



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 Addison County Community Trust PO Box 156 Vergennes, VT 05491
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?

Yes No

If "Yes," who's your landlord?

Landlord's phone number

Landlord's address

Do you own your home?

Yes No

If "Yes," market value

\$

Outstanding mortgage balance

\$

Do you live with others?

Yes No

If "Yes," explain your living arrangements

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 \$
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Mortgage balance \$	Mortgage holder and address
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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?*

Yes No

Type

Number

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