

Vermont State Housing Authority (VSHA)

One Prospect Street, Montpelier, Vermont 05602
Phone: (802) 828-1991 or (800) 820-5119 (messages)
Fax: (802) 828-2111 TTY: 1-800-955-8771



Housing Programs: Pre-Application for Assistance

Complete this form to apply for the following rental assistance program waitlists:

➔ Section 8 Housing Choice Voucher:

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 Voucher:

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 rental 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 ever been convicted of drug-related criminal activity or any criminal activity or production of methamphetamine on the premises of federally assisted housing.
 - ➔ Are subject to lifetime registration requirements on any State's sex offender registry.

Any questions? Help is available!

CALL: (802) 828-1991, (800) 820-5119

VISIT: You can visit our office at One Prospect St., Montpelier, Vermont

SENIORS: If you're 60 or older, call Vermont's Senior Helpline at **1-800-642-5119**.

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 Head of Household must sign and date the application

3. Attach copies of any required documents

Some questions may ask for additional documents. Send copies as originals may not be returned. We may ask you to provide copies of additional documents (e.g., pay stubs, immigration documents, etc.)

4. Submit your application

Send your application to:
Vermont State Housing Authority
One Prospect Street
Montpelier, VT 05602
Fax: 802-828-2111

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 speak 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⁽¹⁾ 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: (888) 406-4003

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 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	
OTHER PERSON 2					13. Full Time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	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: \$	
OTHER PERSON 3	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	
	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:	
OTHER PERSON 4	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	
	1. Full name (first, middle initial, last):		2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		3. Gender:	
OTHER PERSON 5	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:

1. Is any household member subject to lifetime registration on any State's sex offender registry? If yes, who and where?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. 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
3. Do you have at least 50/50 custody of minors in the household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you require a special accommodation to participate in the application process? If yes, please describe what you need.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does any member of the household require a mobility, vision, or hearing unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is English your primary spoken language? If no, what is your primary spoken language?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is English your primary written language? If no, what is your primary written language?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you require a translator or interpreter? If yes, what language?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>9. Have you or anyone in your household been displaced from your Vermont 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: _____</p> <p>Name of disaster: _____ Location of disaster: _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. 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.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>11. 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 (mm/yyyy) : _____ - _____ Program Type: _____</p> <p>Which Housing Authority?: _____ Was assistance Terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>12. Are you actively receiving rental assistance benefits through a VSHA-administered rental assistance program or Vermont state funded time-limited rental assistance and certified to be in compliance with benefit program & tenancy requirements? (Examples: Vermont Rental Subsidy, Rapid Rehousing, etc.)</p> <p>If yes, please complete the preference checklist.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>13. Are you or any household member living in substandard housing?</p> <p>(Doesn't ensure safe and adequate shelter, posing risks to family well-being due to multiple critical or intermediate defects, requiring significant repair or rebuilding.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

14. 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
5. Are you, or 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

3. ADDITIONAL DOCUMENTATION:

- ☐ If you think you qualify for an approved preference for the Section 8 HCV please complete the Preference Checklist indicating the preference for which you qualify for and who can verify.
- ☐ If you are applying to a Project-Based voucher, please complete the Waiting List Checklist indicating all the properties for which 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 (VSHA)

One Prospect Street, Montpelier, Vermont 05602

Phone: (802) 828-3295 or (802) 828-1991

Messages: 1-800-820-5119 Fax: (802) 828-2111

APPLICANT'S NAME (FIRST, MIDDLE, LAST)

SOCIAL SECURITY NUMBER

WAITING LIST CHECKLIST**Please check all the waiting lists for which you would like to apply.****PROJECT BASED****ADDISON COUNTY****Bedroom Sizes Available**

Bristol	<input type="checkbox"/> Hunt Farm Housing: EP Management (802) 775-1100	2 & 3 Bedroom
Vergennes	<input type="checkbox"/> Addison Housing: Addison Housing Works (802) 877-2626	1 & 3 Bedroom
	<input type="checkbox"/> Willow Apartments: Summit Properties (802) 846-5430 ELDERLY/DISABLED	1 Bedroom
Middlebury	<input type="checkbox"/> 11 Seminary Street: Addison Housing Works (802) 877-2626	2 & 3 Bedroom
	<input type="checkbox"/> 15 Court Street: Addison Housing Works (802) 877-2626	0 & 1 Bedroom
	<input type="checkbox"/> Middlebury Commons: VSHA (802) 828 1045 ELDERLY/DISABLED	1 Bedroom
	<input type="checkbox"/> North Pleasant Street Apartments Addison Housing Works (802) 877-2626	2, 3 & 4 Bedroom
	<input type="checkbox"/> Pine Meadow Apartments: Addison Housing Works (802) 877-2626	1, 2 & 3 Bedroom
	<input type="checkbox"/> Smith Housing: Addison Housing Works (802) 877-2626	1, 2 & 3 Bedroom
Waltham	<input type="checkbox"/> McNight Lane: Addison Housing Works (802) 877-2626	2 & 3 Bedroom

