

Vermont State Housing Authority (VSHA)

One Prospect Street, Montpelier, Vermont 05602

Phone: (802) 828-3295 or 1-800-820-5119 (messages)

Fax: (802) 828-3248 TTY: 1-800-798-3118



Housing Programs: Pre-Application for Assistance

Complete this form to preapply 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:

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. Make sure you call first to get an appointment.

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

Getting Started

Pre-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 as needed.
- ➔ Unless indicated, each question applies to all household members.

2. Sign the application.

The applicant and all adults 18 and over must sign and date the application. *We will complete criminal background and sex offender registry checks on all adult household members.*

3. Attach copies of any required documents.

Some questions may ask for additional documents. Send copies as originals may not be returned.

4. Submit your application.

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., pay stubs, immigration documents, etc.)

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.

Pre-Application for Housing Assistance

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

APPLYING FOR ASSISTANCE ☐ Section 8 Housing Choice ☐ Project-Based

1. Tell us about you, the person applying.

First name, middle name, last name and suffix (Jr., Sr., III, etc.)		Date of birth (mm/dd/yyyy)
Social Security number	Phone number where you can be reached () -	Email: primary contact if supplied
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 <small>mobility sensory</small>
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 Pacific 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

COMPLETE THESE QUESTIONS FOR THE APPLICANT & HOUSEHOLD:

a. Is your household currently homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. What is the yearly gross income (<i>before tax</i>) for all household members?	\$
c. Have you ever served in the United States Armed Services? <i>If yes, what branch:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Is any household member subject to lifetime registration on any State's sex offender registry? If yes, where: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Has any household member been convicted of criminal activity related to the production of methamphetamine on the premises of federally-assisted housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Do you live/have you ever lived in public housing, Section 8 housing or any other type of federally-funded housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If YES, tell us when and where in the space below:</i>	
g. Do you require a translator or interpreter? <i>If yes, what language?</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Do you require a special accommodation to participate in the application process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If YES, please describe what you need:</i>	

2. Tell us about all the other people who will live in the unit.

Provide details for everyone who will be part of your household in the rental unit. Use extra paper if necessary. Include your name and SSN at the top of every additional page.

OTHER PERSON 1

1. Full name (first, middle initial, last):	2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Gender: <input type="checkbox"/> M <input type="checkbox"/> F
4. Date of birth (mm/dd/yyyy):	5. Social Security number:	6. Relationship to applicant:

OTHER PERSON 2

1. Full name (first, middle initial, last):	2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Gender: <input type="checkbox"/> M <input type="checkbox"/> F
4. Date of birth (mm/dd/yyyy):	5. Social Security number:	6. Relationship to applicant:

OTHER PERSON 3

1. Full name (first, middle initial, last):	2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Gender: <input type="checkbox"/> M <input type="checkbox"/> F
4. Date of birth (mm/dd/yyyy):	5. Social Security number:	6. Relationship to applicant:

OTHER PERSON 4

1. Full name (first, middle initial, last):	2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Gender: <input type="checkbox"/> M <input type="checkbox"/> F
4. Date of birth (mm/dd/yyyy):	5. Social Security number:	6. Relationship to applicant:

Do you have at least 50/50 physical custody of minors in the household? Yes____ No____

ADDITIONAL DOCUMENTATION:

- ☐ If you think you qualify for an approved preference for the Section 8 HCV please complete the Waiting List Check list indicating the preference you qualify for and who can verify.
- ☐ If you are applying for a Project-Based voucher, please complete the Waiting List Check list indicating all the properties you'd like to apply.

SIGN BELOW.

Unsigned applications may be returned.

By signing below, I certify that I understand that:

- ☒ Submitting false, or misrepresenting, information may result in losing my eligibility for the Housing Choice Voucher program.
- ☒ I need to notify the Housing Authorities if any information on this application changes.
- ☒ If I cannot be contacted at the last mailing address given, my name may be removed from the waiting list and I will have to reapply.
- ☒ I certify that I have attained the age of 18 yrs. or I am an emancipated minor and therefore have the full legal capacity to act on my own behalf in the matter of contracts.

I certify that the information provided is accurate and complete and that I am at least 18 years old or an emancipated minor.

Signature _____ Date _____



Vermont State Housing Authority

Release of Information

I (please print)_____ give permission for Vermont State Housing Authority (VSHA) and any and all of the below named agencies to share information related to my housing needs. This may include but is not limited to application and recertification paperwork including needed verifications, waitlist status and termination of assistance.

Name of Agency	Phone number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This also includes information related to my criminal background check:

YES ☐ NO ☐

This consent form expires 15 months after signed or at my request, whichever comes first.

Name

Date

Signature

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.