



Common Rental Application for Housing in Vermont

INSTRUCTIONS

(not for tenant-based vouchers)

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:

First and last name	Social Security number	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Place of birth (city, state)	Birthdate (m/d/y)	Relationship <i>Head of household</i>
First and last name	Social Security number	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Place of birth (city, state)	Birthdate (m/d/y)	Relationship
First and last name	Social Security number	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Place of birth (city, state)	Birthdate (m/d/y)	Relationship
First and last name	Social Security number	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Place of birth (city, state)	Birthdate (m/d/yw)	Relationship

Do you have primary custody of all children listed above?

Yes No

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? <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

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

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 \$

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 \$

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?

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)

\$

EXPENSES

Child care

Complete for children 12 and younger that enable you to work or attend school.

Amount per month assisted

Amount per month unassisted

\$

\$

Medical expenses

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

Yes No

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other governmental action?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Domestic violence?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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

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

Why do you want to move to this property?

**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

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. 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.

FULL LEGAL NAME _____

MAILING ADDRESS: _____ CITY/STATE/ZIP _____

PHYSICAL ADDRESS: _____

PHONE #: _____ E-MAIL: _____ CONTACT METHOD: _____

GENERAL INFORMATION:

IF YOU ARE NOT YET 62 YEARS OLD , ARE YOU ELIGIBLE FOR OCCUPANCY BASED ON YOUR STATUS AS AN INDIVIDUAL WITH DISABILITIES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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DO YOU HAVE A VEHICLE THAT WILL BE PARKED AT THE PROPERTY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE THERE ANY ABSENT HOUSEHOLD MEMBER THAT ARE NOT LISTED IN THE FAMILY COMPOSITION SECTION OF THIS APPLICATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:
HAS ANY ADULT HOUSEHOLD MEMBER LIVED OUTSIDE OF VERMONT SINCE 18 YEARS OF AGE	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, MEMBER NAME: STATE:
WILL ANY MEMBER OF YOUR HOUSEHOLD BE APPLYING FOR OR RECEIVING SECTION 8 ASSISTANCE WITHIN THE NEXT 12 MONTHS?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NAME OF AGENCY: AGENCY CONTACT PERSON:
DO YOU EXPECT ANY ADDITIONS TO YOUR HOUSEHOLD IN THE NEXT 12 MONTHS ?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NAME & RELATIONSHIP: DATE EXPECTED: EXPLAIN:

ARE ALL ADULT MEMBERS OF YOUR HOUSEHOLD LEGALLY CAPABLE OF ENTERING INTO A LEASE AGREEMENT?

YES NO

IF NO, EXPLAIN:

RENTAL HISTORY:

HAS ANY MEMBER OF YOUR HOUSEHOLD EVER RECEIVED AN EVICTION NOTICE FROM A LANDLORD

YES NO

IF YES, NAME:

NON-PAYMENT OF RENT

LEASE VIOLATION, EXPLAIN:

OTHER, EXPLAIN:

HAVE YOU EVER BEEN EVICTED FROM AN APARTMENT?

YES NO

IF YES, EXPLAIN:

DATE:

REASON:

APARTMENT LOCATION:

CRIMINAL BACKGROUND:

DOES ANY MEMBER OF YOUR HOUSEHOLD CURRENTLY USE ILLEGAL DRUGS OR ABUSE ALCOHOL?

YES NO

IF YES, NAME:

EXPLAIN:

OTHER INFORMATION:

I CERTIFY THAT NO HOUSEHOLD MEMBER LISTED ON THE APPLICATION HAS ANY ASSETS

MEDICAL EXPENSES:

MEDICAL EXPENSES THAT YOU PAY **OUT OF POCKET** MAY BE CONSIDERED IN CALCULATING SUBSIDIZED RENT. PLEASE CHECK ALL MEDICAL EXPENSES THAT YOU PAY OUT OF POCKET (NOT REIMBURSED BY INSURANCE):

- DOCTOR PHARMACY HOSPITAL HEALTH INSURANCE
 DENTIST EYE DOCTOR AMBULANCE OVER THE COUNTER MEDS
 OTHER MEDICAL EXPENSE _____

FOR EACH ITEM CHECKED ABOVE, PLEASE DESCRIBE BELOW:

(USE ADDITIONAL SHEET OF PAPER IF NECESSARY)

EXPENSE TYPE	PAID TO (NAME AND <u>MAILING ADDRESS</u>)	HOUSEHOLD MEMBER	AMOUNT
<i>EXAMPLE: DENTIST</i>	<i>AARP PO BOX 1234 ANYTOWN, VT 05555</i>	JOHN SMITH	\$50 _____ <input checked="" type="checkbox"/> MONTH <input type="checkbox"/> YEAR
			\$ _____ <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR
			\$ _____ <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR
			\$ _____ <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR
			\$ _____ <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR
			\$ _____ <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR
			\$ _____ <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR
			\$ _____ <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR
			\$ _____ <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR

CHILDCARE EXPENSE:

DO YOU HAVE CHILDCARE SO THAT YOU CAN :	<input type="checkbox"/> WORK <input type="checkbox"/> LOOK FOR WORK <input type="checkbox"/> GO TO SCHOOL <input type="checkbox"/> I DON'T HAVE CHILDCARE
IF YOU HAVE CHILDCARE, IS YOUR CHILDCARE EXPENSE PAID BY YOU?	<input type="checkbox"/> YES: WEEKLY AMOUNT \$ _____ PAID TO: _____ MAILING ADDRESS: _____ _____ <input type="checkbox"/> NO PLEASE EXPLAIN _____

STUDENT INFORMATION:

