



## APPLICATION COVER SHEET

Date of Application: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address: \_\_\_\_\_

Additional Applicant(s): 1) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address: \_\_\_\_\_

2) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address: \_\_\_\_\_

3) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address: \_\_\_\_\_

Looking for a: ☐ 1 Bedroom ☐ 2 Bedroom ☐ 3 Bedroom

Desired Move-In Date: \_\_\_\_\_ # Parking Spaces Wanted \_\_\_\_\_

Pet(s): \_\_\_\_\_

Special Incentives or Requests: \_\_\_\_\_

By signing below, all parties acknowledge the payment of a **non-refundable \$20 application processing reimbursement per person, 18 years of age or older, to cover expenses incurred in retrieving an applicant's credit & criminal background report.** For this, we can accept a *personal check or money order only*. Applications submitted without this reimbursement will not be processed until full payment is received.

Applicant's Signature: \_\_\_\_\_

**\*\* PLEASE REMEMBER TO SIGN AND COMPLETE ENTIRE APPLICATION \*\***

## Affordable Program Checklist

**The following items must be included with your fully completed application to be considered complete when handed in:**

- ☐ APPLICATION PROCESSING REIMBURSEMENT (\$20/person over the age of 18, in the form of a personal check or money order).
- ☐ FOUR consecutive (and most recent) months of checking account statements for each checking account held by any applicant.
- ☐ FOUR consecutive (and most recent) statements of any savings accounts held by any applicant.
- ☐ EIGHT consecutive (and most recent) pay stubs. FOUR if paid on a bi-weekly basis.
- ☐ ONE social security income verification for each applicant who receives SSI or SSDI.
- ☐ ONE proof of enrollment in higher education for any student applicant. If you attend CCV, please provide a letter from the school verifying your student status.
- ☐ THREE letters of reference and ONE qualified co-signer for any applicants without landlord history.

**Please bring with you the following items to be photocopied when you hand in your application. These are also needed for application to be considered complete.**

- ☐ Birth Certificates *OR* Passports *OR* I-9 Forms for ALL applicants.
- ☐ Social Security Cards for ALL applicants.
- ☐ Driver's License *OR* Non-Driver ID Cards for applicants that have one.



# Common Rental Application for Housing in Vermont

(not for tenant-based vouchers)

FORM REVISED

**OCT 2016**

[www.vhfa.org/documents/property\\_managers/VTcommonRentalApp.pdf](http://www.vhfa.org/documents/property_managers/VTcommonRentalApp.pdf)

## 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

*Head of household*

Place of birth (city, state)

Birthdate (m/d/y)

Sex

☐ M ☐ F

Will live in unit

☐ Full time

☐ Part time

Marital 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

Will live in unit

☐ Full time

☐ Part time

Marital 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

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 household members not listed in the Family Composition section? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", please explain
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What's your current address?	Please list your mailing address, if different
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How long have you lived at this address?	How many bedrooms in your present living quarters?
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Home phone number	Cellular phone number
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Other phone number	Email address
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Do you rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," who's your landlord?	Landlord's phone number
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Landlord's address
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Do you own your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," market value \$	Outstanding mortgage balance \$
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Do you live with others? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," explain your living arrangements
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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 to 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 \$

## 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 \$
Mortgage balance  \$	Mortgage holder and address	
Is this an income-producing property? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does anyone applying own any other asset not already listed? ( <b><i>Do not include furniture. Do not include motor vehicles used for personal transportation.</i></b> ) <input type="checkbox"/> Yes <input type="checkbox"/> 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
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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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## 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. Please specify if expense is per year or per month.*

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

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 full-time 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 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

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

☐ Yes ☐ No

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

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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?

☐ Yes ☐ No

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If "Yes," please explain

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

☐ Yes ☐ No

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If "Yes," please explain

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

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

☐ 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    \*\*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

**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>	<b>Category 1</b>	Literally Homeless	(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (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
	<b>Category 2</b>	Imminent Risk of Homelessness	(2) Individual or family who will imminently lose their primary nighttime residence, provided that: (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
	<b>Category 3</b>	Homeless under other Federal statutes	(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: (i) Are defined as homeless under the other listed federal statutes; (ii) Have not had a lease, ownership interest, or occupancy 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
	<b>Category 4</b>	Fleeing/ Attempting to Flee DV	(4) Any individual or family who: (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.

<b>CRITERIA FOR DEFINING AT RISK OF 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.