BENNINGTON COUNTY**Bedroom Sizes Available**

Arlington	<input type="checkbox"/> Battenkill North: Shires Housing (802) 442-8139	1, 2 & 3 Bedroom
Bennington	<input type="checkbox"/> Woodland Station Housing LP: Shires Housing (802) 442-8139	2 & 3 Bedroom

CALEDONIA COUNTY**Bedroom Sizes Available**

Hardwick	<input type="checkbox"/> Evergreen Manor: Rural Edge (802) 535-3555	2 & 3 Bedroom
	<input type="checkbox"/> Jeudevine: Rural Edge (802) 535-3555	1, 2, 3 & 4 Bedroom
Lyndonville	<input type="checkbox"/> 101 Main Street (Matthewson Bldg): Rural Edge (802) 535-3555 ELDERLY	1 & 2 Bedroom
	<input type="checkbox"/> 599 Main Street: Rural Edge (802) 535-3555	1 & 2 Bedroom
	<input type="checkbox"/> Olivia Place: Rural Edge (802) 535-3555	1 & 2 Bedroom
Peacham	<input type="checkbox"/> Peacham Housing: EP Management (802) 775-1100 ELDERLY/DISABLED	1 Bedroom
South Ryegate	<input type="checkbox"/> Lind Homes: Rural Edge (802) 535-3555	3 Bedroom
St. Johnsbury	<input type="checkbox"/> Caledonia Housing Partnership: Rural Edge (802) 535-3555	1, 2, 3 & 4 Bedroom
	<input type="checkbox"/> New Avenue: Rural Edge (802) 535-3555	0, 1 & 2 Bedroom
West Burke	<input type="checkbox"/> Burkeland Lane: Rural Edge (802) 535-3555	0 & 2 Bedroom

CHITTENDEN COUNTY		Bedroom Sizes Available
Burlington	<input type="checkbox"/> Dover Place: Champlain Housing Trust (802) 862-6244	1, 2 & 3 Bedroom
	<input type="checkbox"/> Flynn Ave Coop: Champlain Housing Trust (802) 862-6244	1, 2 & 3 Bedroom
	<input type="checkbox"/> Thayer Senior Housing: Cathedral Square (802) 859-8827	ELDERLY 1 & 2 Bedroom
Colchester	<input type="checkbox"/> Stuart Ave: Champlain Housing Trust (802) 862-6244	1, 2 & 3 Bedroom
Essex Junction	<input type="checkbox"/> Whitcomb Terrace: Cathedral Square (802) 859-8827	ELDERLY/DISABLED 1 Bedroom
Heinsburg	<input type="checkbox"/> Kelley's Field: Cathedral Square (802) 859-8827	55+ 1 Bedroom
Milton	<input type="checkbox"/> Elm Place: Cathedral Square (802) 859-8827	55+ 1 Bedroom
Shelburne	<input type="checkbox"/> Harrington Village: Champlain Housing Trust (802) 862-6244	ELDERLY/DISABLED 1, 2 & 3 Bedroom
Williston	<input type="checkbox"/> Whitney Hill Homestead: Cathedral Square (802) 863-2224	ELDERLY 1 & 2 Bedroom
ESSEX COUNTY		Bedroom Sizes Available
Brighton	<input type="checkbox"/> Brighton Scattered: Rural Edge (802) 473-3937	ELDERLY/DISABLED 2, 3 & 4 Bedroom
Island Pond	<input type="checkbox"/> Mountain & Adler: Gervais (802) 723-6130	1 & 2 Bedroom
FRANKLIN COUNTY		Bedroom Sizes Available
Enosburg Falls	<input type="checkbox"/> Falls Housing: Champlain Housing Trust (802) 862-6244	1 & 2 Bedroom
Georgia	<input type="checkbox"/> Hidden Pines: Champlain Housing Trust (802) 862-6244	ELDERLY/DISABLED 1 Bedroom
St. Albans	<input type="checkbox"/> Hawk's Nest: Evergreen Real Estate (802) 527-9870	ELDERLY/DISABLED 1 & 2 Bedroom
	<input type="checkbox"/> Lake & Maple: EP Management (802) 775-1100	2 & 3 Bedroom
	<input type="checkbox"/> Welden Villa: VSHA (802) 828-1045	ELDERLY/DISABLED 1 Bedroom
Richford	<input type="checkbox"/> Main Street Mill: EP Management (802) 775-1100	1 & 2 Bedroom
GRAND ISLE COUNTY		Bedroom Sizes Available
Grand Isle	<input type="checkbox"/> Isle Lane: Champlain Housing Trust (802) 862-6244	1, 2 & 3 Bedroom
LAMOILLE COUNTY		Bedroom Sizes Available
Morrisville	<input type="checkbox"/> Arthur's Main Street Housing: Downstreet (802) 476-4493	1 & 2 Bedroom
ORANGE COUNTY		Bedroom Sizes Available
Randolph	<input type="checkbox"/> Hedding Drive: Stewart Property Management (603) 641-2163	1 & 2 Bedroom
	<input type="checkbox"/> Salisbury Square: Stewart Property Management (603) 641-2163	1, 2 & 3 Bedroom
Bradford	<input type="checkbox"/> Waits River Housing: Downstreet (802) 476-4493	ELDERLY/DISABLED 1, 2 & 3 Bedroom
ORLEANS COUNTY		Bedroom Sizes Available
Derby	<input type="checkbox"/> Johns River Apartments: Rural Edge (802) 473-3093	1 & 2 Bedroom
Newport	<input type="checkbox"/> Memphremagog Rentals: Spates (802) 334-2262	2 Bedroom

