

# KEEP FOR YOUR RECORDS

## **Shires Housing Inc. Tenant Selection Policy**

### **Equal Opportunity & Non-Discrimination Policy Statement**

Shires Housing Inc. strongly supports the goals of equal access to housing and will comply with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title VIII of the Civil Rights Act of 1968, Executive Order 11063, Fair Housing Amendments Act of 1988, the Americans with Disabilities Act of 1990, and with the laws of the State of Vermont prohibiting discrimination in public accommodations, and with all related rules, regulations and requirements. Applications will be provided in alternative format upon request.

Shires Housing Inc. strives to develop affordable housing for households in Bennington County. Shires Housing Inc. will not deny any family or individual the opportunity to apply for residency, nor the opportunity to lease or rent a suitable dwelling, if such unit is available, on account of age, race, color, religious creed, familial status, marital status, national origin, sex, sexual orientation, gender identity, military/veteran status, disability, abuse, sexual assault or stalking or because a person is a recipient of public assistance.

If you have questions regarding your rights if you are a disabled applicant, you can contact the Vermont Human Rights Commission at 800-416-2010/802-828-2480 (voice & TTY); Vermont Legal Aid at 800-889-2047; Fair Housing Project of CVOEO at 800-287-7971/802-864-3334 or the Vermont Center for Independent Living at 800-639-1522/802-229-0501 (voice & TTY).

This statement is available in alternative formats, for example: large print, braille and tape, by contacting 802-442-8139 or emailing [propertymanagement@shireshousing.org](mailto:propertymanagement@shireshousing.org).

Free interpreter services are available. Please tell us if you need an interpreter or other accommodation.

#### **Interpretive Services**

AALV Inc.

Physical Address: Allen Street, 3rd Floor, Burlington, Vermont 0540

Website: <https://www.aalv-vt.org>

Phone: (802) 985-3106

Email: [info@aalv-vt.org](mailto:info@aalv-vt.org)

Fax: 802 881 0521

#### **French**

Des services d'interprétation gratuits sont disponibles pour nos programmes. Vous êtes prié de nous faire savoir si vous avez besoin d'un interprète ou d'une assistance quelconque.

#### **Russian**

Для наших программ предлагаются бесплатные услуги переводчика. Пожалуйста, сообщите нам, если Вам требуется переводчик или другая помощь.

#### **Serbo-Croatian**

Za sve naše programe na raspolaganju su vam besplatne prevodilačke usluge. Molimo vas da nam javite ukoliko vam je potreban prevodilac ili bilo koja druga vrsta usluge.

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### Spanish

Hay servicios gratis de interpretación disponibles para nuestros programas. Por favor, avísenos si necesita un intérprete u otra acomodación.

### Swahili

Huduma ya Utafsiri inapatikana bure. Tafadhali tueleze kama unahitaji mfasiri au huduma nyinginezo.

### Vietnamese

Hiện có các dịch vụ thông dịch miễn phí cho các chương trình của chúng tôi. Xin cho chúng tôi biết nếu quý vị cần một thông dịch viên hay các thích nghi khác.

## 1. Applications

The application must be filled out completely and signed by all adult members of the household over the age of 18 before it will be processed. If a section of the application does not apply, check “NO” in the appropriate selection. Do not write N/A. Incomplete applications will be returned to the applicant and will not be considered. Applications submitted without also submitting the signed Shires Housing Inc. Tenant Selection Policy (SHTSP) will be returned and will not be considered.

Applicants will have 14-calendar days from the date on the incomplete letter to return a completed application. Failure to return a completed application within 14 calendar days from the date of the incomplete letter will result in a denial. Incomplete applications will not be considered for current or future vacancies.

Applications completed in full and signed with the signed SHTSP included will be accepted and logged in chronological order.

