Vermont State Housing Authority (VSHA)
One Prospect Street, Montpelier, Vermont 05602
Phone: (802) 828-1991 or 1-800-820-5119 *(messages)*
Fax: (802) 828-2111 TTY: 1-800-798-3118

EQUAL HOUSING OPPORTUNITY

Housing Programs: Application for Assistance

One application.

Complete this form to apply for the following rental assistance programs:

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:
Can help you afford rent at certain properties. If eligible, you'll be put on waiting lists for the properties you specify. If a unit becomes available, you'll pay rent based on your household income.

Eligibility for housing assistance.

To qualify for assistance, you must:

Meet income limits established by the U.S. Department of Housing and Urban Development (HUD).

Meet the HUD requirements for citizenship or immigration status.

Provide a copy of Social Security cards for all family members.

Not owe money to the Vermont State Housing Authority (VSHA) or other housing authority.

Sign any authorization forms required to verify eligibility requirements.

Not have any household members (including yourself) who:

- ☒ Have engaged in drug-related or violent criminal activities or any criminal activity that would threaten the health, safety or peaceful enjoyment of premises by other residents.
- ☒ Are subject to lifetime registration requirements on any State's sex offender registry.

Any questions? Help is available!

CALL: **(802) 828-1991**, **1-800-820-5119**

VISIT: You can visit our office in Montpelier. Please call first to make an appointment.

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

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

Getting Started

Step-by-Step 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.

Unless indicated, each question applies to all household members.

2. Sign the application.

The applicant must sign on page 6.

All members age 18+ must sign in the spaces provided on pages 1 & 2. This authorizes us to complete criminal background and sex offender registry checks on them.

3. Attach copies of any required documents.

Some questions ask for additional documents. Review the checklist on page 6 before submitting your application. *Be sure to send copies.*

4. Send your application to:

Vermont State Housing Authority
One Prospect Street
Montpelier, VT 05602

5. Submit additional documents if requested.

We may ask you to provide copies of additional documents (e.g., immigration documents).

Report Changes

While waiting for a voucher, let us know if your contact information changes. If you don't, your application may become inactive and you'll have to reapply.

Other Important Facts

If you have limited English, we can provide free interpretation services to help you access our services.

If you have a disability, you may be entitled to 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: (802) 828-1991

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

If you need help making your request, let us know. We're happy to help!

We'll give you an answer within 10 working days — unless we have an issue getting the information we need or you agree to give us more time.

1 *Reasonable* means an accommodation that doesn't present an undue financial and administrative burden and has an identifiable relationship to the person's disability.

2.14.2024 All previous versions obsolete

Application for Housing Assistance

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

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

1. Tell us about you, the person applying.

First name, middle name, last name and suffix (Jr., Sr., III, etc.)		Date of birth (mm/dd/yyyy)
Social Security number	Phone number where you can be reached ( ) –	Email: primary contact if supplied
Mailing address (street address or PO box, city, state, zip code)		
Physical address (if different from mailing address)		

Ethnicity: (check ✓ one)	Gender:	Pregnant?	Disabled?	Need an accessible unit?
☐ Hispanic/Latino ☐ Non-Hispanic/Latino	☐ M ☐ F	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No if yes: ☐ Mobility ☐ Sensory

Race: (check✓ all that apply)	Citizenship:
☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ White ☐ Native Hawaiian/Other Pacifi Islander ☐ Other	☐ U.S. Citizen/National ☐ Legal Alien ☐ Refugee/Asylee ☐ Other

2. Tell us about all the other people living in your home.

Provide details for all household members. Have each person age 18+ sign below to authorize background checks on them. 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? ☐ Yes ☐ No	3. Gender: ☐ M ☐ F	4. Date of birth *(mm/dd/yyyy)*:
5. Ethnicity *(check ✓ one)*: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino	6. Race (check✓ all that apply): ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ White ☐ Native Hawaiian/Other Pacifi Islander ☐ Other		7. Citizenship: ☐ U.S. Citizen/National ☐ Refugee/Asylee ☐ Legal Alien ☐ Other
8. Social Security number:	9. Relationship to applicant:	**SIGN authorizing background checks if 18+**	

OTHER PERSON 2

1. Full name *(first, middle initial, last)*:	2. Disabled? ☐ Yes ☐ No	3. Gender: ☐ M ☐ F	4. Date of birth *(mm/dd/yyyy)*:
5. Ethnicity *(check ✓ one)*: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino	6. Race (check✓ all that apply): ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ White ☐ Native Hawaiian/Other Pacifi Islander ☐ Other		7. Citizenship: ☐ U.S. Citizen/National ☐ Refugee/Asylee ☐ Legal Alien ☐ Other
8. Social Security number:	9. Relationship to applicant:	**SIGN authorizing background checks if 18+**	

