



**VERMONT STATE HOUSING AUTHORITY
APPLICATION FOR ASSISTANCE - UPDATE**

****For Office Use Only****
 Date Received _____
 Time Received _____
 Staff Name _____

NAME	FIRST	LAST	MIDDLE INITIAL/MAIDEN NAME
MAILING ADDRESS	PO BOX/STREET	PHYSICAL ADDRESS	STREET ADDRESS
	CITY/TOWN		CITY/TOWN
	STATE/ZIP CODE		STATE/ZIP CODE
TELEPHONE NUMBER	HOME	MESSAGE	WORK
CONTACT PERSON	NAME	ADDRESS	TELEPHONE

FAMILY COMPOSITION
 List all persons who will be living in the household when you receive rental assistance.

Name	Relation	Social Security # Or Alien Registration #	Sex	Age	Date of Birth	Place of Birth	Note Here If Disabled, Handicapped, Pregnant, or a Full Time Student
	head						

INCOME INFORMATION
 Complete all sections below.

EMPLOYMENT INFORMATION: List all full and/or part time employment for all members of the household (including: self-employment, babysitting, or military reserves).

Family Member	Employer Name & Address	Employer's Phone Number	Rate/Hour	Hours/Week	For Office Use

OTHER INCOME: List income from Welfare, TANF, General Assistance, Social Security, SSI, Pensions, Worker's Comp., Unemployment Comp., Child Support, Rental Property, Scholarships, Grants, Work Study, Alimony, etc.

Family Member	Source Name & Address	ID or Claim #	Amount	Circle One	For Office Use
				wk, mth, yr	
				wk, mth, yr	
				wk, mth, yr	

ASSET INFORMATION

List all Bank Accounts (savings and checking), stock, bonds, securities, CD's, credit union shares, IRA or Keogh Plans, Savings Bonds, or any possessions kept for investment purposes, etc.

Family Member	Name & Address (Bank, Broker, etc.)	Account Number	Balance/Value	For Office Use

REAL ESTATE: Provide information for any real estate (land and/or building) which you currently own.

Family Member	Complete Address of Real Estate	Appraised Value	Mortgage Balance	Mortgage Holder

Name and Address of Mortgage Holder:

Address of Town Clerk where the property is located:

DIVESTITURE OF ASSETS:

During the past two (2) years, has any member of the household disposed of, transferred, or otherwise given away any asset for less than what they were worth? No Yes, If you answered Yes, please complete the following.

Description of Asset	Cash Value*	Amount Received	Date Disposed Of
	\$	\$	

*CASH VALUE is the market value of the asset minus reasonable costs incurred in the selling or converting an asset over to cash. Such reasonable costs include: Penalties for withdrawing funds before maturity, Broker/legal fees for the sale or conversion of assets, Settlement costs for real estate transactions.

EXPENSE INFORMATION

Complete all sections below.

CHILD CARE EXPENSES: List only those expenses for children age 12 and younger which enable you or another household member to work or attend school. List only those expenses you pay out of pocket.

Name & Complete Address of Care Giver	Amount/Hour	Amount/Week	For Office Use

MEDICAL EXPENSE: Complete this section if head of household or spouse is elderly, disabled or handicapped. List only expenses you pay out of pocket. Include health insurance, prescriptions, doctors, dentist, eyeglasses, hearing aids, and outstanding medical bills on which you are making payments.

Family Member	Name & Address (To Whom You Pay)	Prescription # Insurance Claim #	Amount	How Often	For Office Use

MISCELLANEOUS EXPENSES INFORMATION

Complete all sections that apply.

HANDICAPPED/ATTENDANT CARE EXPENSES: List only those expenses for family members which enable a family member (including the handicapped family member) to work.

Name & Complete Address of Care Giver	Amount/Hour	Amount/Week	For Office Use

AUXILIARY APPARATUS ENABLING A HANDICAPPED PERSON TO WORK: List only those expenses, such as wheelchairs, ramps, or special equipment for the blind, that would enable a handicapped person to work.