RUTLAND COUNTY		Bedroom Sizes Available
Brandon	<input type="checkbox"/> Park Village Apartments: Summit Properties (802) 846-5430	1, 2 & 3 Bedroom
Fair Haven	<input type="checkbox"/> Adams House: Housing Trust of Rutland County (802) 775-3139 ELDERLY/DISABLED	1 Bedroom
Rutland	<input type="checkbox"/> Columbian Avenue: Housing Trust of Rutland County (802) 775-3139	2, 3 & 4 Bedroom
	<input type="checkbox"/> Marble Street: Housing Trust of Rutland County (802) 775-3139	1 & 3 Bedroom
	<input type="checkbox"/> Rutland Rehab Scattered Site: Housing Trust of Rutland County (802) 775-3139	1, 2 & 3 Bedroom
West Rutland	<input type="checkbox"/> Stanislaus Apartments: Housing Trust of Rutland County (802) 775-3139	1 & 2 Bedroom
WASHINGTON COUNTY		Bedroom Sizes Available
Cabot	<input type="checkbox"/> Cabot Commons: Downstreet (802) 476-4493 ELDERLY/DISABLED	1 & 2 Bedroom
Northfield	<input type="checkbox"/> Dogwood Glen: VSHA (802) 828-1045	1 & 2 Bedroom
Plainfield	<input type="checkbox"/> Hollister Hill: VSHA (802) 828-1045	1, 2 & 3 Bedroom
Waitsfield	<input type="checkbox"/> Evergreen Place Senior Housing: Downstreet (802) 476-4493 ELDERLY/DISABLED	1 Bedroom
Waterbury	<input type="checkbox"/> Chase Block: Downstreet (802) 476-4493 ELDERLY/DISABLED	1 Bedroom
Waterbury Center	<input type="checkbox"/> Green Mountain Seminary Apartments: Downstreet (802) 476-4493	1 & 2 Bedroom
WINDHAM COUNTY		Bedroom Sizes Available
Bellows Falls	<input type="checkbox"/> Bellows Falls Housing: Stewart Property Management (802) 463-9863	1, 2, 3 & 4 Bedroom
	<input type="checkbox"/> Howard Block: Stewart Property Management (802) 463-9863	1 & 2 Bedroom
	<input type="checkbox"/> Pine Street: Stewart Property Management (802) 463-9863	1, 2, 3 & 4 Bedroom
Brattleboro	<input type="checkbox"/> 13 Canal Street: Windham Windsor Housing Trust (802) 246-2115	1, 2 & 3 Bedroom
	<input type="checkbox"/> Abbott Block: Stewart Property Management (802) 257-7616	1 & 2 Bedroom
	<input type="checkbox"/> Clark Street: Windham Windsor Housing Trust (802) 246-2115	2 & 3 Bedroom
	<input type="checkbox"/> Esteyville Housing: Windham Windsor Housing Trust (802) 246-2115	0, 1, 2, 3 & 4 Bedroom
	<input type="checkbox"/> Portfolio Enhancement I: Windham Windsor Housing Trust (802) 246-2115	0, 1, 2 & 3 Bedroom
	<input type="checkbox"/> Red Clover Commons: Brattleboro Housing (802) 254-5590 ELDERLY/DISABLED	1 & 2 Bedroom
	<input type="checkbox"/> Westgate Allocated: Stewart Property Management (802) 257-7616	1, 2 & 3 Bedroom
	<input type="checkbox"/> Whetstone: Windham Windsor Housing Trust (802) 246-2115	1, 2 & 3 Bedroom
	<input type="checkbox"/> Wilder Building: Windham Windsor Housing Trust (802) 246-2115	1 Bedroom
Guilford	<input type="checkbox"/> Algiers: Windham Windsor Housing Trust (802) 246-2115	1, 2 & 3 Bedroom
Putney	<input type="checkbox"/> Noyes House: Windham Windsor Housing Trust (802) 246-2115 ELDERLY/DISABLED	0 & 1 Bedroom
West Brattleboro	<input type="checkbox"/> Western Avenue Housing: Windham Windsor Housing Trust (802) 246-2115	1, 2 & 3 Bedroom
West Dover	<input type="checkbox"/> Butterfield Housing: Stewart Property Management (802) 257-7616 ELDERLY/DISABLED	1 Bedroom
Westminster/ Chester	<input type="checkbox"/> Chester Gage Housing: Stewart Property Management (802) 463-9863	1 & 2 Bedroom