OTHER PERSON 3

1. Full name *(first, middle initial, last)*:	2. Disabled? ☐ Yes ☐ No	3. Gender: ☐ M ☐ F	4. Date of birth *(mm/dd/yyyy)*:
5. Ethnicity *(check ✓ one)*: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino	6. Race (check✓ all that apply): ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ White ☐ Native Hawaiian/Other Pacifi Islander ☐ Other		7. Citizenship: ☐ U.S. Citizen/National ☐ Refugee/Asylee ☐ Legal Alien ☐ Other
8. Social Security number:	9. Relationship to applicant:	**SIGN authorizing background checks if 18+**	

Continue listing other people on next page if needed.

2.14.2024 All previous versions obsolete

2. Other people living in your home (continued)

OTHER PERSON 4

1. Full name *(first, middle initial, last)*:	2. Disabled? ☐ Yes ☐ No	3. Gender: ☐ M ☐ F	4. Date of birth *(mm/dd/yyyy)*:
5. Ethnicity *(check ✓ one)*: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino	6. Race (check✓ all that apply): ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ White ☐ Native Hawaiian/Other Pacifi Islander ☐ Other		7. Citizenship: ☐ U.S. Citizen/National ☐ Refugee/Asylee ☐ Legal Alien ☐ Other
8. Social Security number:	9. Relationship to applicant:	**SIGN authorizing background checks if 18+**	

OTHER PERSON 5

1. Full name *(first, middle initial, last)*:	2. Disabled? ☐ Yes ☐ No	3. Gender: ☐ M ☐ F	4. Date of birth *(mm/dd/yyyy)*:
5. Ethnicity *(check ✓ one)*: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino	6. Race (check✓ all that apply): ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ White ☐ Native Hawaiian/Other Pacifi Islander ☐ Other		7. Citizenship: ☐ U.S. Citizen/National ☐ Refugee/Asylee ☐ Legal Alien ☐ Other
8. Social Security number:	9. Relationship to applicant:	**SIGN authorizing background checks if 18+**	

OTHER PERSON 6

1. Full name *(first, middle initial, last)*:	2. Disabled? ☐ Yes ☐ No	3. Gender: ☐ M ☐ F	4. Date of birth *(mm/dd/yyyy)*:
5. Ethnicity *(check ✓ one)*: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino	6. Race (check✓ all that apply): ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ White ☐ Native Hawaiian/Other Pacifi Islander ☐ Other		7. Citizenship: ☐ U.S. Citizen/National ☐ Refugee/Asylee ☐ Legal Alien ☐ Other
8. Social Security number:	9. Relationship to applicant:	**SIGN authorizing background checks if 18+**	

3. Answer the questions below about you, your household and its members.

a. Do you have at least 50/50 physical custody of the minors listed above? If not please explain:	☐ Yes ☐ No
b. Did you *(the applicant)* file a federal income tax return last year?	☐ Yes ☐ No
c. Is your household currently homeless?	☐ Yes ☐ No
d 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 when and where in the space below:	☐ Yes ☐ No
e. Has any household member been convicted of criminal activity related to the production of methamphetamine on the premises of federally-assisted housing?	☐ Yes ☐ No
f. Is any household member subject to lifetime registration on any State's sex offender registry?	☐ Yes ☐ No
g. 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? Examples: car, money, stock, land, home or something else of value.	☐ Yes ☐ No
h. Does anyone outside of your household pay for, or provide money for, any of your household bills or living expenses?	☐ Yes ☐ No
i. If your household has no income, how are your daily living expenses being paid? Explain below.	

HOUSEHOLD ASSETS

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

4. Does any household member (including children) own assets? *See list below.*

☐ **YES. Answer below** ☐ **NO. Skip to next question**

Check the types of assets owned. Then, provide details about each asset in the spaces provided below.

☐ Bonds/stocks/mutual funds ☐ Certificate of deposit ☐ Checking account ☐ Christmas Club ☐ Direct Express other Debit Cards ☐ Inheritance	☐ IRA/Keogh Plan/401K ☐ Life insurance policy ☐ Money market account ☐ Pension ☐ Property (land) ☐ Retirement account	☐ Savings account ☐ Savings bonds ☐ Trusts ☐ Venmo, Paypal, Bitcoin, other peer to peer account

DOCUMENTATION REQUIRED: Send a copy of a current statement verifying the value of each asset.

