



48 Elm Street ♦ P.O. Box 259  
Lyndonville, VT 05851  
800.234.0560 TTY 800.253.0191  
ruraledge.org

Please find the enclosed application for RuralEdge Property Management. Thank you for your interest in our properties. Applicants will be placed on a waitlist for the properties and bedroom sizes they choose. We will send a letter to the mailing address on file to the top applicants on the waitlist once we have a vacant unit.

It is VERY IMPORTANT that you answer each question on the application. **DO NOT LEAVE ANY QUESTIONS BLANK.** If the question does not apply to you, please write N/A. If you leave questions unanswered, the application will be returned for you to complete. Each person over 18 on the application must sign on the signature pages. Each household member, including children, are required to submit a copy of their social security card and a copy of a birth certificate, driver's license, and/or passport.

If you have questions, do not hesitate to call us at 802-535-3555.

Thank you,  
Rural Edge Property Management



**Common Rental  
Application for Housing in  
Vermont**

(not for tenant-based vouchers)

**SEPTEMBER  
2021****Instructions**

*Please type or print in ink the information requested on this form. If you need language translation or an interpreter, notify the management company. 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

*Head of household*

Place of birth (city, state)

Birthdate (m/d/y)

Sex

 M  F Other

Will live in unit

 Full time Part timeMarital status  Single Married Divorced Legally separated Estranged

First and last name

Social Security number

Relationship

Place of Birth (city, state)

Birthdate (m/d/y)

Sex

 M  F Other

Will live in unit

 Full time Part timeMarital status  Single Married Divorced Legally separated Estranged

First and last name

Social Security number

Relationship

Place of birth (city, state)

Birthdate (m/d/y)

Sex

 M  F Other

Will live in unit

 Full time 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 is your current address?

Please list your current 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 is 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," please explain your living arrangements

Please check the size of the apartment you are 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, email	Gross weekly salary \$
Applicant name	Employer address, phone, email	Gross weekly salary \$

Applicant name	Employer address, phone, email	Gross weekly salary \$
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Do you anticipate changes to your income during the next 12 months?  Yes  No

## Other income

*Child support, pension/annuity, Social Security, public assistance, unemployment, other periodic payments, unearned income, 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. If self-employed, provide prior year's taxes with W-2's, 1099's etc. and current financial statement.*

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

## ASSETS

### Bank accounts and other cash 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 \$
Peer-to-peer account, eWallet, Direct Express Debit Card and other debit cards such as Venmo, Paypal and Bitcoin		Type of account	Current balance \$
Cash on hand			Current balance \$

## 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 you own real estate (other than the home you currently live in, as previously listed)?

Yes  No

If "yes," where is it located? (Address, city, state)

Market value \$

Mortgage balance

Mortgage holder and address

\$

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  
\$

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

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)

## MONTHLY EXPENSES

### Child care

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

Name of provider

Address of provider

Phone number of provider

Amount per month assisted  
\$

Amount per month unassisted  
\$

### 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  
\$



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Auxiliary apparatus or handicapped/attendant care  
\$

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List name of providers and contact information:

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## GENERAL INFORMATION

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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:

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

Yes  No

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Do you have a disability that results in a disability-related need for a reasonable accommodation for an assistance animal?

Yes  No

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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

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

Yes  No

---

Are you displaced due to:

Natural disaster?

Yes  No

Other governmental action?

Yes  No

Domestic violence?

Yes  No

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Are you currently homeless?

Yes (Please complete Appendix 1)  No

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Are you at risk of homelessness?

Yes (Please complete Appendix 2)  No

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

Yes  No

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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

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If "Yes," please list all schools attended:

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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

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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?

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Have you ever lived in subsidized rental housing?

Yes  No

If "Yes," specify the agency and the years in which you lived there:

---

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

Yes  No

If "Yes," please explain:

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Have you or any member of the household ever committed fraud in a federally-assisted housing program or have been requested to repay money for knowingly misrepresenting information for such a housing program?

Yes  No

If "Yes," please explain and give the state and date:

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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, or are currently engaging in the illegal use of a controlled substance?

Yes  No

If "Yes," please explain and give the state and date:

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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		

All properties have a smoking policy. Would you like a copy of the policy for the property for which you are applying?

Yes  No

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Why do you want to move to this property?

