Vermont State Housing Authority (VSHA)

One Prospect Street, Montpelier, Vermont 05602

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

Fax: (802) 828-2111 TTY: 1-800-798-3118



HOUSING PROGRAMS: ANNUAL OR INTERIM REEXAMINATION GETTING STARTED

Step-by-Step Re-exam Process

- 1. Complete this interim 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 Re-exam.
 - The applicant must sign on page 6.
- 3. Attach copies of any required documents.
 - Some questions ask for additional documents.

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 reasonable 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) 828-3094

Write: Vermont State Housing Authority, 1 Prospect St., Montpelier, VT 05602

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.

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



1. Tell us about you, the head of household

First name, middle name, last name and suffix (Jr., Sr., III, etc.)					Date of birth (mm/dd/yyyy)				
5	Social Security number Phone number where you can be reached () –					ed	Email		
N	Mailing address (street addres	ss or PO box, o	city, state, zip	code)			,		
F	Physical address (if different from mailing address)								
Ethnicity: (check ✓ one) Gender: Pregnant? Disabled? □ Hispanic/Latino □ Non-Hispanic/Latino □ M □ F □ Yes □ No □ Yes □ No							0		
	ace: (check√ all that apply) American Indian/Alaska Native White □ Native Hawaiian/Othe				an		Citizen	/National □Legal Alien sylee □Other	
2.	2. Tell us about all the other people living in your home. Provide details for all household members. Use extra paper if necessary. Include your name and SSN at the top of every additional page.								
	1. Full name (first, middle ini	tial, last):	2. Disab ☐ Yes	led? s □ No	3. Gei □ N	nder: ⁄I □ F	4. D	ate of birth (mm/dd/yyyy):	
OTHER PERSON 1	5. Ethnicity (check ✓ one): ☐ Hispanic/Latino ☐ Non-Hispanic/Latino	Latino □ American Indian/Alaska Native □ Asian □ U.S. Citize anic/Latino □ Black/African American □ White □ Refugee/A				7. Citizenship: ☐ U.S. Citizen/National ☐ Refugee/Asylee ☐ Legal Alien ☐ Other			
OTH	8. Social Security number:	9. Relations	ship to appli	cant:					
	1. Full name (first, middle ini	tial, last):	2. Disab ☐ Yes	led? s □ No	3. Gei □ N	nder: ⁄I □ F	4. D	ate of birth (mm/dd/yyyy):	
OTHER PERSON 2	5. Ethnicity (check ✓ one): ☐ Hispanic/Latino ☐ Non-Hispanic/Latino	☐ Black/ <i>l</i>	eck√ all that an Indian/Ala African Amer Hawaiian/Otl	aska Na ican □\	White		Other	7. Citizenship: □ U.S. Citizen/National □ Refugee/Asylee □ Legal Alien □ Other	
8. Social Security number: 9. Relationship to applicant:									
	1. Full name (first, middle ini	tial, last):	2. Disab □ Yes	led? s □ No	3. Ge₁	nder: ⁄I □ F	4. D	ate of birth (mm/dd/yyyy):	
OTHER PERSON 3	5. Ethnicity (check ✓ one): ☐ Hispanic/Latino ☐ Non-Hispanic/Latino	☐ Black/ <i>l</i>	an Indian/Ala African Amer	aska Na ican □\	White		Other	7. Citizenship: □ U.S. Citizen/National □ Refugee/Asylee □ Legal Alien □ Other	
OTH	□ Native Hawaiian/Other Pacific Islander □ Other □ Legal Alien □ Other 8. Social Security number: 9. Relationship to applicant:								

Continue listing other people on next page if needed.