Account holder	Account type	Account #	Current balance $
Documentation attached? ☐Yes ☐No	Verification source name & address		

Account holder	Account type	Account #	Current balance $
Documentation attached? ☐Yes ☐No	Verification source name & address		

Account holder	Account type	Account #	Current balance $
Documentation attached? ☐Yes ☐No	Verification source name & address		

Account holder	Account type	Account #	Current balance $
Documentation attached? ☐Yes ☐No	Verification source name & address		

Account holder	Account type	Account #	Current balance $
Documentation attached? ☐Yes ☐No	Verification source name & address		

Account holder	Account type	Account #	Current balance $
Documentation attached? ☐Yes ☐No	Verification source 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 metal)
- ☐ Social Security

Unearned income:

- ☐ Alimony
- ☐ Child support
- ☐ Disability benefit
- ☐ Financial aid for school
- ☐ Insurance payments
- ☐ Pension
- ☐ Public benefit (e.g., Reach Up, 3SquaresVT)

Unearned income:

- ☐ Retirement benefit
- ☐ Royalties
- ☐ SSI
- ☐ Unemployment benefit
- ☐ Veteran's retirement benefit
- ☐ 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 & address			

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 & address			

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 & address			

HOUSEHOLD EXPENSES

Include expenses for everyone in your household, including children.

6. Does anyone age 18 or older attend post-secondary school full time?

☐ **YES. Answer below** ☐ **NO. Skip to next question**

First name, middle initial	Name of school	Contact information at school

DOCUMENTATION REQUIRED: Provide current enrollment & financial aid in ormation from the registrar or admissions office

7. Does anyone have unreimbursed (out-of-pocket) expenses for child or adult care?

☐ **YES. Answer below** ☐ **NO. Skip to next question**

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 REQUIRED: Provide documentation verifying the monthly payment for each child or adult care expense.

8. Does anyone age 62 or older, or with a disability, have unreimbursed (out-of-pocket) medical expenses?

For example: medical premiums, copays and deductibles, medical/dental/optical expenses, hospital care, nursing care and prescription and over-the-counter medications.

☐ **YES. Answer below** ☐ **NO. Skip to next question**

First name, middle initial	Type of service or product	Name of vendor or service provider	Amount paid & frequency (e.g., weekly, monthly, one time)

DOCUMENTATION REQUIRED: Provide documentation verifying the expenses listed above. This could include proof of health care premiums, co-pays, and deductibles; a printout from your pharmacy showing prescription copays and payments for over-the-counter medications , a printout of medical bills you're paying on; and receipts for other medical expenses.

SIGNATURE PAGE

Make sure you sign this form and go over the checklist below before you submit your document.

BY SIGNING BELOW, I CERTIFY AND AGREE THAT:

- ☐ I authorize the Vermont State Housing Authority (VSHA) and HUD to request any information needed to determine my household's eligibility for housing assistance.
- ☐ I authorize the VSHA — as well as the agencies, contractors and organizations that work with them — to share information related to my housing needs. This includes application and recertification paperwork, needed verifications, waitlist status, termination of assistance and information related to criminal background checks.
- ☐ I authorize a check of my criminal record by the Vermont Criminal Information Center and the Federal Bureau of Investigation/National Criminal Information Center. I understand the results of that check will be made available to the VSHA for use in reviewing my suitability as a tenant. I further understand that I have the right to appeal the results of the criminal record check to the Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, Vermont, 05671-2101.

SIGN HERE

Unsigned applications may be returned.

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to $10,000 or imprisoned up to five years if I knowingly provide false or incomplete information.

Signature _____ **Date** _____

CHECKLIST OF REQUIRED DOCUMENTATION: *Send copies,originals will not be returned.*

- ☐ Social Security cards for all household members.
- ☐ Verification of Identity (Gov't issued ID, Birth Certificate, vaccination record, etc)
- ☐ Current statements confirming the value of each household asset.
- ☐ Supporting documents that verify household 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.
- ☐ Current enrollment and financial aid information from the registrar or admissions office for any household member attending post-secondary school.
- ☐ Documents confirming any monthly payments for child care and adult care.
- ☐ Documents confirming unreimbursed (out-of-pocket) medical expenses. This could include proof of health care premiums, co-pays, and deductibles; a printout from your pharmacy showing prescription copays and payments for over-the-counter medications, a printout of medical bills you're paying on; and receipts for other medical expenses.

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.

Exclusion	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.

_____ _____

Head of household **Date**

Vermont State Housing Authority
1 Prospect Street, Montpelier VT 05602-3556
802-828-3295 (Voice) – 802-828-2111 (Fax)
800-820-5119 (Message)
www.vsha.org

EQUAL HOUSING OPPORTUNITY

VSHA Release of Information

I (please print your name) _____ authorize for Vermont State Housing Authority (VSHA) and the below named agencies to share information related to my rental assistance, housing needs, and receipt of social services including benefit/assistance amounts, child support payments, household composition, and household member identifying information (e.g., date of birth, social security number) to VSHA for the purpose of determining my initial or on-going program eligibility.