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*\*Some properties do not allow pets*

## EMERGENCY

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*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**

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:

<b>CRITERIA FOR DEFINING HOMELESS</b>	<input type="checkbox"/> <b>Category 1</b>	Literally Homeless	<p>(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <ul style="list-style-type: none"> <li>(i) Has a primary nighttime residence that is a public or private place not meant for human habitation;</li> <li>(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></li> <li>(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</li> </ul>
	<input type="checkbox"/> <b>Category 2</b>	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"> <li>(i) Residence will be lost within 14 days of the date of application for homeless assistance;</li> <li>(ii) No subsequent residence has been identified; <u>and</u></li> <li>(iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing</li> </ul>
	<input type="checkbox"/> <b>Category 3</b>	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"> <li>(i) Are defined as homeless under the other listed federal statutes;</li> <li>(ii) Have a written agreement in permanent housing during the 60 days prior to the homeless assistance application;</li> <li>(iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; <u>and</u></li> <li>(iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers</li> </ul>
	<input type="checkbox"/> <b>Category 4</b>	Fleeing/ Attempting to Flee DV	<p>(4) Any individual or family who:</p> <ul style="list-style-type: none"> <li>(i) Is fleeing, or is attempting to flee, domestic violence;</li> <li>(ii) Has no other residence; <u>and</u></li> <li>(iii) Lacks the resources or support networks to obtain other permanent housing</li> </ul>

## 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.

<b>CRITERIA FOR DEFINING HOMELESSNESS</b>	<b>Category 1</b>	Individuals and Families	<p>An individual or family who:</p> <ul style="list-style-type: none"> <li>(i) Has an annual income below <u>30%</u> of median family income for the area; <u>AND</u></li> <li>(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></li> <li>(iii) Meets one of the following conditions: <ul style="list-style-type: none"> <li>(A) Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; <u>OR</u></li> <li>(B) Is living in the home of another because of economic hardship; <u>OR</u></li> <li>(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></li> <li>(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></li> <li>(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></li> <li>(F) Is exiting a publicly funded institution or system of care; <u>OR</u></li> <li>(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</li> </ul> </li> </ul>
	<b>Category 2</b>	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
	<b>Category 3</b>	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.



## ADDENDUM TO HOUSING APPLICATION

**PLEASE PROVIDE A COPY OF ALL HOUSEHOLD MEMBERS' SOCIAL SECURITY CARDS  
PER GOVERNMENT REGULATIONS**

If you do not have a social security card, please call our office for a list of acceptable substitutions. Please also include a copy of a birth certificate, driver's license and/or passport for each household member. All items must be complete in order to determine your eligibility. If an item does not apply to you, please mark N/A next to the question. RuralEdge does not discriminate on the basis of race, color, sex, age, religion, national origin, family or marital status, disability, sexual orientation, receipt of public assistance or gender identification. RuralEdge will make every reasonable accommodation to persons with disabilities.

**GENERAL INFORMATION**

IF YOU ARE NOT YET <b>62 YEARS OLD</b> , ARE YOU ELIGIBLE FOR OCCUPANCY BASED ON YOUR STATUS AS AN INDIVIDUAL WITH DISABILITIES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU OR ANY MEMBER OF THE HOUSEHOLD HAVE A VEHICLE THAT WILL BE PARKED AT THE PROPERTY?	<input type="checkbox"/> YES <input type="checkbox"/> NO  IF YES, EXPLAIN:
ARE ALL ADULT MEMBERS OF YOUR HOUSEHOLD LEGALLY CAPABLE OF ENTERING INTO A LEASE AGREEMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**RENTAL HISTORY**

HAS ANY MEMBER OF YOUR HOUSEHOLD EVER RECEIVED AN EVICTION NOTICE FROM A LANDLORD	<input type="checkbox"/> YES <input type="checkbox"/> NO  IF YES, CHECK ALL THAT APPLY: <input type="checkbox"/> NON-PAYMENT OF RENT <input type="checkbox"/> LEASE VIOLATION, EXPLAIN:   <input type="checkbox"/> OTHER, EXPLAIN:
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HAVE YOU EVER BEEN EVICTED FROM AN APARTMENT?

YES  NO

IF YES, EXPLAIN:

DATE:

REASON:

APARTMENT LOCATION:

### **STUDENT INFORMATION**

IS ANY MEMBER OF YOUR HOUSEHOLD A FULL OR PART-TIME STUDENT?

