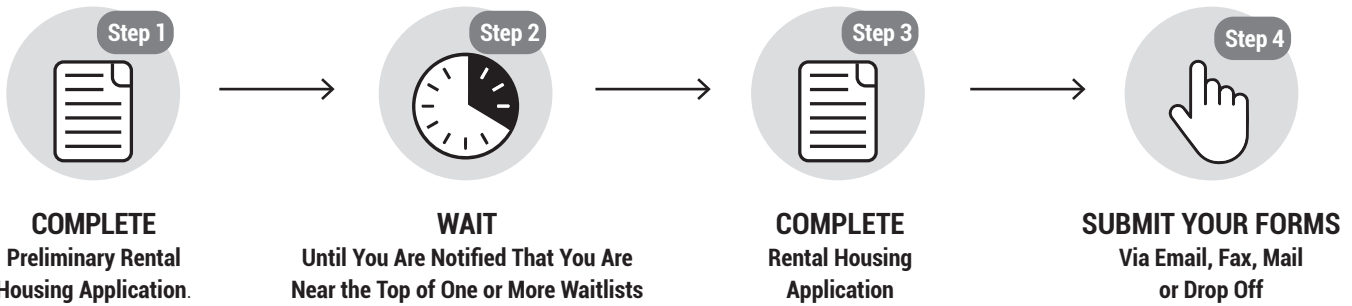


APPLYING FOR RENTAL HOUSING

We do not offer emergency housing. If you need emergency housing, please call 211 to be connected with Vermont Economic Services.



Step 1 COMPLETE Preliminary Rental Housing Application

Regardless of desired housing program, a completed preliminary application must be submitted to Champlain Housing Trust. You will receive a letter confirming receipt of your preliminary application.

Step 2 WAIT Until You Are Notified That You Are Near the Top of One or More Waitlists

- Champlain Housing Trust’s rental housing programs use a waitlist system, based on the date a preliminary application is received.
- Please note, we are currently experiencing longer than average wait times due to the area’s low vacancy rate. **Applicants may wait over 12 months after submitting a preliminary application before moving to the next step.**

Step 3 COMPLETE Rental Housing Application

We hold your preliminary application until you are near the top of one or more chosen waitlists. At this time, we will request that you complete the rental housing application. We will process your application including a credit and criminal screening, as well as checking your listed rental references.

Step 4 SUBMIT YOUR FORMS

EMAIL: applications@getahome.org **OR FAX:** (802-862-5054) **OR**

MAIL or DROP OFF: 88 King Street, Burlington, VT 05401 **or** 13 Lake St, St. Albans, VT 05478

If you cannot afford rent with your income, you may be eligible for a Voucher from a Housing Authority. Apply for a Voucher by contacting the Housing Authorities listed below:

Burlington Housing Authority
 65 Main Street, Burlington • 802-864-0538

Winooski Housing Authority
 83 Barlow Street, Winooski • 802-655-2360

Vermont State Housing Authority
 1 Prospect Street, Montpelier • 800-820-5119

# of People in Household	Annual Minimum Income	Market Rate Income
1	\$20,800	\$45,120
2	\$20,800	\$51,540
3	\$25,000	\$57,960
4	\$25,000	\$64,380
5	\$28,000	\$69,540
6	\$28,000	\$74,700
7	\$31,500	\$79,860
8	\$31,500	\$85,020

If you do not speak or read English, we will provide interpretation services at no cost to you. Tell the person who is helping you that you need an interpreter or for more information call 802-862-6244.

Ako ne govorite ili čitate engleski, besplatno ćemo vam pružiti usluge prevođenja. Recite osobi koja vam pomaže da vam je potreban prevodilac ili pozovite 802-862-6244 da dobijete više informacija.

إذا كنت لا تتحدث الإنجليزية أو تقرأها، فسنقدم لك خدمات الترجمة الفورية مجاناً. أخبر الشخص الذي يساعدك بأنك بحاجة إلى مترجم فوري أو للحصول على مزيد من المعلومات، يرجى الاتصال بـ 802-862-6244.

