hawaiian/Other

Pacific Islander

Other

Ethnicity: (Check one)

Hispanic/Latino

Non-Hispanic/Latino

Limited English Proficiency:

Yes     No

Gender:  M    F    Non-binary

Do you have a disability:  Y  N

Annual Household Income range:

- \$0.00 - \$15,000
- \$15,001 - \$30,000
- \$30,001 - \$45,000
- \$45,001 - \$60,000
- \$60,001 - \$75,000
- \$75,001 - \$100,000
- \$100,001 - \$150,000
- \$150,000 +

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*Program Approval*

*Accounting*

*All forms dated  
previous to  
9-3-20  
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Approved for payment \_\_\_\_\_ Payment amount \$ \_\_\_\_\_

Date Paid \_\_\_\_\_

Initials: \_\_\_\_\_