



MOBILE HOME PARK APPLICATION



**EQUAL HOUSING
OPPORTUNITY**

Thank you for your interest in the Mobile Home Parks owned by the Vermont State Housing Authority or the Housing Foundation, Inc.

INSTRUCTIONS

- ❖ Read this application carefully and fill out each section that applies to you or a member of your household.
- ❖ Provide as much information as possible. Only completed applications will be processed.
- ❖ If you cannot fit all information in the space provided, add additional sheets as necessary.
- ❖ Signatures for all adult household members are required on The Consent for Release of Criminal Background, Credit Authorization Release, and the Information/Certification of Completion. Make additional copies as necessary for your individual household. Please note that if any person who is required to sign, refuses to sign, the entire household will be denied admission.

PRIVACY ACT STATEMENT

The Vermont State Housing Authority and the Housing Foundation, Inc. will comply with the Federal Privacy Act Statement. Any information obtained will not be disclosed to an outside agency except as required and permitted by law. You do not have to give us this information; but, if you do not, your eligibility approval may be delayed or rejected.

REASONABLE ACCOMMODATIONS

The Vermont State Housing Authority and The Housing Foundation, Inc. comply with state and federal laws requiring housing providers to make reasonable accommodations or changes to rules, procedures and housing units or properties if such changes are necessary to enable a person with a disability to have equal access to and enjoyment of the unit, property, facility, or program.

Reasonable accommodations will be made during the application process and during an individual's participation in our programs provided the accommodation does not present an undue financial or administrative burden. Any accommodation or change must be necessary for the individual to have equal access and enjoyment of the housing and programs, not just be desirable.

To request an accommodation, please contact VSHA at:

Mail: Vermont State Housing Authority, MHP Division, One Prospect Street, Montpelier, VT 05602-3556

Telephone: Direct: 802-828-3023 TTY: 800-798-3118 Toll Free Message Line 800-820-5119

Fax: 802-828-6901

**EQUAL OPPORTUNITY AND NONDISCRIMINATION POLICY STATEMENTS
AVAILABLE UPON REQUEST**

(Effective 4/1/23)

PART 1- GENERAL INFORMATION

A. Do you certify that this will be your household's primary residence and that you will not maintain a separate residence in another location? Yes No

B. LOT INFORMATION

Name of Park	Lot Number	Name of Current Tenant/Seller
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C. ACTION REQUESTED

<input type="checkbox"/> PURCHASING	<input type="checkbox"/> Existing home on lot <input type="checkbox"/> New home, placed on vacant lot <input type="checkbox"/> Used home, placed on vacant lot	<input type="checkbox"/> I am paying cash for the home OR <input type="checkbox"/> I am financing the home Financial Lender _____ Contact Name _____ Contact Telephone _____ Loan Amount \$ _____ Monthly Mortgage Payment \$ _____
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<input type="checkbox"/> RENTING WITH OPTION TO PURCHASE	\$ _____ Amount of monthly rent you will pay. Amount above includes the lot rent <input type="checkbox"/> Yes <input type="checkbox"/> No
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JOINING AN EXISTING HOUSEHOLD

WHO WILL BE NAMED BUYER(S) ON THE BILL OF SALE?

D. PETS

Our Parks have restrictions regarding pets.
 Do you own a pet? Yes No
 If yes, would you give your pet up for adoption to move into the park? Yes No
 Please list : Dog _____ Breed _____
 Indoor Cat _____
 Other _____

PART 2 – PRIMARY APPLICANT INFORMATION

NAME	First	Last	Middle Initial	Maiden Name
MAILING ADDRESS	PO Box / Street	City/Town	State / Zip Code	
PHYSICAL ADDRESS	Street Address	City/Town	State / Zip Code	
TELEPHONE NUMBERS	Home	Message	Work	
EMAIL ADDRESS				

PART 3 – FAMILY COMPOSITION – List all persons who will be living in the household.

Names of Household Members	Relationship to Head of Household	Social Security Number	Date of Birth	State(s) of Residence	
				Current	All Prior
	HEAD				

PART 4 – INCOME

EMPLOYMENT INFORMATION: List all current full and/or part-time employment for each member of the household.

Family Member	Employer Name & Address	Employer Phone #	Rate/ Hour	Hours/ Week	For VSHA Office Use Only

OTHER INCOME: List income from: Welfare, Reach Up, General Assistance, Social Security, SSI, Pensions, Workers Comp, Unemployment Comp, Child Support, or Alimony. Add more information on the bottom if needed.