Si no habla ni lee en inglés, prestaremos servicios de interpretación sin costo para usted. Avísele a la persona que lo esté ayudando que usted necesita un intérprete o, para obtener más información, llame al 802-862-6244.

Si vous ne parlez pas ou ne lisez pas l'anglais, nous vous fournirons des services d'interprétation gratuits. Indiquez à votre interlocuteur que vous avez besoin d'un(e) interprète ou pour plus d'informations, appelez le 802-862-6244.

तपाईं अङ्ग्रेजी बोल्नुहुन्न वा पढ्नुहुन्न भने, हामी तपाईंलाई निःशुल्क रूपमा दोभाषे सेवाहरू उपलब्ध गराउने छौं। तपाईंलाई दोभाषेको आवश्यकता भएको बेला मद्दत गरिरहेका व्यक्तिलाई बताउनुहोस् वा थप जानकारीका लागि 802-862-6244 मा फोन गर्नुहोस्।

Soki yo okoki te koloba to kotanga Anglais, tokosunga yo na bolimboli ekozala ya ofele. Yebisa moto oyo azali kosunga yo ete yo esengeli ozala na moto ya bolimboli nto mpona koyeba makambo misusu benga 802-862-6244.

Nếu quý vị không nói hoặc không đọc được tiếng Anh, chúng tôi sẽ cung cấp dịch vụ thông dịch miễn phí cho quý vị. Hãy nói với người đang giúp quý vị rằng quý vị cần thông dịch viên hoặc để biết thêm thông tin, hãy gọi số 802-862-6244.

如果您不会讲英语或读英语，我们将免费为您提供口译服务。告诉您的协助人员您需要口译员，或致电 802-862-6244 了解更多信息。

Haddii athy engky hathylaany amy eng akhriye korny Af-Ingiriis, wayba ky siyye doongny etheeg turjumaang oo bilaash eh. Eng sheeg langky ky kaalmeeyow in athy eng baahangty turjumaang amy walaaghy warbihing siyaathy eh weer 802-862-6244.

Ikiwa huna uwezo wa kuzungumza au kusoma Kiingereza, tutatoa huduma za ukalimani bila malipo. Mwambie mtu anayekusaidia kuwa unahitaji mkalimani au piga simu kwa 802-862-6244 ili upate maelezo zaidi.

หากคุณไม่สามารถพูดหรืออ่านภาษาอังกฤษได้ เราจะให้บริการล่ามโดยไม่มีค่าใช้จ่าย โดยให้แจ้งบุคคลที่ช่วยเหลือคุณว่าคุณต้องการล่ามหรือข้อมูลเพิ่มเติม โดยโทร 802-862-6244

Haddii aadan ku hadlin ama akhriin karin af Ingiriiska, waxaan kuu samayn doonaa adeegyada turjumaanka oo bilaash ah. U sheeg qofka ku caawinaaya inaad u baahan tahay turjumaan ama xog dheeraad ah wac 802-862-6244.



PRELIMINARY RENTAL HOUSING APPLICATION

Date/time received

HEAD OF HOUSEHOLD and CONTACT INFORMATION

#1 First <input type="text"/>		Middle <input type="text"/>		Last <input type="text"/>		Relationship Head of Household	
Social Security Number <input type="text"/> - <input type="text"/> - <input type="text"/>			Full Time Student <input type="radio"/> Yes <input type="radio"/> No		Birth Date (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>		Sex <input type="radio"/> M <input type="radio"/> F
Mailing Address <input type="text"/>				Phone Number <input type="text"/> - <input type="text"/> - <input type="text"/>			
Address line 2 <input type="text"/>				Email Address <input type="text"/>			
City <input type="text"/>		State <input type="text"/>	ZIP <input type="text"/>		Preferred Communications: <input type="radio"/> Email <input type="radio"/> Mail		

Total Annual Income of All Household Members

Income includes yearly wages, child support, pension/annuity, Social Security (SSI, SSDI), Reach-up, unemployment, and other periodic payments, etc. before any deductions. NOTE: food stamps and fuel assistance are not included as income. \$ _____

Total Household Assets

Assets include bank accounts, investments, and real estate of all household members \$ _____

Do you currently have a Section 8 Housing Choice Voucher? Yes No

If "Yes," which public housing authority?

