Vermont State Housing Authority (VSHA)

One Prospect Street, Montpelier, Vermont 05602 Phone: (802) 828-3295 or Messages: 1-800-820-5119 APPLICANT'S NAME (FIRST, MIDDLE, LAST)

SOCIAL SECURITY NUMBER

APPENDIX ONE: APPLICATION FOR A HOUSING PREFERENCE

If you're pre-applying for a Section 8 Housing Choice Voucher, check I the preferences that your household qualifies for below. An approved preference could affect your place on the waiting list. We'll verify your eligibility once a voucher becomes available.	
The disaster preference is ranked the highest of all the preferences. The Vermont resident preference is ranked the lowest. The others are ranked equally.	
	Disaster preference: Available to Vermont families displaced due to fire, flood, natural disaster or condemnation by a local, state or federal agency. Describe the circumstances below:
	Move-on preference: Available to people transitioning from one of the programs below. Check ☑ which one: FUP Youth in Transition □ VRS □ DV Transitional Housing □S+C Program □RRH Program
	 FUP = Family Unification Program VRS = Vermont Rental Subsidy - <i>if you've been in the program at least 9 months</i> DV = Domestic Violence - <i>if you're on, or eligible to be on, Vermont's continuum of care homeless inventory charts for homeless beds</i> S + C = Shelter Plus Care Program - <i>if you've participated for at least 36 months and have met the goals of your case management plan</i> RRH = Rapid Rehousing Program - <i>if you've participated for at least 9 months</i> You must also meet the following criteria to be considered: ⇒ Be actively participating in a case management plan that includes an exit plan with an appropriate organization to provide these services, <i>AND</i> ⇒ Be in compliance with any lease agreement (verbal or written). You must be current in your rent and any other conditions of tenancy. You cannot be subject to an eviction action.
	Preference for Vermont residents: Available for applicants who live or work in the State of Vermont and can prove residency through a verified current address or from an employer.

APPLICATION FOR A PREFERENCE (continued)

Preference for homeless families with case management support:

Available to families who are homeless¹ and will be getting regular onsite case management from a local agency (e.g., homeless services, social services or mental health) for at least one year after moving into a voucher-assisted unit. *Limited to 100 applicants per fiscal year.*

- 1. Homeless means an individual or family who lacks a fixed, regular and adequate nighttime residence. This means:
 - 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. This includes a car, park, abandoned building, bus or train station, airport or campground.
 - b. An individual or family living in a supervised publicly or privately-operated shelter designated to provide temporary living arrangements for low-income individuals (e.g., congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs).
 - 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.

Preference for Non-Elderly persons with disabilities transitioning out of institutions Please check all that apply:

□ Disabled Adult is currently living in a car, on the street, or another place not meant for habitation.

□ 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.

 \Box 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.

 $_{\Box}$ 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.

□ 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.

□ 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

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 _