

Vermont State Housing Authority (VSHA)

One Prospect Street, Montpelier, Vermont 05602 Phone:
(802) 828-1991 or 1-800-820-5119 (messages)
Fax: (802) 828-2111 TTY: 1-800-798-3118



Housing Programs: Application for Assistance

One application.

Complete this form to apply 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. Please call first to make an appointment.

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

Getting Started

Step-by-Step 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.

Unless indicated, each question applies to all household members.

2. Sign the application.

The applicant must sign on page 6.

All members age 18+ must sign in the spaces provided on pages 1 & 2. This authorizes us to complete criminal background and sex offender registry checks on them.

3. Attach copies of any required documents.

Some questions ask for additional documents. Review the checklist on page 6 before submitting your application. *Be sure to send copies.*

4. 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., immigration documents).

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.

Application for Housing Assistance

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



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

1. Tell us about you, the person applying.

First name, middle name, last name and suffi (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 if yes: Mobility Sensory
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 Pacifi 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	

2. Tell us about all the other people living in your home.

Provide details for all household members. **Have each person age 18+ sign below to authorize background checks on them.** Use extra paper if necessary. Include your name and SSN at the top of every additional page.


OTHER PERSON 1	1. Full name (<i>first, middle initial, last</i>):	2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Gender: <input type="checkbox"/> M <input type="checkbox"/> F	4. Date of birth (<i>mm/dd/yyyy</i>):
	5. Ethnicity (<i>check ✓ one</i>): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	6. Race (<i>check ✓ all that apply</i>): <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 Pacifi Islander <input type="checkbox"/> Other		7. Citizenship: <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Legal Alien <input type="checkbox"/> Other
	8. Social Security number:	9. Relationship to applicant:	SIGN authorizing background checks if 18+ ←	


OTHER PERSON 2	1. Full name (<i>fi st, middle initial, last</i>):	2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Gender: <input type="checkbox"/> M <input type="checkbox"/> F	4. Date of birth (<i>mm/dd/yyyy</i>):
	5. Ethnicity (<i>check ✓ one</i>): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	6. Race (<i>check ✓ all that apply</i>): <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 Pacifi Islander <input type="checkbox"/> Other		7. Citizenship: <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Legal Alien <input type="checkbox"/> Other
	8. Social Security number:	9. Relationship to applicant:	SIGN authorizing background checks if 18+ ←	


OTHER PERSON 3	1. Full name (<i>fi st, middle initial, last</i>):	2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Gender: <input type="checkbox"/> M <input type="checkbox"/> F	4. Date of birth (<i>mm/dd/yyyy</i>):
	5. Ethnicity (<i>check ✓ one</i>): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	6. Race (<i>check ✓ all that apply</i>): <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 Pacifi Islander <input type="checkbox"/> Other		7. Citizenship: <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Legal Alien <input type="checkbox"/> Other
	8. Social Security number:	9. Relationship to applicant:	SIGN authorizing background checks if 18+ ←	

Continue listing other people on next page if needed.

2. Other people living in your home (continued)

OTHER PERSON 4	1. Full name (<i>fi st, middle initial, last</i>):	2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Gender: <input type="checkbox"/> M <input type="checkbox"/> F	4. Date of birth (<i>mm/dd/yyyy</i>):
	5. Ethnicity (<i>check ✓ one</i>): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	6. Race (<i>check ✓ all that apply</i>): <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		7. Citizenship: <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Legal Alien <input type="checkbox"/> Other
	8. Social Security number:	9. Relationship to applicant:	SIGN authorizing background checks if 18+ 	

OTHER PERSON 5	1. Full name (<i>fi st, middle initial, last</i>):	2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Gender: <input type="checkbox"/> M <input type="checkbox"/> F	4. Date of birth (<i>mm/dd/yyyy</i>):
	5. Ethnicity (<i>check ✓ one</i>): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	6. Race (<i>check ✓ all that apply</i>): <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		7. Citizenship: <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Legal Alien <input type="checkbox"/> Other
	8. Social Security number:	9. Relationship to applicant:	SIGN authorizing background checks if 18+ 	