2. Other people living in your home (continued) **OTHER PERSON 4** 1. Full name (first, middle initial, last): 2. Disabled? 3. Gender: 4. Date of birth (mm/dd/yyyy): $\square M \square F$ ☐ Yes ☐ No 5. Ethnicity (check ✓ one): 6. Race (check ✓ all that apply): 7. Citizenship: ☐ Hispanic/Latino ☐ American Indian/Alaska Native ☐ Asian ☐ U.S. Citizen/National ☐ Non-Hispanic/Latino ☐ Black/African American ☐ White ☐ Refugee/Asylee ☐ Legal Alien ☐ Other ☐ Native Hawaiian/Other Pacific Islander ☐ Other 8. Social Security number: 9. Relationship to applicant: **OTHER PERSON 5** 1. Full name (first, middle initial, last): 2. Disabled? 3. Gender: 4. Date of birth (mm/dd/yyyy): ☐ Yes ☐ No $\square M \square F$ 5. Ethnicity (check ✓ one): 6. Race (check ✓ all that apply): 7. Citizenship: ☐ Hispanic/Latino ☐ American Indian/Alaska Native ☐ Asian ☐ U.S. Citizen/National ☐ Black/African American ☐ White ☐ Non-Hispanic/Latino ☐ Refugee/Asylee ☐ Legal Alien ☐ Other ☐ Native Hawaiian/Other Pacific Islander ☐ Other 8. Social Security number: 9. Relationship to applicant: **OTHER PERSON 6** 1. Full name (first, middle initial, last): 2. Disabled? 3. Gender: 4. Date of birth (mm/dd/yyyy): ☐ Yes ☐ No $\square M \square F$ 5. Ethnicity (check ✓ one): 6. Race (check ✓ all that apply): 7. Citizenship: ☐ Hispanic/Latino ☐ American Indian/Alaska Native ☐ Asian ☐ U.S. Citizen/National ☐ Non-Hispanic/Latino ☐ Black/African American ☐ White ☐ Refugee/Asylee ☐ Legal Alien ☐ Other ☐ Native Hawaiian/Other Pacific Islander ☐ Other 9. Relationship to applicant: 8. Social Security number: 3. Answer the questions below about you, your household and its members. a. Do you have at least 50% physical custody of all dependent children named above? ☐ Yes ☐ No If not please explain: b. 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? ☐ Yes ☐ No Examples: car, money, stock, land, home or something else of value. c. Does anyone outside of your household pay for, or provide money for, any of your household bills or living expenses? ☐ Yes ☐ No d. If your household has no income, how are your daily living expenses being paid? Explain below. ☐ Yes ☐ No e. Is any household member subject to lifetime registration on any State's sex offender registry?

HOUSEHOLD ASSETS

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

☐ YES. Answer belowCheck the types of asset	0 🗆	NO. Skip to next q	uestion 🗢			
 □ Bitcoin □ Bonds/stocks/mutual funds □ Certificate of deposit □ Checking account □ Christmas Club □ Direct Express 		☐ Life insurance	□ IRA/Keogh Plan/401K□ Life insurance policy□ Money market account		 Property (land) Retirement account Savings account Savings bonds Trusts Other (describe below) 	
DOCUMENTATION F	REQUIRE	ED: Send a copy of a c	urrent statement v	erifying the	value of each asset.	
Account holder	Accou	nt type	Account #		Current balance \$	
Documentation attached? Verification source name & address □ Yes □ No						
Account holder	Accou	nt type			Current balance \$	
Documentation attached? ☐ Yes ☐ No			e name & address			
Account holder	Accou	nt type			Current balance \$	
Documentation attached? ☐ Yes ☐ No		Verification source ı	name & address			
Account holder	Accou	nt type	Account #		Current balance \$	
Documentation attached? ☐ Yes ☐ No		Verification source I	name & address			
Account holder	Accou	nt type	Account #		Current balance \$	
Documentation attached? ☐ Yes ☐ No		Verification source i	name & address			
Account holder	Accou	nt type	t type Account # Current balance \$			
Documentation attached? ☐ Yes ☐ No		Verification source ı	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.

Earned income: ☐ Job wages & salaries ☐ Internship/training stipends ☐ Military pay ☐ Self employment ☐ (e.g., childcare, farming, home ☐ party sales, lawn care, logging, ☐ odd jobs and selling scrap meta ☐ Social Security	Unearned incor Alimony Child suppor Disability be Financial aid Insurance pa Pension Public benef	rt nefits I for school ayments its (General	Unearned income: Retirement benefits Royalties SSI Unemployment benefits Veteran's retirement benefits Worker's compensation Other (describe below)			
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? ☐ Yes ☐ No			
Verification source name & address						
Member name Income type		Monthly income \$	Documentation attached? ☐ Yes ☐ No			
Verification source name & addres	SS					
Member name	Income type	Monthly income \$	Documentation attached? ☐ Yes ☐ No			
Verification source name & addres	SS					
HOUSEHOLD EXPENSES Include expenses for everyone in your household, including children.						
6. Is anyone age 18 or older a full-time student? □ YES. Answer below () □ NO. Skip to next question □						
First name, middle initial	Name of school	Co	ontact information at school			
DOCUMENTATION REQUIRED: Provide	e current enrollment & fi	nancial aid informati	on from the registrar or admissions office.			