WINDSOR COUNTY		Bedroom Sizes Available
Ludlow	<input type="checkbox"/> Black River Overlook: Stewart Property Management (802) 885-7885	1, 2 & 3 Bedroom
Proctorsville	<input type="checkbox"/> Freeman House: Stewart Property Management (802) 885-7885 ELDERLY/DISABLED	1 Bedroom
	<input type="checkbox"/> Proctorsville Green: Stewart Property Management (802) 885-7885	2 Bedroom
Springfield	<input type="checkbox"/> Southview: Stewart Property Management (802) 885-7885	1, 2 & 3 Bedroom
	<input type="checkbox"/> Westview Terrace: Springfield Housing (802) 885-4453	1, 2 & 3 Bedroom
White River Jct.	<input type="checkbox"/> Bridge & Main: VSHA (802) 828-1045	1 Bedroom
	<input type="checkbox"/> Colodney Building: VSHA (802) 828-1045 ELDERLY/DISABLED	1 Bedroom
	<input type="checkbox"/> Hartford Scattered Site: Twin Pines (802) 291-7000	1 & 2 Bedroom
	<input type="checkbox"/> Morale House: Twin Pines (802) 291-7000	1 & 2 Bedroom
	<input type="checkbox"/> Northwoods: VSHA (802) 828-1045	1, 2, 3 & 4 Bedroom
Windsor	<input type="checkbox"/> Union Square: Stewart Property Management (802) 674-9455	1, 2 & 3 Bedroom
Woodstock	<input type="checkbox"/> Safford Commons: Twin Pines (802) 291-7000	1, 2 & 3 Bedroom

APPLICANT'S NAME (FIRST, MIDDLE, LAST)

SOCIAL SECURITY NUMBER

TENANT BASED

☐ Housing Choice Voucher (HCV)

PREFERENCE SELECTION

If you are applying for a Section 8 Housing Choice Voucher and are eligible for any of the preferences below, check the ☐ for the preference for which your household qualifies. An approved preference could affect your place on the waiting list. You must include the individual who can verify your eligibility of the selected preference.

If you're claiming preference 1, 2 or 3, please complete this section:

Name of Agency who can verify preference status: _____

Name of Individual (if known) and title who can verify preference status: _____

Phone # of Agency/Individual: _____ Email of Agency/Individual: _____

1. DISPLACED FAMILY PREFERENCE

☐

This preference is available to Vermont families displaced from their Vermont home due to fire, flood, natural disaster or condemnation by a local, state or federal agency. Please describe what happened:

2. MOVE-UP PREFERENCE

☐

This preference is available to families who meet the following criteria:

- Actively receiving rental assistance benefits through a VSHA-administered rental assistance program or a Vermont state-funded, time-limited rental assistance program (such as VRS or (HOMES); **and**
- Been in the rental assistance program for at least 6 months at the time of application; **and**
- Certified to be in compliance with rental assistance program and tenancy requirements.

Note: This preference does not include those participating in the Emergency Motel Voucher Program

Check which program below:

- ☐ VSHA Continuum of Care Program – Rapid Rehousing
- ☐ VSHA Continuum of Care Program – Permanent Supportive Housing (Shelter + Care)
- ☐ VSHA Family Unification Program for Youth in Transition (FUP-Y)
- ☐ VSHA Fostering Youth to Independence (FYI)
- ☐ CVOEO HOMES Voucher program
- ☐ Vermont Rental Subsidy (VRS)
- ☐ Other: _____

3. PREFERENCE FOR NON-ELDERLY PERSONS WITH DISABILITIES TRANSITIONING OUT OF INSTITUTIONS

☐

This preference is available for non-elderly disabled families who are:

- Transitioning out of an institution or other segregated setting; **or**
- At serious risk of institutionalization, are homeless, or at risk of becoming homeless.

4. VERMONT RESIDENT PREFERENCE

☐

This preference is available for families who either live or work in the state of Vermont and can prove residency through a verified current physical address or verification from an employer.