

**Common Rental
Application for Housing in
Vermont**

(not for tenant-based vouchers)

Instructions

Please type or print in ink the information requested on this form. Please read through this application carefully. Incomplete or unsigned applications will be returned. Use additional sheets if necessary. Please return completed application to:

FOR OFFICE USE ONLY

Date/time received:

Management company	Agent name
I wish to apply for housing at: (Property name)	Location

FAMILY COMPOSITION

Complete the following information for each person who will live in your apartment. Attach a separate sheet of paper if needed.

First and last name	Social Security number	Relationship <i>Head of household</i>	
Place of birth (city, state)	Birthdate (m/d/y)	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Will live in unit <input type="checkbox"/> Full time <input type="checkbox"/> Part time
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally separated <input type="checkbox"/> Estranged			
First and last name	Social Security number	Relationship	
Place of Birth (city, state)	Birthdate (m/d/y)	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Will live in unit <input type="checkbox"/> Full time <input type="checkbox"/> Part time
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First and last name	Social Security number	Relationship	
Place of birth (city, state)	Birthdate (m/d/y)	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Will live in unit <input type="checkbox"/> Full time <input type="checkbox"/> Part time

Marital status Single Married Divorced Legally separated Estranged

Do you have primary custody of all children listed in the Family Composition Section? Yes No

Do you expect any additions to the household in the next 12 months? Yes No

Are there any absent households members not listed in the Family Composition section?
 Yes No

If "Yes", please explain

What's your current address?

Please list your mailing address, if different

How long have you lived at this address?

How many bedrooms in your present living quarters?

Home phone number

Cellular phone number

Other phone number

Email address

Do you rent?
 Yes No

If "Yes," who's your landlord?

Landlord's phone number

Landlord's address

Do you own your home?
 Yes No

If "Yes," market value
\$

Outstanding mortgage balance
\$

Do you live with others?
 Yes No

If "Yes," explain your living arrangements

Please check the size of the apartment you're interested in:

Efficiency 1-bedroom 2-bedroom 3-bedroom 4-bedroom

PREVIOUS HOUSING

Fill out this information for all places you have lived in the past five (5) years, not including your present housing. Attach a separate sheet of paper if needed.

Landlord name

Rental property address

Landlord address

Landlord phone number	Dates you lived there From (m/y): _____ To (m/y): _____
Landlord name	Rental property address
Landlord address	
Landlord phone number	Dates you lived there From (m/y): _____ To (m/y): _____
Landlord name	Rental property address
Landlord address	
Landlord phone number	Dates you lived there From (m/y): _____ To (m/y): _____

Do you currently live in a subsidized or Tax Credit apartment? (For example, do you need to provide income information each year to your landlord?)

Subsidized Tax Credit No

Please list the name of all states you have previously lived in.

INCOME

*Please list **all sources of income** for each person who will live in your apartment. Be sure to list gross amounts and where the income comes from.*

Employment income

Applicant name	Employer address, phone, fax	Gross weekly salary \$
Applicant name	Employer address, phone, fax	Gross weekly salary \$

Applicant name	Employer address, phone, fax	Gross weekly salary \$
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Other income

Child support, pension/annuity, Social Security, Reach-up, unemployment, other periodic payments, etc. If you receive Social Security, please attach a copy of your award letter with your application. Enter all other sources of income including current gross Social Security monthly amount.

Applicant name	Income type	Source address, phone, fax	Gross monthly amount \$
Applicant name	Income type	Source address, phone, fax	Gross monthly amount \$
Applicant name	Income type	Source address, phone, fax	Gross monthly amount \$

ASSETS

Bank accounts

Please list all accounts held by each person who will live in your apartment. Attach a separate sheet of paper, if needed.

