

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 the preference 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-Up preference:

Available to people transitioning from one of the programs below. Check which one:

RRH Programs (including CARES, SSFV, VCRHYP-YHDP, VRS, VSHA), **FUP Youth in Transition,** **DV Transitional Housing,** **S+C Program**

- State of Vermont/Agency of Human Services/CARES Vouchers (ESG-CV) - Rapid Rehousing serving homeless Vermont households impacted by the COVID-19 pandemic (*eligible at 6 months* of initial lease date)
- Veterans Affairs Homeless Program/SSFV – Rapid Rehousing serving homeless Veterans in a project located in Vermont (*eligible at 6 months* of initial lease date)
- VCRHYP-YHDP/CoC-RRH Program – Rapid Rehousing dedicated to serving homeless youth (*eligible at 6 months* of initial lease start date)
- State of Vermont/Agency of Human Services/Vermont Rental Subsidy Program – Rapid Rehousing serving homeless families (*eligible at 6 months* of initial lease date)
- VSHA Continuum of Care Program - Rapid Rehousing serving individuals and families experiencing literal homelessness (*eligible at 6 months* of initial lease date)
- VSHA Family Unification Program for Youth In Transition (FUP-Y)
- Domestic Violence Transitional Housing projects dedicated to serving persons fleeing domestic violence, sexual violence and/or human trafficking which are currently listed on, or eligible to be included on, the VT CoC Homeless Inventory Charts of Homeless Beds (*eligible at 6 months* of initial lease date)
- VSHA Continuum of Care Program - Permanent Supportive Housing (Shelter + Care) serving persons experiencing chronic homelessness (*eligible at 24 months* of initial lease date)

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, AND



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.

APPLICATION FOR A HOUSING PREFERENCE (continued)

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.

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 lacks the resources or support networks, including family, friends, faith-based, or social networks, to obtain permanent housing.
- Disabled Adult is currently living in an emergency shelter, transitional housing, Safe Haven, or hotel/motel paid for by a charitable organization or government program.
- Disabled Adult was recently discharged from an institution, including a hospital, substance abuse or mental health treatment facility, or jail/prison, where they stayed for 90 days or less.
- 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 themselves or another family member. Disabled Adult has nowhere else to live and lacks the resources or support.

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, 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: _____