OTHER PERSON 6	1. Full name (<i>fi st, middle initial, last</i>):	2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Gender: <input type="checkbox"/> M <input type="checkbox"/> F	4. Date of birth (<i>mm/dd/yyyy</i>):
	5. Ethnicity (<i>check ✓ one</i>): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	6. Race (<i>check ✓ all that apply</i>): <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		7. Citizenship: <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Legal Alien <input type="checkbox"/> Other
	8. Social Security number:	9. Relationship to applicant:	SIGN authorizing background checks if 18+ 	

3. Answer the questions below about you, your household and its members.

a.	Do you have at least 50/50 physical Custody of the minors listed above? If not please explain:	Yes	No
b.	Did you (<i>the applicant</i>) file a federal income tax return last year?	Yes	No
c.	Is your household currently homeless?	Yes	No
d.	Do you live/have you ever lived in public housing, Section 8 housing or any other type of federally-funded housing? If YES, tell us when and where in the space below:	Yes	No
e.	Has any household member been convicted of criminal activity related to the production of methamphetamine on the premises of federally-assisted housing?	Yes	No
f.	Is any household member subject to lifetime registration on any State's sex offender registry?	Yes	No
g.	Has any household member given away or disposed of assets valued at more than \$1,000 for less than fair market value during the past 24 months? Examples: car, money, stock, land, home or something else of value.	Yes	No
h.	Does anyone outside of your household pay for, or provide money for, any of your household bills or living expenses?	Yes	No
i.	If your household has no income, how are your daily living expenses being paid? Explain below.		

HOUSEHOLD ASSETS

Answer the questions on this page for everyone in your household, including children.

4. Does any household member (including children) own assets? See list below.

YES. Answer below  **NO.** Skip to next question

Check the types of assets owned. Then, provide details about each asset in the spaces provided below.

<input type="checkbox"/> Bonds/stocks/mutual funds	<input type="checkbox"/> IRA/Keogh Plan/401K	<input type="checkbox"/> Savings account
<input type="checkbox"/> Certificate of deposit	<input type="checkbox"/> Life insurance policy	<input type="checkbox"/> Savings bonds
<input type="checkbox"/> Checking account	<input type="checkbox"/> Money market account	<input type="checkbox"/> Trusts
<input type="checkbox"/> Christmas Club	<input type="checkbox"/> Pension	<input type="checkbox"/> Venmo, Paypal, Bitcoin, other peer to peer account
<input type="checkbox"/> Direct Express other Debit Cards	<input type="checkbox"/> Property (land)	
<input type="checkbox"/> Inheritance	<input type="checkbox"/> Retirement account	

DOCUMENTATION REQUIRED: Send a copy of a current statement verifying the value of each asset.

Account holder	Account type	Account #	Current balance \$
Documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Verification source name & address		

Account holder	Account type	Account #	Current balance \$
Documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Verification source name & address		

Account holder	Account type	Account #	Current balance \$
Documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Verification source name & address		

Account holder	Account type	Account #	Current balance \$
Documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Verification source name & address		

Account holder	Account type	Account #	Current balance \$
Documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Verification source name & address		

Account holder	Account type	Account #	Current balance \$
Documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Verification source name & address		

HOUSEHOLD INCOME

Include income for all household members, including children.

5. Household income

Check the types of income received. Then, provide the details in the spaces provided below.

<p>Earned income:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Job wages & salaries <input type="checkbox"/> Internship/training stipends <input type="checkbox"/> Military pay <input type="checkbox"/> Self employment (e.g., childcare, farming, home party sales, lawn care, logging, odd jobs and selling scrap metal) <input type="checkbox"/> Social Security 	<p>Unearned income:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Alimony <input type="checkbox"/> Child support <input type="checkbox"/> Disability benefit <input type="checkbox"/> Financial aid for school <input type="checkbox"/> Insurance payments <input type="checkbox"/> Pension <input type="checkbox"/> Public benefit (e.g., Reach Up, 3SquaresVT) 	<p>Unearned income:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Retirement benefit <input type="checkbox"/> Royalties <input type="checkbox"/> SSI <input type="checkbox"/> Unemployment benefit <input type="checkbox"/> Veteran's retirement benefit <input type="checkbox"/> Worker's compensation <input type="checkbox"/> Other (describe below)
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DOCUMENTATION REQUIRED: Send supporting documents to verify income for the past 4 weeks. This could include pay stubs, check stubs, checks, bank statements, benefit printouts, self-employment tax statements and verification letters. Send copies as originals will not be returned.