Bank/institution	Type of account	Interest rate %	Current balance \$
Bank/institution	Type of account	Interest rate %	Current balance \$
Bank/institution	Type of account	Interest rate %	Current balance \$

Bank/institution	Type of account	Interest rate %	Current balance \$
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IRA/Keogh/Annuity/Pension/Stocks

Name of account	# of shares	Share price \$	Cash value \$	Quarterly dividend \$
Name of account	# of shares	Share price \$	Cash value \$	Quarterly dividend \$
Name of account	# of shares	Share price \$	Cash value \$	Quarterly dividend \$
Name of account	# of shares	Share price \$	Cash value \$	Quarterly dividend \$

Bonds/insurance policies

Date of purchase	Current value/cash value \$
Date of purchase	Current value/cash value \$
Date of purchase	Current value/cash value \$

Other assets

Do applicants own real estate other than the home you live in?

Yes No

If "yes," where is it located?	Market value \$
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Mortgage balance \$	Mortgage holder and address
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Is this an income-producing property?

Yes No

Does anyone applying own any other asset not already listed? (**Do not include furniture. Do not include motor vehicles used for personal transportation.**)

Yes No

If "Yes," please describe	Market value \$
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Have you or any member of the household disposed of, transferred or otherwise given away any cash property or other assets for less than they are worth in the past two (2) years?

Yes No

If "Yes," please describe

Cash value \$	Amount received \$	Date disposed of
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Do you or any member of the household receive regular gifts or contributions from any person or organization? Gifts or contributions include cash, non-cash items, bills paid on your behalf, or items paid on your behalf.

Yes No

If "Yes," please describe

Cash value \$	Received from	How often (i.e. monthly)
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Monthly Expenses

Child care

For care that enables you to work or attend school, complete for children 12 and younger

Amount per month assisted \$	Amount per month unassisted \$
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Medical Expenses

Complete if head of household, co-head or spouse is elderly, disabled or handicapped.

Physicians/health care providers \$	Medical premiums \$	Hospitals/other health care facilities \$
Prescription/non-prescription medicine \$	Dental \$	Other \$
Auxiliary apparatus or handicapped/attendant care \$		

GENERAL INFORMATION

Are you or any member of your family in need of an accessible apartment and/or if handicapped/disabled requesting a reasonable accommodation to enable you to live in this unit?

Yes No

If "Yes", list needed features:

Will you or any member of your household require a live-in attendant?

Yes No

Are you requesting an adjustment to income? (This adjustment is available in federally-subsidized rental housing to households in which either the head or co-head is (1) age 62 or older, or (2) under age 62 and disabled)

Yes No

If offered an apartment and I accept, this apartment will serve as my primary residence

Yes No

Are you displaced due to

Natural disaster?

Yes No

Other governmental action?

Yes No

Domestic violence?

Yes No

Are you currently homeless?

Yes (Please complete Appendix 1) No

Are you at risk of homelessness?

Yes (Please complete Appendix 2) No

Are all members of the household citizens of the United States or non-citizens with eligible immigration status?

Yes No

Have you or any member of your household been a full-time student in the past year or plan to enroll as a full-time student in the upcoming year?

Yes No

If "Yes," please list all schools attended.

Is your household comprised entirely of full-time students?

Yes No

If "Yes," check all that apply:

All household members are fulltime students, and such students are married and file a joint tax return

The household consists of single parents and their children, and such parents and children are not dependents of another individual

- At least one member of the household receives assistance under Title IV of the Social Security Act (i.e. TANF assistance)
- At least one member of the household is enrolled in and a job training program receiving assistance under the Job Training Partnership Act or similar federal, state, or local laws
- Full-time student formerly in foster care

Do you currently have a Section 8 Housing Choice Voucher (HCV)?

- Yes No

If "No," are you on the waiting list for a Section 8 HCV?

- Yes No

If "Yes," which public housing authority or authorities?

Has anyone in your household ever been charged with or convicted of a crime, including but not limited to illegal manufacture or distribution of a controlled substance?

- Yes No

If "Yes," please explain

Is anyone in your household subject to a lifetime registration requirement under a state sex offender registration program?

- Yes No

If "Yes," please explain

Do you have any pets?*	Type	Number
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Do you or any members of your household smoke? **

- Yes No

**This is a non-smoking property

Why do you want to move to this property?

How did you hear about us?

**Some properties do not allow pets **Some properties do not allow smoking*

EMERGENCY

Please provide the name of any family or friends you would like involved in this application process. Please also list any family or friends we may contact if we are unable to reach you.