Family Member	Source Name & Address	ID/Claim #	Amount	Check One	Office Use
				<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
				<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	

PART 5 - REFERENCES

LANDLORD REFERENCES: Please list landlords for the last five years. **If you have not had landlords, please provide a written statement as to where you have resided for the last five (5) years.**

Name	Complete Address	Telephone #	Dates You Lived Here From: To:

PERSONAL REFERENCES: We are unable to use relatives. Please list **three personal references** that are non-relatives (friend, neighbor, co-worker etc.).

Name	Complete Address	Telephone #	Specify who the reference is for (if applicable)

PART 6 – INCOME VERIFICATION

Part of the application process is the need to verify all sources of income. This is necessary in order to determine your debt to income ratio. This is used to determine whether you can afford to lease a lot in the park. In order to expedite the processing of your application. Please provide all independent verifications of income such as:

- ❖ Paystubs for the most recent 8-10 weeks of employment
- ❖ Annual benefit letter for Social Security, SSI and/or SSDI
- ❖ Proof of benefits for pensions and retirements
- ❖ Proof of payment for other sources of income such as annuities, child support, alimony, etc.

YES	NO	Each applicant must check each box below
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any member of the household ever committed any fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? If Yes, please explain and give State and date:
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any member of the household been arrested or convicted of a drug-related crime? If Yes, please explain and give State(s) and date(s):
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any member of the household ever been arrested or convicted for participating in a violent or non-violent crime? If Yes, please explain and give State(s) and date(s):
<input type="checkbox"/>	<input type="checkbox"/>	Do you or any member of the household have any pending charges against you? If Yes, please explain and give State(s) and date(s)
<input type="checkbox"/>	<input type="checkbox"/>	Is any member of your household subject to the lifetime sex offender registration program? If Yes, provide name and State(s):
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any member of the household ever been evicted from housing or have an eviction pending? If Yes, please provide date(s) and name(s) of landlord(s) or housing authority:
<input type="checkbox"/>	<input type="checkbox"/>	Do you or any member of your household abuse alcohol?
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any member of your household ever been asked to leave a housing unit or not had a lease renewed? If Yes, please explain:

PART 7 – CONSENT FOR RELEASE OF INFORMATION/CERTIFICATION OF COMPLETION	
Your signature below authorizes VSHA and HFI to obtain any information that is pertinent to eligibility and suitability for residency at the mobile home park to which you have applied and certifies that the information listed on this application is complete and true to the best of your knowledge. You further acknowledge that providing false or misleading information may be grounds for denial. Photocopies of this authorization may be used. The original is retained by the requesting organization.	
Head of Household Signature: _____	Date: _____
Applicant Signature: _____	Date: _____
Co-Applicant Signature: _____	Date: _____
Other Adult Signature: _____	Date: _____

MUST BE COMPLETED BY EVERY ADULT MEMBER OF THE HOUSEHOLD

REQUEST FOR CRIMINAL RECORD CHECK

Applicant: _____
Last First Middle

Maiden or Alias Name(s): _____

Date of Birth: ____/____/____ Social Security Number: ____/____/____

Gender: _____ Race: _____ Telephone #: _____

Place of Birth: _____
City/Town State Country

List all states in which you have lived: _____

Signature of Applicant: _____ Date: _____

AUTHORIZATION TO RELEASE CREDIT INFORMATION

Applicant: _____
Last First Middle

Maiden or Alias Name(s): _____

Mailing Address: _____
Street City State Zip

Physical Address: _____
Street City State Zip

Date of Birth: ____/____/____ Social Security Number: ____/____/____ Telephone #: _____

Signature of Applicant: _____ Date: _____

RELEASE

I hereby authorize Vermont State Housing Authority to conduct a comprehensive background check that includes any one or all of the following: past employment and tenancy, criminal, drug, and driving records.

I hereby acknowledge you to release, report and communicate to the Vermont State Housing Authority all of the information in your possession regarding my credit standing, credit record, or credit history.

I understand that the results of checks will be made available to the Vermont State Housing Authority for use in reviewing my initial and continued suitability as a tenant. I am aware that the background reports I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies, national credit reporting agencies, and other sources.

I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request to the relevant reporting agency within 72 hours of learning the results. Screening One, Inc., 2233 W. 190th Street, Torrance, CA 90504, (866) 273-3848 or Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, Vermont 05671-2101

I understand that a photocopy, facsimile or scanned copy of this signed document shall be considered as valid as an original.

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Last First Middle

Maiden or Alias Name(s): _____

Mailing Address: _____
Street City State Zip

Physical Address: _____
Street City State Zip

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Please mail application and income verification to:
VT State Housing Authority
MHP Division
One Prospect Street
Montpelier, VT 05602

Or, call 802-828-3023 for an email address to send your application to