FULL-TIME (FT)  PART-TIME (PT)

NO STUDENTS IN MY HOUSEHOLD

ARE **ALL MEMBERS** OF YOUR HOUSEHOLD FULL-TIME STUDENTS OR PLANNING TO BE IN THE NEXT 12 MONTHS?  YES  NO

**IF YES, PLEASE CHECK ALL THAT APPLY:**

- MARRIED AND FILING OR ELIGIBLE TO FILE A JOINT TAX RETURN
- RECEIVING SOCIAL SECURITY TITLE IV PAYMENTS (RUFA, ANFC, AFDC ETC)
- PARTICIPATING IN A JOB TRAINING PROGRAM
- THE FULL TIME STUDENT IS A SINGLE PARENT WITH MINOR CHILDREN WHO ARE CLAIMED AS DEPENDENT'S ON THEIR TAX RETURN
- THE FULL TIME STUDENT IS A GRADUATE STUDENT
- THE FULL TIME STUDENT IS AT LEAST 24 YEARS OLD
- THE FULL TIME STUDENT IS A VETERAN OF THE US MILITARY
- THE FULL TIME STUDENT HAS A DEPENDENT CHILD
- THE FULL TIME STUDENT HAS DEPENDENT'S OTHER THAN A CHILD OR A SPOUSE
- THE FULL TIME STUDENT WAS AN ORPHAN OR WARD OF THE COURT THROUGH AGE 18
- THE FULL TIME STUDENT WILL BE LIVING WITH THEIR PARENTS IN THIS APARTMENT
  - PARENTS ARE RECEIVING OR ARE ELIGIBLE TO RECEIVE SECTION 8 ASSISTANCE
  - THE FULL TIME STUDENT IS CLAIMED AS A DEPENDENT ON PARENTS' TAX RETURN
  - THE FULL TIME STUDENT IS RECEIVING ASSISTANCE TO PAY FOR EDUCATION



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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

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**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.

**CERTIFICATION AND RELEASE OF INFORMATION**

I/WE CERTIFY THAT I/WE DO NOT AND WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN ANOTHER LOCATION. I/WE UNDERSTAND THAT I/WE MUST PAY A SECURITY DEPOSIT FOR THIS APARTMENT PRIOR TO OCCUPANCY. I/WE CERTIFY THAT THE HOUSING I/WE WILL OCCUPY IS/WILL BE MY/OUR PERMANENT RESIDENCE.

I/WE UNDERSTAND THAT ELIGIBILITY FOR HOUSING WILL BE BASED ON THE VERMONT STATE HOUSING AUTHORITY, USDA RURAL DEVELOPMENT, INTERNAL REVENUE SERVICE, OR THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT'S ELIGIBILITY CRITERIA AND *RuralEdge*'S TENANT SELECTION CRITERIA. I/WE UNDERSTAND THAT THIS APPLICATION IN NO WAY ENSURES OCCUPANCY.

I/WE CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE. I/WE UNDERSTAND THAT ANY FALSE INFORMATION IS PUNISHABLE BY LAW AND WILL BE GROUNDS FOR CANCELLATION OF THIS APPLICATION OR TERMINATION OF RESIDENCY AFTER OCCUPANCY.

RURAL EDGE IS REQUIRED TO VERIFY ALL INFORMATION PERTAINING TO ALL MEMBERS OF FAMILIES APPLYING FOR ADMISSION AS TENANTS TO PROPERTIES MANAGED. WE ARE REQUIRED TO RE-EXAMINE AND INDEPENDENTLY CERTIFY THIS INFORMATION ON AN ANNUAL BASIS.

I/WE AUTHORIZE RURAL EDGE AND ITS STAFF TO OBTAIN ANY INFORMATION AND MATERIALS DEEMED NECESSARY TO DETERMINE ELIGIBILITY FOR HOUSING, INCLUDING CONTACTING AGENCIES, OFFICES, GROUPS OR ORGANIZATIONS, THAT MAY PROVIDE INFORMATION THAT COULD SUBSTANTIATE OR VERIFY INFORMATION GIVEN IN THIS APPLICATION; FOR EXAMPLE, LANDLORDS, LOCAL POLICE DEPARTMENT, WELFARE AGENCY, OR SENIOR SERVICE AGENCY.

**ALL HOUSEHOLD MEMBERS 18 YEARS OR OLDER MUST SIGN**

PRINT NAME	SIGNATURE	SOCIAL SECURITY #	DATE
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PRINT NAME	SIGNATURE	SOCIAL SECURITY #	DATE
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PRINT NAME	SIGNATURE	SOCIAL SECURITY #	DATE
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PRINT NAME	SIGNATURE	SOCIAL SECURITY #	DATE
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**BY 2016, ALL OF OUR PROPERTIES WILL BE NON-SMOKING PROPERTIES**  
**PLEASE CHECK PROPERTIES OF INTEREST:**