Apparatus	Name & Address Where Purchased	Cost	For Office Use

GENERAL INFORMATION

<u>YES</u>	<u>NO</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever lived in subsidized housing? If yes, name of Agency providing assistance:
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently receiving rental assistance? If yes, name of Agency providing assistance:
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any member of the household been convicted of a crime? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Are any household members currently a full time student or expects to be within the next 12 months:
<input type="checkbox"/>	<input type="checkbox"/>	Do you have pets? If yes, what kind?
<input type="checkbox"/>	<input type="checkbox"/>	Some properties do not allow pets. Would you give your pet(s) up for adoption to move into a property?
<input type="checkbox"/>	<input type="checkbox"/>	Are you requesting a handicap/disability adjustment to income?
<input type="checkbox"/>	<input type="checkbox"/>	Are you requesting a special handicapped accessible apartment?
<input type="checkbox"/>	<input type="checkbox"/>	Do you hold that the apartment applied for will be your household's permanent residence and that you will not maintain a separate subsidized rental unit in a different location?

HOUSING NEEDS FOR SECTION 8 VOUCHER PROGRAM

VSHA uses the following Local Preferences. Please check all that apply to your current housing situation.

<u>YES</u>	<u>NO</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Are you being displaced due to fire, flood, natural disaster, or condemnation by a local, state, or federal agency?
<input type="checkbox"/>	<input type="checkbox"/>	Is there a child under the age of six in the household who has tested positive for lead paint poisoning and is occupying a rental unit that contains lead-based paint? Child must have an EBL (elevated blood level) of 20 ug/dl or higher.
<input type="checkbox"/>	<input type="checkbox"/>	Are you and/or your spouse a recent graduate of or participant in an education or training program designed to prepare the individual for the job market?
<input type="checkbox"/>	<input type="checkbox"/>	Are you receiving homeownership education services through a Neighborworks® Homeownership Center or other HUD approved Homeownership Counseling Center and being referred to VSHA's Homeownership Program as needing the voucher to become a homeowner?
<input type="checkbox"/>	<input type="checkbox"/>	Are you and/or your family a victim of domestic violence and living in a shelter? You must certify that the abuser will not be part of the assisted household.

If you are claiming one of these local preferences, you must provide us with the name, address, and phone number of the agency or shelter that can verify your housing situation.

Name:

Telephone Number:

Address:

LANDLORD REFERENCES: You must list three (3) landlords and provide their complete mailing addresses.

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

CREDIT REFERENCES: You must list three (3) businesses with whom you have had business dealings within the last two years (Utilities, stores, bank loans, etc.).

Name	Complete Address	Telephone #	Account Number

*****Please read carefully and sign. Unsigned applications will be returned.*****

APPLICANT CERTIFICATION

I/we certify that the information given on household composition, income, net family assets, allowances, and deductions, as well as all other information provided is accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable by federal law with fines up to \$10,000 or imprisonment for up to 5 years. I/we understand that false statements or information are grounds for termination of housing assistance, termination of tenancy, and/or retroactive rent increases.

My/our signature(s) below constitutes my/our consent to have the Vermont State Housing Authority conduct a background check, including verification of the information contained herein. I/we hereby expressly consent to the release of information by prior landlords, employers, credit bureaus/references, criminal information centers, and other individuals or entities with information relevant to the information provided herein to representatives of the housing authority processing this application and performing the background check.

"I have read and understand this statement."

Signature of Head of Household: _____ Date: _____

Signature of Spouse/or Co-Head of Household: _____ Date: _____

"The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the federal government that federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname."

Minority: 1. White 2. Black 3. American Indian 4. Asian 1. Hispanic 2. Non-Hispanic

My national origin is: _____

Warning: Section 100 of Title 18 of the U.S. Code makes it a criminal offense to make false statements or misrepresentations to any Department or Agency of the United States as to matters with its jurisdiction.