Does anyone has younger) or adu		•	-	,	
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
			\$		☐ Working ☐ Looking for work ☐ Going to school
			\$		☐ Working ☐ Looking for work ☐ Going to school
DOCUMENTATION REQU	JIRED: Provide docum	nentation verifying the	monthly payme	nt for each child	or adult care expense.
8. Does any family modisability or is aged example: medical part care, nursing care a yes. Answer below.	d 62 or older, have remiums, copays and prescription, a ow	e unreimbursed (and deductibles, m nd over-the-counte NO. Skip to next	out-of-pock nedical/denta er medication question 🗢	et) medical e al/optical expe s.	expenses? For enses, hospital
First name, middle initi	al Type of so or prod		ne of vendor c vice provider		it paid & frequency kly, monthly, one time
	2 12 2			(* 87 * * *	<u> </u>
DOCUMENTATION REQUI care premiums, co-pays, a the-counter medications ,	nd deductibles; a prin	tout from your pharma	cy showing pres	scription copays	and payments for over-
	Herita ed Be	SIGN HERE			
		examinations wi			
I certify that the info and belief. I underst					_
knowingly provide fa			o or impriso	inieu up to nve	e years II I
G 7 .	•		Date		
Head of Household Signature Co-Head/Spouse Signature					
Co-Head/Spouse Sign	nature		_ Date		

Tenant Name

Unit Address

All tenants must provide verification of assets and the income derived from those assets. Review and updated household assets held by any family member, irrespective of age. Add new assets in the space provided below. For all new assets, please provide current statements showing the value and interest rate of each asset.

An asset is any one of the following types without limitation:

401(k) or 403(b)Checking AccountLife Insurance PoliciesPensionsStocksBondsIndividual Retirement Accounts (IRA)Money Market AccountReal Estate Property (land)Trust FundsCertificate of DepositInheritancesMutual FundsSavings Account

Expected income can be derived from interest, dividends, regular periodic payments, or regular withdrawals. Enter the Current Balance (worth) of the asset, the annual income expected and whether the account is open or closed.

Current Household Assets

Other Family Member over age 18

Date

Account Holder Name	Type of Account	Account Number	Current Balance	Divedends/ .Interest %	Account Open/Closed
		TOTAL			
Certification					
The Total Family Assets abo	ove to not exceed \$5,000.				
I certify that the information on up to \$10,000 or imprisoned up				ef. I understand	I that I can be fined
Head of Household	Date	Other Family Me	mber over age 18		Date
Spouse	Date	Other Family Me	mber over age 18		Date
Other Family Member over age 18	Date	Other Family Me	mber over age 18		Date

Other Family Member over age 18

Date

PART II: Please Return to VSHA

HUD/FEDERALLY MANDATED EXCLUDED INCOME

Although not included for purposed of eligibility or rent calculation, HUD requires that nay income received from the following categories be documented. Please read the list and fill in any lines that are applicable. If more than one family member received one category, please list them separately.