Member name	Income type	Monthly Income \$	Documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Verification source name & address			

Member name	Income type	Monthly Income \$	Documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Verification source name & address			

Member name	Income type	Monthly Income \$	Documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Verification source name & address			

Member name	Income type	Monthly Income \$	Documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Verification source name & address			

Member name	Income type	Monthly Income \$	Documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Verification source name & address			

Member name	Income type	Monthly Income \$	Documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Verification source name & address			

HOUSEHOLD EXPENSES

Include expenses for everyone in your household, including children.

6. Does anyone age 18 or older attend post-secondary school full time?

YES. Answer below 🕒 NO. Skip to next question ⌚

First name, middle initial	Name of school	Contact information at school

DOCUMENTATION REQUIRED: Provide current enrollment & financial aid information from the registrar or admissions office

7. Does anyone have unreimbursed (out-of-pocket) expenses for child or adult care?

YES. Answer below 🕒 NO. Skip to next question ⌚

Name of child or adult being cared for	Who is paying for the care	Who is providing child/adultcare	Amount paid weekly	Days of care per week	Why care is needed
			\$		<input type="checkbox"/> Working <input type="checkbox"/> Looking for work <input type="checkbox"/> Going to school
			\$		<input type="checkbox"/> Working <input type="checkbox"/> Looking for work <input type="checkbox"/> Going to school

DOCUMENTATION REQUIRED: Provide documentation verifying the monthly payment for each child or adult care expense.

8. Does anyone age 62 or older, or with a disability, have unreimbursed (out-of-pocket) medical expenses? For example: medical premiums, copays and deductibles, medical/dental/optical expenses, hospital care, nursing care and prescription and over-the-counter medications.

YES. Answer below 🕒 NO. Skip to next question ⌚

First name, middle initial	Type of service or product	Name of vendor or service provider	Amount paid & frequency (e.g., weekly, monthly, one time)

DOCUMENTATION REQUIRED: Provide documentation verifying the expenses listed above. This could include proof of health care premiums, co-pays, and deductibles; a printout from your pharmacy showing prescription copays and payments for over-the-counter medications, a printout of medical bills you're paying on; and receipts for other medical expenses.

SIGNATURE PAGE

Make sure you sign this form and go over the checklist below before you submit your document.

BY SIGNING BELOW, I CERTIFY AND AGREE THAT:

- I authorize the Vermont State Housing Authority (VSHA) and HUD to request any information needed to determine my household's eligibility for housing assistance.
- I authorize the VSHA — as well as the agencies, contractors and organizations that work with them — to share information related to my housing needs. This includes application and recertification paperwork, needed verifications, waitlist status, termination of assistance and information related to criminal background checks.
- I authorize a check of my criminal record by the Vermont Criminal Information Center and the Federal Bureau of Investigation/National Criminal Information Center. I understand the results of that check will be made available to the VSHA for use in reviewing my suitability as a tenant. I further understand that I have the right to appeal the results of the criminal record check to the Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, Vermont, 05671-2101.

SIGN HERE

Unsigned applications may be returned.

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000 or imprisoned up to five years if I knowingly provide false or incomplete information.

Signature _____ Date _____



CHECKLIST OF REQUIRED DOCUMENTATION:

Send copies as originals will not be returned. SEND COPIES OF:

- Social Security cards for all household members.
- Current statements confirming the value of each household asset.
- Supporting documents that verify household income for the past 4 weeks. This could include pay stubs, check stubs, checks, bank statements, benefit printouts, self-employment tax statements and verification letters.
- Current enrollment and financial aid information from the registrar or admissions office for any household member attending post-secondary school.
- Documents confirming any monthly payments for child care and adult care.
- Documents confirming unreimbursed (out-of-pocket) medical expenses. This could include proof of health care premiums, co-pays, and deductibles; a printout from your pharmacy showing prescription copays and payments for over-the-counter medications, a printout of medical bills you're paying on; and receipts for other medical expenses.