Applications can be:

- a. Picked-up at 307 North Street, Bennington, VT
- b. Downloaded from Shires Housing Inc.’s website at [www.shireshousing.org/apply](http://www.shireshousing.org/apply)
- c. Downloaded from VHFA at:  
<http://vhfa.org/documents/propertymanagers/VTcommonRentalApp.pdf>

## 2. Waitlists

Shires Housing Inc. uses the HUD 4350.3 handbook as a guide in managing the waitlists. When a completed application is received, the applicant information is entered into the waitlists by property, location, household size, application receipt date and time. If an applicant does not specify a location or desired property, their information is entered for all properties.

Eligibility will be based on a preliminary determination that there are no obvious factors that would make the applicant ineligible. Once there is an available unit, applicants will be contacted in the chronological order they are listed on the waitlist. A final eligibility determination is made at the time a unit is available, to include applicable income standards, program restrictions (if any) and household size restrictions relative to the size of the unit (see Resident Eligibility Requirements below).

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### 3. Handicapped Accessible Units

Handicapped accessible units shall be offered first to families requiring the features of such units. If there are no applicants requiring a handicapped accessible unit on the waitlist, it will be advertised according to the Affirmative Fair Housing Marketing Plan (AFHMP). If there are no responses to advertising or from community contact referrals in 14-days, the unit will be offered to the next applicant on the waitlist for a non-handicapped unit of the same size. If a handicapped accessible unit is occupied by a household not needing the features of the unit, an additional lease document is signed, which requires the occupying household to transfer to another appropriately sized vacant unit at the property, should another household needing the unit's handicapped accessible features be added to the waitlist. This document is valid through the entire lease (annual or month-to-month).

Waitlists are updated to re-verify the applicant's eligibility status and contact information at six-month intervals. If the applicant does not respond to a request for updated information within 14-days, they will be removed from the waitlists as an active applicant.

On rare occasions, Shires Housing Inc.'s waitlists are closed for certain-sized units or for specific properties. Notices of closure and reopening will be placed on the Shires Housing Inc. website and posted in the office.

### 4. Occupancy Policy

Unless state or local code governs otherwise the following criteria shall be used as a guide for an ideal range of persons per housing unit:

NUMBER OF BEDROOMS	OCCUPANCY DENSITY RANGE	
	MINIMUM	MAXIMUM
0	1	1
1	1	3
2	2	5
3	3	7
4	4	9

### 5. Resident Eligibility Requirements

Applicants must qualify according to applicable income guidelines, household size restrictions and requirements of specific affordability funding programs for Shires Housing Inc. units such as Tax Credit (Low Income Housing Tax Credit or LIHTC), HOME, VHCB, and others. Eligibility requirements are disclosed to prospective residents when applying for housing.

Supportive service housing programs may have additional eligibility requirements and require an agency referral to the program. A current listing of supportive service housing programs and descriptions is found in **Appendix B**.

Applicants must disclose social security numbers for all household members and provide proof of the numbers reported. Proof of identity documentation for household members without social security numbers will be determined at the time of application processing. All family members who are 18 years of age or older will be required to sign consent and verification forms. All information reported by the family is

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subject to third party verification.

### 6. Full time Student Eligibility

Full-time students (kindergarten through 12<sup>th</sup> grade and institutions of higher education) qualify for tax credit (LIHTC) housing under any of the following conditions:

- a. They are receiving AFDC/TANF assistance; or
- b. They were previously in a foster care program under Part B or E of Title IV of the Soc. Sec. Act; or
- c. They are enrolled in a job training program under the Job Training Partnership Act; or
- d. They are a single parent living with his/her minor children and such parent is not a dependent (as defined in Section 152) and whose children are not dependents of another individual other than a parent; or
- e. They are married and file a joint return.

A full-time student who does not meet one of these criteria is ineligible for apartments funded under the LIHTC program. A full-time student under LIHTC is an individual who is or has been enrolled for 5-months out of the current calendar year. The months do NOT need to be consecutive.

### 7. Project Based Voucher (PBV) Criteria

Project-Based vouchers are a component of the Housing Choice Voucher Program regulated by 24 CFR 982 but with one exception, a PBV is not portable; the subsidy stays with the unit and not with the family.