GENERAL INFORMATION

Do you require a handicapped/accessible apartment? If yes, please explain Yes No

Are you applying for status as an "Elderly Household"? Defined as the head or co-head is 62 or older, handicapped or disabled. Yes No

Are you currently homeless? Yes No

Have you, or any member of your household ever lived in Champlain Housing Trust housing? Yes No

If yes, when and what address?

Do you require an interpreter? Yes No

If yes, what is your preferred language?

WAITLIST SECTION

Please check the waitlists you are interested in. For more information, see our website.

<input type="checkbox"/> Avenue Apartments Housing Burlington	<input type="checkbox"/> South Meadow Apt. Burlington	<input type="checkbox"/> Cedar's Edge Housing Essex Junction	<input type="checkbox"/> Dorset Commons South Burlington	<input type="checkbox"/> Blake Commons Swanton
<input type="checkbox"/> King Street Housing Burlington	<input type="checkbox"/> Waterfront Housing Burlington	<input type="checkbox"/> Grand Isle Housing Grand Isle	<input type="checkbox"/> Garden Street South Burlington	<input type="checkbox"/> Maple Tree Place Williston
<input type="checkbox"/> Laurentide Burlington	<input type="checkbox"/> Brookside Village Housing, Colchester	<input type="checkbox"/> Green Street Housing Hinesburg	<input type="checkbox"/> Lime Kiln Housing South Burlington	<input type="checkbox"/> Pinecrest Williston
<input type="checkbox"/> Old North End Properties Burlington	<input type="checkbox"/> Fort Apartments Colchester	<input type="checkbox"/> Richmond Village Housing, Richmond	<input type="checkbox"/> O'Dell Housing South Burlington	<input type="checkbox"/> Winooski Properties Winooski
<input type="checkbox"/> Park Place Burlington	<input type="checkbox"/> Winchester Place Colchester	<input type="checkbox"/> Shelburne Properties Shelburne	<input type="checkbox"/> St. Albans Properties St. Albans	<input type="checkbox"/>
<input type="checkbox"/> Salmon Run Burlington	<input type="checkbox"/> Falls Housing Enosburg Falls	<input type="checkbox"/> Anderson Parkway South Burlington	<input type="checkbox"/> Congress Street St. Albans	<input type="checkbox"/>

Please check the apartment sizes you are interested in:

Studio 1 Bedroom 2 Bedroom 3 Bedroom 4 Bedroom

OPTIONAL SUBSIDIZED WAITLIST SECTION

Households only pay 30% of their adjusted income toward rent. Stricter eligibility requirements apply. For more information, see our website.

CHITTENDEN COUNTY	FRANKLIN COUNTY	GRAND ISLE COUNTY
<input type="checkbox"/> Allen Canal Apartments (3 bedrooms) West Allen Street, Winooski (Studio & 1 bedroom waitlist closed)	<input type="checkbox"/> Pleasant Street (1 & 2 bedrooms) Pleasant Street, Enosburg	<input type="checkbox"/> Round Barn (1 & 2 bedrooms) Faywood Road, Grand Isle (Senior & Disabled Housing)
<input type="checkbox"/> Point School Apartments (3 bedrooms) Porters Point, Colchester	<input type="checkbox"/> Rail City (4 bedrooms) Lower Weldon Street, St. Albans (2 & 3 bedroom waitlist closed)	<input type="checkbox"/> Pine Manor (1 & 2 bedrooms) Lake Street, Alburgh (Senior & Disabled Housing)
	<input type="checkbox"/> Swanton School (1 bedroom) Church Street, Swanton (Senior & Disabled Housing)	<input type="checkbox"/> Alburgh Family Housing (2, 3 & 4 bedrooms) Carle Street, Alburgh (1 bedroom waitlist closed)

ADDITIONAL HOUSEHOLD MEMBERS

Complete the following information for each person, **18 years of age or over**, who will live in your apartment.