<u>Exclusion</u>	Family Member	Annual Amount
Income from employment of children under 18		
Payments received from Foster children or Foster adults		_
Lump sum additions to family assets (deferred payment, inheritance, capital gains insurance payments, etc.)		
Medical Reimbursements		_
Income of Live-in Aide		_
Student Financial Aid		_
Special Armed Services Pay (when family member is exposed to hostile fire)		
Resident Services Stipend (not to exceed \$200 per month		
Sporadic Income (gifts, pay of a census taker)		_
Holocaust reparation payments		
Earnings for full time students (in excess of \$480) Doesn't include head or spouse		
Adoption Assistance Payments		_
Development Disability Care Payment		_
Refunds and rebates for property taxes		_
PASS (plan for achieving self-support)		_
Other publicly funded programs (amounts specifically for reimbursement of out of pocket expenses to allow participation in a specific program)		
HUD Funded training program		
Americorps Living Allowance		
Indian Settlements/Trust		
Title IV of the Higher Education Act of 1965		
Spina Bifida-any allowance paid under the provision of 38 U.S.C. 1805 to a child suffering from Spina Bifida who is a child of a Vietnam Veteran		
Agent Orange Settlements		
Child Care and Development Block Grant Act of 1990		_
Earned Income Tax Credit Refunds		
Crime Victim Compensation		
Title V of the older Americans Act (Senior community Service in Employment Program)		
I hereby certify that the above information is	true and correct to the best of	my knowledge.

Date

Head of household

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD) and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB Control Number 2577-0295 Expiration Date 1/31/2025

PHA requesting release of information; (Cross out space if none) (Fuil address, name of contact person, and date)

Vermont State Housing Authority
One Prospect Street
Montpelier, VT 05602

IHA requesting release of information: (Cross out space if none) (Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:			
Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Authorization for the Release of Information

Authorization for the Release	- Or initialities		Tenant ID
HA requesting release of information: Vermont State Housing Authority 1 Prospect St Montpelier, VT 05602			
Authority: 42 U.S.C. 1437f and 3535(d), imple 982.551(b). Purpose: In signing this consent form, you are authe above-named HA to request information includito: identity and marital status, employment in residences and rental activity, Medical or Child Care and Criminal Activity. HUD and the HA need this in your eligibility for assisted housing benefits and the set at the correct level. HUD and the HA may part matching programs with these sources in order to ve and level of benefits. Uses of Information to be Obtained: HUD is required information it obtains in accordance with the Privace S.C. 552a. HUD may disclose information (other information) for certain routine uses, such as to agencies for law enforcement purposes, to Federmployment suitability purposes and to HAs for determining housing assistance. The HA is also required information it obtains in accordance with any application. HUD and HA employees may be subject unauthorized disclosures or improper uses of the obtained based on the consent form. Who Must Sign the Consent Form: Each member who is 18 years of age or older must sign the conser signatures must be obtained from new adult me household or whenever members of the household in the subject of the household or whenever members of the household.	thorizing HUD and ing but not limited come and assets, Allowances, Credit formation to verify at these benefits are icipate in computer rify your eligibility uired to protect the y Act of 1974, 5 U. Her than tax return other government deral agencies for or the purpose of uired to protect the cable State privacy at to penalties for information that is	Failure to Sign Consent Form: Your failure to may result in the denial of eligibility or terminal benefits, or both. Denial of eligibility or term subject to the HA's grievance procedures and Sea and hearing procedures. Sources of Information: The groups or individe to release the authorized information include but Previous Landlords (including Public Housing & Courts and Post Offices Schools and Colleges Law Enforcement Agencies Support and Alimony Providers Past and Present Employers Social Service Agencies State Unemployment Agencies State Wage Information Collection Agencies Social Security Administration Medical and Child Care Providers Veterans Administration Retirement Systems Banks and other Financial Institutions Credit Providers and Credit Bureaus Utility Companies Internal Revenue Service	tion of assisted housing nination of benefits is ction 8 informal review duals that may be asked are not limited to:
Consent: I consent to allow HUD or the HA to reque individual for the purpose of verifying my eligibility a information under this consent form cannot use it to den addition, I must be given an opportunity to contest those	nd level of benefits u y, reduce or terminate	nder HUD's assisted housing programs. I understan	d that HAs that receive
This consent form expires 15 months after signed.		•	
Signatures:			
, Head of Household	Dale	Social Security Number (If any) of Head of Household	-
Spouse	Date	Other Family Member over age 18	Date

Penalties for Misusing this Consent:

Other Family Member over age 18

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Other Family Member over age 18

Date

Applicant/Participant Certification

Giving True and Complete Information

I/We certify that all information provided on household composition, family assets, income and items for allowances and deductions, is/are accurate and complete to the best of my/our knowledge. I/We have reviewed the application for and certify that the information shown is true and correct.

Reporting Changes in Household Composition and Income

I/We know I/we am/are required to report, immediately in writing, changes in household composition and income. I/We understand the rules regarding guests/visitors and when I/we must report anyone who is staying with me/us.