Eligible families residing in a unit included within an existing PBV HAP Contract must be given an absolute selection preference if the family's continued eligibility is determined and a PBV becomes available. Admission of eligible in-place families is not subject to income targeting requirements. Existing families residing in a unit included within an existing PBV HAP Contractor are not; therefore, required to apply for and be placed upon a PHA waitlist before consideration for a PBV.

If a family residing in a unit included within an existing PBV HAP Contract refuses an offer for PBV assistance or Shires Housing Inc. rejects the family for consideration of a PBV, the PHA may not refuse to list the family on a tenant-based voucher waiting list, change the family's place on a tenant-based voucher waiting list or remove the household from the tenant-based voucher waiting list.

For supportive services accepted PBV units, project plans for supportive services must include all of the following options offered directly or through direct referral to a partner agency.

- i. Case management;
- ii. Employment skills development and job training;
- iii. Family support services;
- iv. Parenting skills, childcare skills, family budgeting and similar related services;
- v. Housekeeping and homemaking activities;
- vi. Treatment for drug or alcohol addiction.

If a family does not initially agree to participate in the supportive services program, the services must remain available to the family for the duration of their tenancy in the excepted unit should they choose to receive services at a later date.

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### 8. Resident Selection Criteria

Shires Housing Inc. will screen prospective applicants according to the following criteria:

- a. Verifiable and satisfactory landlord references (other than relatives).
- b. Satisfactory credit report.
- c. Personal interview.
- d. Personal references.
- e. Criminal record checks for states in which the applicant has resided in the last ten years.
- f. Public resources which will provide information concerning criminal or drug related history and sex offender registration.
- g. Ability to pay rent (rent amount may not exceed 40% of gross income).
- h. Eligibility for specific funding program.
- i. Agency referral for supportive service housing program.

### 9. Tenant Screening Standards for Homeless Preference

Shires Housing Inc. may establish homeless preferences at properties with local service providers. Applicants will be selected based upon the memorandum of understanding that is in place between Shires Housing Inc. and local service providers. All applicants applying for the homeless preference must meet the following.

- a. The HUD definition of homeless, and
- b. Meet the requirements in this Tenant Selection Policy
- c. Have an Individual Service Plan at move-in with a participating service provider that addresses any barriers to housing

### 10. Applicant Rejection/Acceptance Procedures

When an apartment becomes available and an appropriate applicant has been contacted, Shires Housing Inc. shall review the eligibility criteria and screen the applicant according to the resident selection criteria. The applicant may be rejected for the following reasons:

- a. The applicant is no longer eligible according to the requirements set forth in HUD 4350.3 AS REVISED, Section 42 or the Internal Revenue Code, or requirements of a specific Housing Program.
- b. The applicant has poor landlord references and/or personal references.
- c. The applicant has poor credit. In accordance with the Fair Credit Reporting Act, the credit bureau used to obtain the credit report will be disclosed to the applicant if rejected because of poor credit.
- d. The applicant does not demonstrate an ability to live in such a way so as not to threaten the health, safety, and welfare of other residents or the applicant. (Note: See VAWA in next section below).
- e. The applicant (or any household member) is subject to a lifetime registration requirement under a State sex offender registration program. (All applicants are subject to a background check determining whether members of the household are subject to a lifetime sex offender registration requirement under a state sex offender registration program. The check will be carried out in any state the applicant household is known to have lived).
- f. The applicant has a history of abuse or pattern of abuse of drugs and/or alcohol in which there is reasonable cause to believe that a household member's illegal use or pattern of use of a drug, including alcohol, may adversely affect the health, safety, welfare, or quiet enjoyment of other

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- tenants, employees, vendors or agents of the Shires Housing Inc. nor negatively impact the reputation of the property to which he/she have applied.
- g. The applicant has been evicted from federally assisted housing or any other housing for drug related criminal activity within the last five (5) years.
  - h. The applicant has one or more misdemeanor convictions in the last five (5) years, or a history of repeated misdemeanors; even if the most recent conviction is more than five years old, it may be cause for rejection at the discretion of management.
  - i. The applicant has one or more felony convictions. The applicant may be rejected if the felony convictions or incarceration release date, whichever is later, has occurred within the last ten years. Applicants whose convictions or incarceration exceeds ten (10) years may be rejected at the discretion of management.
  - j. The applicant may be rejected at the discretion of management if there is a criminal history of violent crime, crime against children, or crime that inhibits an applicant's ability to live in rental housing.
  - k. Any applicant determined to have willfully made false statements on their application, or at any point during the application or screening process **will be denied**.