Sources of Information: (Groups or individuals that may be asked to release the authorized information include but are not limited to the following:

- Courts and Post Offices
- Schools and Colleges
- State Unemployment Agencies
- Banks and other Financial Institutions
- All Vermont State Housing Authority departments
- Past and Present Employers
- Medical and Child Care Providers
- State Social Service Agencies (Economic Services, Office of Child Support, etc.)

Additional people/agencies & phones able to share information:

_____

_____

_____

This also includes information related to my criminal background check: YES ☐ NO ☐

_____

Name (Head of Household) **SSN (last 4 digits)** **Date of Birth**

_____

Address **Phone Number**

_____

Signature of Head of Household: **Date:**

Each member of your household who is 18 years of age or older must sign the consent form.

_____

Other Family Member over age 18: **Date:**

_____

Other Family Member over age 18: **Date:**

This consent form expires 12 months after being signed or at my request, whichever comes first.

OMB Control Number: 2577-0295
Use this form for reexaminations effective on or after January 1, 2024. Use form HUD-9886 for reexaminations effective prior to January 1, 2024.

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date):

Vermont State Housing Authority
1 Prospect Street
Montpelier, VT 05602

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing
Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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(l)(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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Declaration of Citizenship

Please complete this form and return to:
Vermont State Housing Authority
1 Prospect Street
Montpelier, VT 05602

Part 1: Applies to All Family/Household Members

Each person who will benefit under the Section 8 Rental Assistance Program must either be a citizen or national of the United States, or be a noncitizen who has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

One box on this form must be checked for each family member indicating status as a citizen or a national of the United States, or a noncitizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States, or do not claim to be a noncitizen with eligible immigration status should not check any box.

All adults must sign where indicated. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child.

First Name	Last Name	Age	I am a citizen or a national of the U.S	I am a noncitizen with eligible immigration status	Signature of Adult listed to the left, or Signature of Guardian for Minors
			☐	☐	X
			☐	☐	X
			☐	☐	X
			☐	☐	X
			☐	☐	X
			☐	☐	X
			☐	☐	X
			☐	☐	X

Warning- Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to $10,000; imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

Head of Household Certification

As head of household I certify, under penalty of perjury, that all members of my household are listed on Part I of this form and that members of my household that have not checked either box on Part I of this form do not claim to be citizens or nationals of the United States, or noncitizens with eligible immigration status.

Signature _____ Date _____

Part 2: Applies to Noncitizen Family Members Only

All family members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following documents:

(1) Form 1-551, Alien Registration Receipt Card
(2) Form 1-94, Arrival-Departure Record with appropriate annotations or documents
(3) Form 1-688, Temporary Resident Card
(4) Form 1-688B, Employment Authorization Card
(5) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

Please call at to arrange for delivery and copying of original documents.

Do not mail original documents to this office.

If documents are not presented and verified, your family's rental assistance may be reduced, denied, or terminated as provided in regulations promulgated by the U.S. Department of Housing and Urban Development, pending available appeals processes.

Head of Household Certification

As head of household I certify, under penalty of perjury, that all members of my household are listed on Part 1 of this form and that members of my household that have not checked either box on Part I of this form do not claim to be citizens or nationals of the United States, or noncitizens with eligible immigration status.

Signature _____ Date _____

Consent to Verify Eligible Immigration Status

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child.

First Name	Last Name		Signature of Adult Listed to the left, or Signature of Guardian for Minors.
			X
			X
			X
			X
			X
			X
			X
			X
			X

Office Use Only
INS VERIF. #

Evidence supplied with this form may be released by the Housing Agency, without responsibility for its further use or transmission, to the Immigration and Naturalization Service for purposes of verification of the immigration status of the individual or to the U.S. Department of Housing and Urban Development, as required. The U.S. Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to $500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?
This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?
PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?
Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?
In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?
If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:	**I hereby acknowledge that the PHA provided me with the *Debts Owed to PHAs & Termination N*otice:**
	Signature **Date**
	Printed Name

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 which you have lived: _____

RELEASE

I, _____, hereby acknowledge and agree to a check of my criminal record which may be maintained by either the Vermont Criminal Information Center or the Federal Bureau of Investigation/National Criminal Information Center. I understand that the results of that check will be made available to the Vermont State Housing Authority for use in reviewing my suitability as a tenant. I further understand that I have the right to appeal the results of the criminal record check to the Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, Vermont, 05671-2101.

Signature of Applicant: _____ Date: _____

OMB Control # 2502-0581
Exp. (02/28/2019)

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
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

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

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.