Reporting on Prior Housing Assistance

I/We certify that I/we have disclosed where I/we received any previous federal housing assistance and whether or not any money is owed. I/We certify that for this previous assistance I/we did not commit fraud, knowingly misrepresent information, or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance

I/We certify that the house or apartment will be my/our principal residence and that I/we will not obtain duplicate federal housing assistance while I/we am/are participating in this current program. I/We will not live anywhere else without notifying the Housing Authority immediately in writing. I/We will not sublease my/our assisted residence.

Cooperation

I/We know that I/we am/are required to cooperate in supplying all information needed to determine my/our eligibility, level of benefits, or verify my/our current circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing the required forms. I/We understand failure or refusal to do so may result in delays and termination of assistance.

Criminal and Administrative Actions for False Information

I/We understand that knowingly supplying false, incomplete or inaccurate information is punishable under federal or State criminal law. I/We understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance.

Signature of Family Members:	Date Signed:
Head of Household:	
Co-Head/Spouse:	
Other Family Member over age 18:	
Other Family Member over age 18:	

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)		
Emergency	Assist with Recertification P	Process
Unable to contact you	Change in lease terms	
Termination of rental assistance Eviction from unit	Change in house rules Other:	
Late payment of rent	Other:	
Commitment of Housing Authority or Owner: If you are approarise during your tenancy or if you require any services or special issues or in providing any services or special care to you.		
Confidentiality Statement: The information provided on this for applicant or applicable law.	m is confidential and will not be disc	losed to anyone except as permitted by the
Legal Notification: Section 644 of the Housing and Community requires each applicant for federally assisted housing to be offered organization. By accepting the applicant's application, the housin requirements of 24 CFR section 5.105, including the prohibitions programs on the basis of race, color, religion, national origin, sex. age discrimination under the Age Discrimination Act of 1975.	d the option of providing information g provider agrees to comply with the on discrimination in admission to or	regarding an additional contact person or non-discrimination and equal opportunity participation in federally assisted housing
Check this box if you choose not to provide the contact	information.	
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.

VERMONT STATE HOUSING AUTHORITY REQUEST FOR CRIMINAL RECORD CHECK SECTION 8 HOUSING

Applicant:				
Maiden Name:				
Aliases:				
Date of Birth:		·····		
SS#:				
Gender:		Race:		
Place of Birth:	City/Town	State	Country	
Phone Number:				
List all states in whi	ch you have lived:			
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Signature of Applica	ant·		Date:	

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Maiden Name:				
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List all states in whi	ch you have lived:			
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Signature of Applica	ant·		Date:	

List of Acceptable Documentation- Provided by Participant

For any household member who is employed:

- 1. If new employment:
 - a. A recent letter of hire showing the number of hours worked per week and the hourly rate of pay.
 - b. A payroll summary generated by the employer within the last 60 days which indicate the start date.
- 2. If existing employment: Copies of two recent consecutive paystubs (if paid bi-weekly), copies of four recent consecutive paystubs (if paid weekly).

For any household member who receives new Social Security Benefits or if there has been a change in the amount of your Benefits:

1. A current SS award letter, which may be obtained by calling 1-800-772-1213

For any household member who receives Welfare/Reach up/General Assistance:

1. A benefit statement or a benefit history issued by the Department of Economic Services.

For any household member who receives Unemployment Benefits:

1. Two consecutive check stubs OR the award letter stating the amount of the weekly benefit.

For Child Support paid directly to your household by the non-custodial parent:

1. A copy of the Child Support Order.

For Child Support paid through the Office of Child Support:

1. Two Copies of recent check stubs OR the Child Support Order Or Correspondence from the office of Child Support confirming the amount of support.

For any Assets held by a bank, broker, fund manager or other financial institution, including retirement, checking, savings, mutual fund or certificate of deposits, etc.

1. A copy of your most recent statement of the financial institution.

For any Household member who is 18 or older and a student:

1. Documentation issued by the educational institution showing they are enrolled, and whether the enrollment is part or full time, and anyone receiving financial aid.