### 11. Applicant Behavior

Shires Housing Inc. may deny tenancy to an applicant household if Shires Housing Inc. determines that any member of the household has engaged in repeated harassing behavior or has threatened any violence toward Shires Housing Inc. staff or agents.

Abusive or violent behavior toward Shires Housing Inc. agents or staff includes, but is not limited to verbal as well as physical abuse or violence, use of racial epithets or other harsh, threatening or discriminatory or sexist language, whether written or oral through any and all means/forms of communication, that are customarily used to intimidate – may be considered abusive threatening or violent behavior.

Threatening refers to oral or written threats of or physical gestures that communicate intent to abuse, harm or commit violence.

Harassing behavior refers to the act of repeatedly disturbing, alarming or threatening someone, to the extent that such conduct either causes harm or results in a person complaining of harassment; that it would be reasonable for the person may fear harm may be caused to them. Harassing behavior may also include the electronic dissemination to a third party that may be embarrassing or inaccurate information about agents or staff. It also includes using the legal system to harass Shires Housing Inc., agents or staff (litigation abuse) by continuously filing retaliatory and frivolous complaints with outside, third-party government entities whether criminal or civil in nature against Shires Housing Inc., its staff or agents.

### 12. Unit Transfers

Any conflict that exists between This Tenant Selection Policy Plan and the VAWA Emergency Transfer Policy (VAWA Policy) shall be ruled by the VAWA Policy.

Due to the financial and administrative burden and additional time-constraints Shires Housing Inc. to minimize vacancies, transfers will not be considered for any reason except for those listed below.

- a. The household is under-housed.
- b. The household is over-housed.

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- c. The household lives in a designated project-based unit and is no longer eligible for the program.
- d. The household becomes eligible for a project-based voucher and must move to a designated project-based unit.
- e. The household is in a handicapped accessible unit and does not need the features and a family needs the accessibility features of the unit.
- f. The household requires a reasonable accommodation.

### 13. Reasonable Accommodations and Modifications

It is Shires Housing Inc.'s policy to provide reasonable accommodation in housing for applicants and residents with disabilities and/or to permit applicants or residents with disabilities to make reasonable modification where reasonable accommodation and/or modification is necessary to provide those individuals with an equal opportunity to use and enjoy housing.

A resident or an applicant makes a reasonable accommodation or modification request when he/she makes it clear to Shires Housing Inc. staff that he/she is (i) requesting an exception, change, or adjustment to a rule, policy, practice, or service because of his/her disability; or (ii) requesting a structure modification to his/her apartment or to a common area because of his/her disability.

Shires Housing Inc. shall make available to all persons applying for an apartment and to all current residents notice of the option to request a reasonable accommodation or modification and a form for requesting a reasonable accommodation or modification.

### 14. Violence Against Women and Justice Department Reauthorization Act of 2005

The Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA) protects the occupancy rights of the victims of domestic violence. The landlord may not consider incidents of domestic violence, dating violence, stalking, or directly related criminal activity, as serious or repeated violations of a lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.

### 15. Appeal Process

If an applicant is denied an apartment, written notice will be mailed to the applicant specifying the reason(s) for denial. The applicant has 15-days from the date of the notice to appeal the denial. The denial MUST be submitted in writing. Written requests for an appeal can be submitted by:

- a. USPS to PO Box 1247, Bennington, VT 05201
- b. hand delivered to Shires Housing Inc., 307 North Street, Bennington, VT 05201 (Main Office) during business hours
- c. left in the secure box to the right of the Main Office building
- d. emailed to [propertymanagement@shireshousing.org](mailto:propertymanagement@shireshousing.org)

Each reason for the denial of the application must be addressed and explained in detail. No apartment will be held during this period.