#2 First <input type="text"/>	Middle <input type="text"/>	Last <input type="text"/>	Relationship <input type="text"/>
Social Security Number <input type="text"/> - <input type="text"/> - <input type="text"/>	Full Time Student <input type="radio"/> Yes <input type="radio"/> No	Birth Date (mm/dd/yyyy) <input type="text"/> /	Sex <input type="radio"/> M <input type="radio"/> F
#3 First <input type="text"/>	Middle <input type="text"/>	Last <input type="text"/>	Relationship <input type="text"/>
Social Security Number <input type="text"/> - <input type="text"/> - <input type="text"/>	Full Time Student <input type="radio"/> Yes <input type="radio"/> No	Birth Date (mm/dd/yyyy) <input type="text"/> /	Sex <input type="radio"/> M <input type="radio"/> F
#4 First <input type="text"/>	Middle <input type="text"/>	Last <input type="text"/>	Relationship <input type="text"/>
Social Security Number <input type="text"/> - <input type="text"/> - <input type="text"/>	Full Time Student <input type="radio"/> Yes <input type="radio"/> No	Birth Date (mm/dd/yyyy) <input type="text"/> /	Sex <input type="radio"/> M <input type="radio"/> F

How many people **under the age of 18** will be living with you:

Additional Contact Information Please provide the names of anyone who helped you with the application process.
(i.e. friend, relative, caseworker)

Name <input type="text"/>	Relationship <input type="text"/>	Email Address <input type="text"/>
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Are you working with any of the following agencies? (check all that apply)

<input type="checkbox"/> AALV	<input type="checkbox"/> Howard Center	<input type="checkbox"/> Safe Harbor	<input type="checkbox"/> Steps To End DV
<input type="checkbox"/> BHA	<input type="checkbox"/> NCSS	<input type="checkbox"/> Samaritan House	<input type="checkbox"/> Veterans Administration
<input type="checkbox"/> COTS	<input type="checkbox"/> Pathways	<input type="checkbox"/> Spectrum	<input type="checkbox"/> Voices Against Violence
<input type="checkbox"/> Other <input type="text"/>			

Do we have permission to contact the person or agencies above for assistance with your application?

Yes No

Champlain Housing Trust is an equal opportunity housing provider. We do not discriminate on account of race, sex, sexual orientation, color, age, familial status, marital status, religion, national origin, U.S. military veteran status, disability, gender identity, gender-related characteristics or because a person is a recipient of public assistance, including Section 8 housing assistance.

If you are willing to help us with the US Government survey regarding racial/ethnic heritage, please complete the following information about the head/co-head of your household. You do not have to give this information, as it is not required to determine your eligibility. It is being used for statistical purposes to be sure that everyone receives assistance on a fair basis.

Ethnicity (Mark one) Not Hispanic or Latino Hispanic or Latino

Race (Mark one or more)

<input type="checkbox"/> American Indian/Alaska native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African-American
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other <input type="text"/>

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING THIS APPLICATION:

I understand that the information contained in this application will be used to determine my eligibility for housing. I grant consent for the management to make any and all inquiries to verify the information, with rental, criminal and credit screening services, and to contact previous and current landlords or other sources for credit, and verification of other information which may be released to appropriate Federal, State or Local agencies.

I authorize management to obtain one or more "credit and consumer reports" as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

In the event my application is approved, I also give my consent to have Champlain Housing Trust and/or its assigned credit bureau to obtain additional credit reports and other information after approval of my credit, both in connection with the same Transaction or an extension of credit; to obtain credit reports, criminal background checks and other information for account review purposes and other legitimate purposes associated with the account.

Furthermore, I understand that providing any false or misleading information will make me ineligible for rental assistance and may result in prosecution by the United States Government. Therefore, I certify that all of the above information is true and complete to the best of my knowledge and belief.

ALL MEMBERS OF THE HOUSEHOLD (18 YEARS AND OLDER) MUST SIGN THIS APPLICATION.

Signature – Head of Household <input type="text"/>	Print Name <input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Signature – #2 Other Adult Household Member <input type="text"/>	Print Name <input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Signature – #3 Other Adult Household Member <input type="text"/>	Print Name <input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Signature – #4 Other Adult Household Member <input type="text"/>	Print Name <input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>