IS ANY MEMBER OF YOUR HOUSEHOLD A FULL OR PART-TIME STUDENT?	<input type="checkbox"/> FULL-TIME (FT) <input type="checkbox"/> PART-TIME (PT) <input type="checkbox"/> NO STUDENTS IN MY HOUSEHOLD
ARE <u>ALL MEMBERS</u> OF YOUR HOUSEHOLD FULL-TIME STUDENTS OR PLANNING TO BE IN THE NEXT 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<u>PLEASE CHECK ALL THAT APPLY:</u>	<input type="checkbox"/> MARRIED AND FILING OR ELIGIBLE TO FILE A JOINT TAX RETURN <input type="checkbox"/> RECEIVING SOCIAL SECURITY TITLE IV PAYMENTS (RUFA, ANFC, AFDC ETC) <input type="checkbox"/> PARTICIPATING IN A JOB TRAINING PROGRAM <input type="checkbox"/> THE FT STUDENT IS A SINGLE PARENT WITH MINOR CHILDREN WHO ARE CLAIMED AS DEPENDENT'S ON THEIR TAX RETURN <input type="checkbox"/> THE FT STUDENT IS A GRADUATE STUDENT <input type="checkbox"/> THE FT STUDENT IS AT LEAST 24 YEARS OLD <input type="checkbox"/> THE FT STUDENT IS A VETERAN OF THE US MILITARY <input type="checkbox"/> THE FT STUDENT HAS A DEPENDENT CHILD <input type="checkbox"/> THE FT STUDENT HAS DEPENDENT'S OTHER THAN A CHILD OR A SPOUSE <input type="checkbox"/> THE FT STUDENT WAS AN ORPHAN OR WARD OF THE COURT THROUGH AGE 18 <input type="checkbox"/> THE FT STUDENT WILL BE LIVING WITH THEIR PARENTS IN THIS APARTMENT <ul style="list-style-type: none"> • <input type="checkbox"/> PARENTS ARE RECEIVING OR ARE ELIGIBLE TO RECEIVE SECTION 8 ASSISTANCE • <input type="checkbox"/> FT STUDENT IS CLAIMED AS A DEPENDENT ON PARENTS' TAX RETURN • <input type="checkbox"/> FT STUDENT IS RECEIVING ASSISTANCE TO PAY FOR EDUCATION

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

 PRINT NAME SIGNATURE SOCIAL SECURITY # DATE

 PRINT NAME SIGNATURE SOCIAL SECURITY # DATE

 PRINT NAME SIGNATURE SOCIAL SECURITY # DATE

BY 2016, ALL OF OUR PROPERTIES WILL BE NON-SMOKING PROPERTIES

- A COMPANY OF GILMAN HOUSING TRUST, INC.

P.O. Box 86 ♦ 48 ELM STREET ♦ LYNDONVILLE ♦ VT 05851 ♦ TOLL FREE: 800.234.0560 ♦ TTY 800.253.0191 ♦ WWW.RURALEEDGE.ORG

PLEASE CHECK PROPERTIES OF INTEREST:

RENT BASED ON INCOME:

<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"/> MT. VIEW ST. JAY HOUSING-ST. JOHNSBURY	1 & 2 BEDROOMS
<input type="checkbox"/> MOOSE RIVER HOUSING-ST. JOHNSBURY	1, 2, 3 & 4 BEDROOMS
<input type="checkbox"/> LAKEVIEW HOUSING-NEWPORT	0, 1, 2 & 3 BEDROOMS
<input type="checkbox"/> LAKEBRIDGE HOUSING-NEWPORT	1, 2 & 3 BEDROOMS
<input type="checkbox"/> CRYSTAL LAKE HOUSING-BARTON	1, 2, 3 & 4 BEDROOMS
<input type="checkbox"/> PARKVIEW HOUSING-NEWPORT	2 & 3 BEDROOMS

RENT BASED ON INCOME –ELDERLY/DISABLED

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

RENT BASED ON INCOME-ELDERLY 62 AND OVER ONLY

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

FLAT AMOUNT RENT

<input type="checkbox"/> 599 MAIN STREET-LYNDONVILLE	1 & 2 BEDROOMS
<input type="checkbox"/> 86 RAYMOND STREET-LYNDONVILLE	2 & 4 BEDROOMS
<input type="checkbox"/> LYNDON HOUSING-LYNDONVILLE	1, 2 & 3 BEDROOMS
<input type="checkbox"/> MATHEWSON HOUSING (AGE 55+/DISABLED)- LYNDONVILLE	1 & 2 BEDROOMS
<input type="checkbox"/> CALEDONIA HOUSING- ST. JOHNSBURY	1, 2 & 3 BEDROOMS
<input type="checkbox"/> ST. JOHNSBURY HOUSING-ST. JOHNSBURY	0 & 4 BEDROOMS
<input type="checkbox"/> LIND HOMES (SINGLE FAMILY HOMES)-RYEGATE	3 BEDROOMS ONLY
<input type="checkbox"/> ISLAND POND –VARIOUS SITES	1, 2 & 3 BEDROOMS
<input type="checkbox"/> COVENTRY SENIOR HSG (ELDERLY 55 & OLDER)-COVENTRY	1 & 2 BEDROOMS
<input type="checkbox"/> HOLLAND SENIOR HSG. (ELDERLY 55 & OLDER)-HOLLAND	1 BEDROOMS ONLY
<input type="checkbox"/> DERBY HOUSING-DERBY LINE	1 & 2 BEDROOMS
<input type="checkbox"/> HOTEL & KIDDER (AGE 62+/DISABLED)-DERBY CENTER	1 & 2 BEDROOMS
<input type="checkbox"/> 1867 BUILDING-ST. JOHNSBURY	2 & 3 BEDROOMS

NUMBER OF BEDROOM’S REQUESTED: _____

Optional and Supplemental 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.

Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (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	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.	

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.