### 16. Privacy Policy

Shires Housing Inc. will comply with the Federal Privacy Act Statement and will use the requested information to determine maximum income eligibility, recommended unit size, and/or amount of the

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individual rent contribution by resident(s). Information obtained will not be disclosed outside of Shires Housing Inc. and the property owners except as required and permitted by law. Applicants/Residents may refuse to provide this information; however, such refusal may result in the delay or rejection of eligibility approval. Shires Housing Inc. is authorized to request this information under the U.S. Housing Act of 1937, as amended, 42 U.S.C., 1437 et.seq., the Housing and Community Development Act of 1981, Public 97-35, 85 Stat., 348, 408. Applicants applying for federally funded programs will be required to sign a Federal Privacy Act Statement as part of the application process.

I acknowledge receipt of the Shires Housing Inc. Tenant Selection Policy

APPLICANT(S)


By:

1. \_\_\_\_\_ Date Signed \_\_\_\_\_

2. \_\_\_\_\_ Date Signed \_\_\_\_\_

Encl. VAWA



Form <b>RENT</b>		<b>Common Rental Application for Housing in Vermont</b>	FORM REVISED
State of Vermont's Housing Community			SEPTEMBER 2022

Do you speak or read English?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you need an interpreter to complete the application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*If you need language translation or an interpreter, notify the management company.*

## INSTRUCTIONS (not for tenant-based vouchers)

<i>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 <b>additional sheets if necessary.</b> Please return completed application to:</i>		<b>FOR OFFICE USE ONLY</b> Date/time received:
Management company <b>SHIRES HOUSING INC.</b>	Agent name <b>MANAGEMENT USE ONLY</b>	
I wish to apply for housing at (Property name)	Location	
Please check the size of the apartment you are interested in: <input type="checkbox"/> Efficiency <input type="checkbox"/> 1-bedroom <input type="checkbox"/> 2-bedroom <input type="checkbox"/> 3-bedroom <input type="checkbox"/> 4-bedroom		

## FAMILY COMPOSITION

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

*\*\*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, sexual orientation, familial status, age, disability, marital status, receipt of public assistance, or because a person is a victim of abuse, sexual assault, or stalking 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 based on visual observation or surname.*

	Head of Household	Person 2	Person 3	Person 4
First name				
Middle initial				
Last name				
Relationship	Head of household			
Social Security number				
Place of birth (city, state)				
Birthdate (mm/dd/yyyy)				
Live in unit Full time	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Live in unit Part time	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Marital Status</b>				
Single				
Married				
Divorced				
Legally separated				
Estranged				
<b>Sex **</b>				
Male				
Female				
Other/Intersex				
<b>Ethnicity **</b>				
Hispanic or Latino				
Not Hispanic or Latino				
<b>Race (mark one or more)**</b>				
American Indian/ Alaska native				
Asian				
Black or African-American				
Native Hawaiian or Other Pacific Islander				
Other Race				
White				

Do you have primary custody of all children listed in the Family Composition Section?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you expect any additions to the household in the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any absent household members not listed in the Family Composition section? If "Yes", please explain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you live with others? If "Yes", please explain	<input type="checkbox"/> Yes	<input type="checkbox"/> No

What is your current address?	Please list current mailing address, if different	
How long have you lived at this address? _____ Years _____ Months	How many bedrooms in your present home?	
Home phone number	Cell phone number	
Other phone number	Email address	
Do you own your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", market value \$	Outstanding mortgage balance \$
Do you rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", Landlord's name	Landlord's phone number
Landlord's address		

## 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.*

Dates From (mm/yy):                      To (mm/yy):	
Landlord name	Rental property address
Landlord address	
Landlord phone number	Landlord email address

<b>Dates</b> From (mm/yy): _____ To (mm/yy): _____	
Landlord name	Rental property address
Landlord address	
Landlord phone number	Landlord email address

