



Vermont State Housing Authority

One Prospect Street, Montpelier, Vermont 05602

October 3, 2023

ID #: 123-4567-8910

Name
Address 1
Address 2
City, State, Zip

Dear Name,

You are receiving this notification because you've submitted a pre-application for rental assistance to the Vermont State Housing Authority (VSHA) and are presently on our waiting list. We want to inform you that VSHA has collaborated with AffordableHousing.com to enhance the application process for our housing programs and projects, and your pre-application has been transitioned to the AffordableHousing.com application system. To ensure your continued placement on the waiting list, we kindly request that you update your application. **Please note, this is not an offer for housing assistance.**

THE DEADLINE TO RESPOND TO THIS UPDATE REQUEST IS OCTOBER 23, 2023.

How to Keep your Application on the Waiting List:

1. Go to www.AffordableHousing.com/update, click on **Update Application**, then create an account or sign-in to an existing account. Once signed in, you will then enter your head-of-household's information to access your application and complete your update.

OR

2. Complete and return the enclosed application update form. You can send it back by one of these options:
 - Drop off or mail the completed enclosed form to the VSHA office:
Addressed to: VSHA Applications, One Prospect Street, Montpelier, Vermont 05602.
 - Fax to: (561) 416-9848
 - Email to: vermont@affordablehousing.com

Once you complete your update, you will receive confirmation from AffordableHousing.com by email, or you may call the number below to check if your update was received. **For questions about the application process and for general information, please contact the AffordableHousing.com support team:**

- **Call:** 888-406-4003
- **Email:** Vermont@AffordableHousing.com
- **Visit:** Vermont.AffordableHousing.com



Pre-Application for Housing Assistance

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

UPDATING PRE-APPLICATION

1. Tell us about you, the person applying.

First name, middle initial, last name and suffix (Jr., Sr., 1st, etc)		Date of birth (mm/dd/yyyy)	
Social Security number: or Alien ID number		Email: primary contact if supplied	
Phone number: where you can be reached		May we contact you via SMS text message? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Physical address: (if different from mailing address)			
Mailing address: (street address or PO box, city, state, zip code)			
Ethnicity: (check one) <input type="checkbox"/> Hispanic/ Latino <input type="checkbox"/> Non-Hispanic/ Latino		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a U. S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Race: (check one) <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			
Location of Employer: (city, state, zip)		Monthly Employment Income: \$	Other Income: \$ per month
Location of School: (city, state, zip)		Grade Level	Full Time? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your (and your household members) current living situation? (Select one)			
<input type="checkbox"/> Living in a permanent residence. <input type="checkbox"/> Living in a temporary residence. <input type="checkbox"/> Living in a shelter or hotel/motel. <input type="checkbox"/> Living in a place that is not normally used for housing.			
Are you at risk of losing your current residence?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you, any household member, any ex-spouse, widow, or widower of a person who has ever served on active duty in the U.S. Armed Forces Reserves, or National Guard excluding periods for which they have not been dishonorably discharged? If yes, please list their names below and dates served.			<input type="checkbox"/> Yes <input type="checkbox"/> No

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:
	4. Date of birth (mm/dd/yyyy):	5. Social Security #: or Alien ID #	6. Relationship to applicant:	
	7. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Location of Employer: (city, state, zip)	9. Monthly Employment Income: \$	
	10. Other Income: \$ _____ per month	11. Location of School: (city, state, zip)	12. Grade Level	13. Full Time? <input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER PERSON 2	1. Full name (first, middle initial, last):		2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Gender:
	4. Date of birth (mm/dd/yyyy):	5. Social Security #: or Alien ID #	6. Relationship to applicant:	
	7. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Location of Employer: (city, state, zip)	9. Monthly Employment Income: \$	
	10. Other Income: \$ _____ per month	11. Location of School: (city, state, zip)	12. Grade Level	13. Full Time? <input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER PERSON 3	1. Full name (first, middle initial, last):		2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Gender:
	4. Date of birth (mm/dd/yyyy):	5. Social Security #: or Alien ID #	6. Relationship to applicant:	
	7. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Location of Employer: (city, state, zip)	9. Monthly Employment Income: \$	
	10. Other Income: \$ _____ per month	11. Location of School: (city, state, zip)	12. Grade Level	13. Full Time? <input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER PERSON 4	1. Full name (first, middle initial, last):		2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Gender:
	4. Date of birth (mm/dd/yyyy):	5. Social Security #: or Alien ID #	6. Relationship to applicant:	
	7. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Location of Employer: (city, state, zip)	9. Monthly Employment Income: \$	
	10. Other Income: \$ _____ per month	11. Location of School: (city, state, zip)	12. Grade Level	13. Full Time? <input type="checkbox"/> Yes <input type="checkbox"/> No

COMPLETE THESE QUESTIONS FOR THE APPLICANT & ALL HOUSEHOLD MEMBERS:

<p>1. Have you or anyone in your household been displaced from your home due to a natural disaster? (Such as a fire or flood, which left your housing unit uninhabitable.)</p> <p>Date of disaster: _____ Date displaced or will be displaced: _____ Name of disaster: _____ Location of disaster: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Are you or any household member living in substandard housing? (Does ensure safe and adequate shelter, posing risks to family well-being due to multiple critical or intermediate defects, requiring significant repair or rebuilding.)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. 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 which program, when, and where in the space below:</p> <p>Date of participation: _____ Which Housing Authority?: _____ Program Type: _____ Was assistance Terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. Do you have at least 50/50 custody of minors in the household?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Do you require a special accommodation to participate in the application process? If yes, please describe what you need.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. Does any member of the household require a mobility, vision, or hearing unit?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>7. Is any household member subject to lifetime registration on any State's sex offender registry? If yes, who and where?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>8. Has any household member been convicted of criminal activity related to the production of methamphetamine on the premises of federally-assisted housing?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>9. Is English your primary spoken language? If no, what is your primary spoken language?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>10. Is English your primary written language? If no, what is your primary written language?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>11. Do you require a translator or interpreter? If yes, what language?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>12. Do you currently have a past due utility or rent notice, or eviction notice?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>13. Is your household currently receiving time-limited rental assistance benefits operated by a program located in Vermont that is expiring/ending? (Examples: Vermont Emergency Rental Assistance Program, Rapid Rehousing, etc.)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>14. Have you or anyone in your household been displaced from their Vermont home due to condemnation as determined by state or local authority? (i.e., Code Enforcement or a Town Health Officer.)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

15. Are you or any household member disabled and living in an institution that provides a temporary residence, including congregate shelters and transitional housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are you any household member disabled and at serious risk of moving into an institution that provides a temporary residence, including congregate shelters and transitional housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No

THE DEADLINE TO RETURN YOUR UPDATE FORM IS OCTOBER 22, 2023

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 _____



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