Name	Address (Street, city/town, state)
Phone number	Relationship
Name	Address (Street, city/town, state)
Phone number	Relationship
Name	Address (Street, city/town, state)
Phone number	Relationship

Please provide three (3) character references who you have known for at least one (1) year (not related)

Name	Phone number
Name	Phone number
Name	Phone number

**PLEASE READ THE FOLLOWING STATEMENT CAREFULLY
BEFORE SIGNING THIS APPLICATION:**

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 constitute(s) my/our consent to have the MANAGEMENT COMPANY 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, Vermont Adult Abuse Registry, and/or the Vermont Child Protection Registry, and other individuals or entities with information relevant to the information provided herein to representatives of the MANAGEMENT COMPANY processing this application and performing the background check as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d). I also consent to release wage matching data to RHS and the MANAGEMENT COMPANY.

I/We understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to, poor credit, landlord references, police records indicating unacceptable criminal behavior, and/or poor personal interview.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.

“I have read and understand this statement.”

Signature – Head of household	Date
Signature – Other adult household member	Date
Signature – Other adult household member	Date
Signature – Other adult household member	Date

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service and US Department of Housing and Urban Development, that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, gender identity, familial status, age, and disability 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, ethnicity and sex of individual applicants on the basis of visual observation or surname:

Ethnicity

- Not Hispanic or Latino Hispanic or Latino

Race (Mark one or more)

- American Indian/Alaska native Asian White
 Black or African-American Native Hawaiian or other Pacific Islander
 Multi-racial Other race

Sex

- Male Female Other

**ALL APPLICANTS MUST BE INCOME ELIGIBLE AND MEET ALL ADMISSIONS
CRITERIA FOR THEIR PROSPECTIVE APARTMENT**

Send completed and signed applications to:

**Valley Cares, Inc.
PO Box 341
Townshend, VT 05353**

APPENDIX 1

If you indicated "yes" that you are currently homeless on Page 7 of the Common Rental Application for Housing in Vermont, check one box to describe your household:

CRITERIA FOR DEFINING HOMELESS	<input type="checkbox"/> Category 1	Literally Homeless	<p>(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <ul style="list-style-type: none"> (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); <u>or</u> (iii) Is exiting an institution where (s)he has resided for 90 days or less <u>and</u> who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
	<input type="checkbox"/> Category 2	Imminent Risk of Homelessness	<p>(2) Individual or family who will imminently lose their primary nighttime residence, provided that:</p> <ul style="list-style-type: none"> (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; <u>and</u> (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing
	<input type="checkbox"/> Category 3	Homeless under other Federal statutes	<p>(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:</p> <ul style="list-style-type: none"> (i) Are defined as homeless under the other listed federal statutes; (ii) Have a written agreement in permanent housing during the 60 days prior to the homeless assistance application; (iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; <u>and</u> (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers
	<input type="checkbox"/> Category 4	Fleeing/ Attempting to Flee DV	<p>(4) Any individual or family who:</p> <ul style="list-style-type: none"> (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; <u>and</u> (iii) Lacks the resources or support networks to obtain other permanent housing

APPENDIX 2

If you answered "yes" that you are at risk of homelessness on Page 7 of the Common Rental Application for Housing in Vermont, please confirm that your household falls into one of the three categories below:

Yes, my household falls into one of these categories.

CRITERIA FOR DEFINING HOMELESSNESS	Category 1	Individuals and Families	<p>An individual or family who:</p> <ul style="list-style-type: none"> (i) Has an annual income below <u>30%</u> of median family income for the area; <u>AND</u> (ii) Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the "homeless" definition; <u>AND</u> (iii) Meets one of the following conditions: <ul style="list-style-type: none"> (A) Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; <u>OR</u> (B) Is living in the home of another because of economic hardship; <u>OR</u> (C) Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; <u>OR</u> (D) Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; <u>OR</u> (E) Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; <u>OR</u> (F) Is exiting a publicly funded institution or system of care; <u>OR</u> (G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved Con Plan
	Category 2	Unaccompanied Children and Youth	A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute
	Category 3	Families with Children and Youth	An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her.