<b>Dates</b> From (mm/yy): _____ To (mm/yy): _____	
Landlord name	Rental property address
Landlord address	
Landlord phone number	Landlord email address

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? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please list all states you have previously lived in
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## 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. Attach a separate sheet of paper, if needed.*

<b>Employment income</b>		<input type="checkbox"/> NO
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 \$
Applicant Name	Employer address, phone, email	Gross weekly salary \$

Do you anticipate any changes to your income during the next 12 months? ☐ Yes ☐ No

## Other income

NO

*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. Attach a separate sheet of paper, if needed.*

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

☐ NO

*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
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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 accounts such as Venmo, Paypal and Bitcoin, etc.	Type of account		Current balance \$
Cash on hand			Current balance \$

### IRA/Keogh/annuity/pension/stocks

☐ NO

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

☐ NO

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

### Other assets

Do you own real estate (other than the home you currently live in)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", where is it located (address, city, state)		Market value \$	
Mortgage holder and address		Mortgage balance \$	
Is this an income-producing property		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does anyone applying own any other asset not already listed? ( <i>Do not include furniture. Do not include motor vehicles used for personal transportation.</i> )		<input type="checkbox"/> Yes	<input type="checkbox"/> No

If "Yes", please describe	Market value \$
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Have you or any member of the household disposed of, transferred, or otherwise given away any cash, property, or other assets for less than they are worth in the past two (2) years? <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes", please describe		
Cash value \$	Received from	Frequency

## 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", list accommodations needed:		
Will you or any member of your household require a live-in attendant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a disability that results in a disability-related need for a reasonable accommodation for an assistance animal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you requesting an adjustment to income? (This adjustment is available in federally-subsidized rental housing to households in which either the head or co-head is (1) age 62 or older, or (2) under age 62 and disabled)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If offered an apartment and I accept, this apartment will serve as my sole residence	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 you currently homeless?	<input type="checkbox"/> Yes (Please complete Appendix 1)	<input type="checkbox"/> No
Are you at risk of homelessness?	<input type="checkbox"/> Yes (Please complete Appendix 2)	<input type="checkbox"/> No
Are all members of the household citizens of the United States or non-citizens with eligible immigration status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your household comprised entirely of full-time students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," check all that apply:		
All household members are fulltime students, and such students are married and file a joint tax return	<input type="checkbox"/> Yes	
The household consists of single parents and their children, and such parents and children are not dependents of another individual	<input type="checkbox"/> Yes	



At least one member of the household receives assistance under Title IV of the Social Security Act (i.e. TANF assistance)	<input type="checkbox"/> Yes	
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	<input type="checkbox"/> Yes	
Full-time student formerly in foster care	<input type="checkbox"/> Yes	
Have you or any member of your household been a full-time student in the past year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the Head of household plan to enroll as a full-time student in the upcoming year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please list all schools attended:		
Do you currently have a Section 8 Housing Choice Voucher (HCV)? If "Yes," which public housing authority or authorities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever lived in subsidized rental housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," specify the agency and the years in which you lived there:		
Is anyone in your household subject to a registration requirement under any state sex offender registration program or was registered or required previously to be registered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," please explain:		
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," please explain and give the state and date:		
Has anyone in your household ever been charged with or convicted of a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," please explain and give the state and date:		
Has anyone in your household ever been charged with or convicted of illegal manufacture or distribution of a controlled substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," please explain and give the state and date:		

Is anyone in your household currently engaging in the illegal use of a controlled substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," please explain and give the state and date:		

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

All properties have a non-smoking policy. Does anyone in the household smoke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Why do you want to move to this property?
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## 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
Email address	

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

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

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

Name	Phone number
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Name	Phone number
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Name	Phone number
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**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." I required assistance completing this application.**

\_\_\_\_\_ HoH initial here - Identify the agency and agency representative below.\*

Signature – Head of household	Date
Signature – Other adult household member	Date
Signature – Other adult household member	Date
*Agency	*Representative *Date

**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:

CRITERIA FOR DEFINING HOMELESS	<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 not had a lease, ownership interest 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 the preceding 60 days; and</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; and</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.