For any Household member who is disabled and/or elderly and claiming medical expenses:

- 1. Copies of statements or receipts documenting the amount of your medical expenses, such as a read out from your pharmacy documenting your out of pocket costs for the past twelve (12) months. Please note: you may only claim medical expenses that are on-going.
- 2. If you are paying medical insurance, copies of recent statements from the providers showing the amount of your monthly premiums.

U.S. Department of Housing and Urban Development OMB Approval No. 2577-0286 Expires 06/30/2017

Vermont State Housing Authority Notice of Occupancy Rights under the Violence Against Women Act

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation. The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that the Housing Choice Voucher Program is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA."

Protections for Applicants

If you otherwise qualify for assistance under the Housing Choice Voucher Program you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under the Housing Choice Voucher Program you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under the Housing Choice Voucher Program solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

VSHA may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

^[1] The notice uses HP for housing provider but the housing provider should insert its name where HP is used. HUD's program-specific regulations identify the individual or entity responsible for providing the notice of occupancy rights.

^[2] Despite the name of this law, VAWA protection is available to all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

^[3] Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

If VSHA chooses to remove the abuser or perpetrator, VSHA may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, VSHA must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, VSHA must follow Federal, State, and local eviction procedures. In order to divide a lease, VSHA may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

Upon your request, VSHA may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, VSHA may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) You expressly request the emergency transfer. Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

VSHA will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

VSHA's emergency transfer plan provides further information on emergency transfers, and VSHA must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

VSHA can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from VSHA must be in writing, and VSHA must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. VSHA may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to VSHA as documentation. It is your choice which of the following to submit if VSHA asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- * A complete HUD-approved certification form given to you by VSHA with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- * A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- * A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- * Any other statement or evidence that VSHA has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, VSHA does not have to provide you with the protections contained in this notice.

If VSHA receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), VSHA has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, VSHA does not have to provide you with the protections contained in this notice.

Confidentiality

VSHA must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

VSHA must not allow any individual administering assistance or other services on behalf of VSHA (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

VSHA must not enter your information into any shared database or disclose your information to any other entity or individual. VSHA, however, may disclose the information provided if:

- You give written permission to VSHA to release the information on a time limited basis.
- VSHA needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires VSHA or your landlord to release the information.

VAWA does not limit VSHA's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, VSHA cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if VSHA can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If VSHA can demonstrate the above, VSHA should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with the US Department of Housing & Urban Development Boston Field Office at (617) 994-8200.

For Additional Information

You may view a copy of HUD's final VAWA rule at https://www.federalregister.gov/

Additionally, VSHA must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact Vermont State Housing Authority at (802) 828-3295.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact Vermont 2-1-1 by simply dialing 2-1-1 from anywhere in Vermont or (802) 652-4636 from outside of Vermont.

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at https://www.victimsofcrime.org/our-programs/stalking-resource-center.

For help regarding sexual assault, you may contact Vermont 2-1-1 by simply dialing 2-1-1 from anywhere in Vermont or (802) 652-4636 from outside of Vermont.

Victims of stalking seeking help may contact Vermont 2-1-1 by simply dialing 2-1-1 from anywhere in Vermont or (802) 652-4636 from outside of Vermont.

Attachment: Certification form HUD-5382

CERTIFICATION OF
DOMESTIC VIOLENCE,
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION

OMB Approval No. 2577-0286 Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act ("VAWA") protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, "professional") from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of "domestic violence," "dating violence," "sexual assault," or "stalking" in HUD's regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

1. Date the written request is received by victim: 2. Name of victim: 3. Your name (if different from victim's):			
		4. Name(s) of other family me	ember(s) listed on the lease:
		5. Residence of victim:	
6. Name of the accused perpe	etrator (if known and can be safely disclosed):		
7. Relationship of the accused	l perpetrator to the victim:		
	dent(s) (if known):		
In your own words, briefly descri			
and recollection, and that the inc dating violence, sexual assault	nation provided on this form is true and correct to the best of my knowledge dividual named above in Item 2 is or has been a victim of domestic violence, or stalking. I acknowledge that submission of false information could and could be the basis for denial of admission, termination of assistance, or		
Signature	Signed on (Date)		
Public Reporting Rurden: Th	ne public reporting burden for this collection of information is estimated to		

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.