**RENT BASED ON INCOME**

<input type="checkbox"/>	ISLAND POND-VARIOUS SITES	1,2 & 3 BEDROOMS
<input type="checkbox"/>	599 MAIN STREET-LYNDONVILLE	1 & 2 BEDROOMS
<input type="checkbox"/>	CALEDONIA HOUSING- ST.JOHSNBURY	1,2 & 3 BEDROOMS
<input type="checkbox"/>	CRYSTAL LAKE HOUSING- BARTON	1,2,3 & 4 BEDROOMS
<input type="checkbox"/>	JOHNS RIVER-DERBY CTR	1 & 2 BEDROOMS
<input type="checkbox"/>	GROTON COMMUNITY HOUSING-GROTON	1,2 & 3 BEDROOMS
<input type="checkbox"/>	HILLTOP FAMILY HOUSING- ST. JOHNSBURY	1,2 & 3 BEDROOMS
<input type="checkbox"/>	LAKEBRIDGE HOUSING-NEWPORT	1, 2 & 3 BEDROOMS
<input type="checkbox"/>	LAKEVIEW HOUSING-NEWPORT	0,1,2 & 3 BEDROOMS
<input type="checkbox"/>	OLIVIA PLACE-LYNDONVILLE	1,2 & 3 BEDROOMS
<input type="checkbox"/>	MATHEWSON HOUSING - LYNDONVILLE	1 & 2 BEDROOMS
<input type="checkbox"/>	MOOSE RIVER HOUSING-ST.JOHSNBURY	1,2,3 & 4 BEDROOMS
<input type="checkbox"/>	MOUNTAIN VIEW HOUSING-ST.JOHSNBURY	1 & 2 BEDROOMS
<input type="checkbox"/>	PARKVIEW HOUSING-NEWPORT	2 & 3 BEDROOMS
<input type="checkbox"/>	ST.JOHSNBURY HOUSING	0 & 4 BEDROOMS

**RENT BASED ON INCOME-ELDERLY 62 AND OVER/DISABLED**

<input type="checkbox"/>	DARLING INN- LYNDONVILLE	0,1 & 2 BEDROOMS
<input type="checkbox"/>	DERBY LINE GARDENS- DERBY LINE	1 BEDROOM ONLY
<input type="checkbox"/>	GILMAN SENIOR HOUSING-GILMAN	0 & 1 BEDROOM
<input type="checkbox"/>	GOVERNOR MANSION APARTMENTS- NEWPORT	0 & 1 BEDROOM
<input type="checkbox"/>	GOVERNOR PROUTY APARTMENTS- NEWPORT	1 BEDROOM ONLY
<input type="checkbox"/>	GLOVER HOUSING-GLOVER	1 BEDROOM ONLY
<input type="checkbox"/>	MARIGOLD APARTMENTS-LYNDONVILLE	1 BEDROOM ONLY
<input type="checkbox"/>	RAINBOW APARTMENTS- ORLEANS	1 BEDROOM ONLY
<input type="checkbox"/>	THE MEADOWS- ORLEANS	1 BEDROOM ONLY

**RENT BASED ON INCOME- ELDERLY 62 AND OVER ONLY**

<input type="checkbox"/>	CLARK'S LANDING- GROTON	1 BEDROOM ONLY
<input type="checkbox"/>	NEWPORT SENIOR HOUSING-NEWPORT	1 BEDROOM ONLY
<input type="checkbox"/>	PASSUMPSIC VIEW- ST JOHNSBURY	1 BEDROOM ONLY

**FLAT AMOUNT RENT-(UNSUBSIDIZED)**

<input type="checkbox"/>	ISLAND POND- VARIOUS SITES	1,2 & 3 BEDROOMS
<input type="checkbox"/>	599 MAIN STREET- LYNDONVILLE	1 & 2 BEDROOMS
<input type="checkbox"/>	1867 BULDING- ST JOHNSBURY	2 & 3 BEDROOMS
<input type="checkbox"/>	CALEDONIA HOUSING- ST JOHNSBURY	1,2 & 3 BEDROOMS
<input type="checkbox"/>	COVENTRY SENIOR HSG (ELDERLY 55 & OLDER- COVENTRY	1 & 2 BEDROOMS
<input type="checkbox"/>	LIND HOMES (SINGLE FAMILY HOMES)- RYEGATE	3 BEDROOMS ONLY
<input type="checkbox"/>	OLIVIA PLACE- LYNDONVILLE	1,2 & 3 BEDROOMS
<input type="checkbox"/>	MATHEWSON HOUSING (AGE 55+/DISABLED)- LYNDONVILLE	1 & 2 BEDROOMS
<input type="checkbox"/>	ST. JOHNSBURY HOUSING- ST JOHNSBURY	0 & 4 BEDROOMS
<input type="checkbox"/>	SCENIC VIEW - 55 & OLDER	0 BEDROOMS/2 BEDROOMS

**How many bedroom's (circle selection) 0 1 2 3 4**