



105 North Main Street · Suite 209 Barre, VT 05641
Tel: (802) 476-4493 · Fax: (802) 479-0120
TTY/TTD: (800) 253-0191
Web: www.downstreet.org

Apartment Application

Thank you for contacting Downstreet Housing & Community Development regarding rental availabilities. The first step in the process is to complete the enclosed application.

Eligibility for an apartment is determined by the information provided in this application. The information will be used to determine if you are eligible for the housing we manage. Downstreet collects third party verification of income and asset sources, and references. Downstreet will process an application when it is third in line on our waiting list for desired property. If the property is under development or rehabilitation, Downstreet will process your application in order of date received beginning approximately three months prior to occupancy.

INSTRUCTIONS

- ✓ Read this application carefully and provide all necessary information including names, complete mailing addresses, and telephone numbers that apply to the entire household.
- ✓ Please be aware that if the application is incomplete at submission, it will be returned to you and will not be evaluated until all required information has been submitted.
- ✓ The consent for release of Information/Certification of Completion, criminal background Release and Credit Release all require all adult household members to sign: please make additional copies of such forms as necessary for your individual household.
- ✓ IF YOU NEED TO REQUEST ASSISTANCE IN FILLING OUT THIS APPLICATION PLEASE CONTACT US AT 802-476-4493.

PRIVACY ACT STATEMENT

Downstreet will comply with the Federal Privacy Act Statement. Any information obtained will not be disclosed outside the Agency except as required and permitted by law. You do not have to give us this information, but, if you do not, your eligibility approval may be delayed or rejected. The Agency is authorized to ask for this information under the programs above, as authorized 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.

REASONABLE ACCOMODATIONS

Downstreet complies with state and federal laws requiring housing providers to make reasonable accommodations or changes to either rules, procedures and housing units or properties, if such changes are necessary to enable a person with a disability to have equal access to and enjoyment of the unit, property, facility or program. Reasonable accommodations will be made during the application process and during an individual's participation in our programs; provided the accomodation does not present an undue financial or administrative burden.

REASONABLE ACCOMODATIONS CONTINUED...

Any accomodation or change must be necessary for the individual to have equal access and enjoyment of the housing and programs, not just be desireable. Downstreet will consider suggested accommodations from an individual and determine whether the request is reasonable from a financial and administrative point of view. If such accommodation is not reasonable, Downstreet will work with the individual to provide an alternative accomodation that would meet their disability needs.

To request an accomodation, please contact the Compliance Specialist: Email: DTorre@downstreet.org
Mail: 105 N. Main St., Suite 209 Barre, VT 05641 Telephone: (802) 476-4493.

DOWNSTREET EQUAL OPPORTUNITY AND NONDISCRIMINATION POLICY STATEMENT

Downstreet will comply with Title VI of the Civil Rights Act of 1964 and Title VIII of the Civil Rights Act of 1968; Section 504 of the Rehabilitation Act of 1973; Executive Order 11063; Executive Order 13166; 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 in employment practices, and all related rules, regulations and requirements thereunder. Downstreet will not, on account of race, color, creed or religion, national origin, sex, sexual orientation, gender identity, ancestry or place of birth, age, U.S. Military Veteran status, familial status, marital status, disability, or HIV status deny to any person the opportunity to apply for admission, nor deny to an eligible applicant, the opportunity to lease or rent a dwelling unit suitable to its needs. Further, in the selection of tenants, there will be no discrimination against persons otherwise eligible for admission because their income is derived whole or in part from public assistance. Downstreet will not discriminate against selected tenants and discrimination by one tenant against another is unacceptable and will not be condoned. Downstreet will not discriminate against any person or group on the basis of disability, in admission or access to, or treatment and employment in, any of Downstreet's facilities, programs and activities, policies, procedures and practices, as and to the extent provided by law.

Downstreet's housing programs shall be administered without regard to and shall not discriminate on the basis of race, color, creed or religion, national origin, sex, sexual orientation, gender identity, ancestry or place of birth, age, U.S. Military Veteran status, familial status, marital status, disability or HIV status. Further, the Downstreet's personnel actions, including but not limited to recruitment, hiring, training, promotion on the basis of merit, are administered without regard to and shall not discriminate on the basis of race, color, creed or religion, national origin, sex, sexual orientation, gender identity, ancestry or place of birth, age, U.S. Military Veteran status, familial status, marital status, disability or HIV status.

Downstreet's 504 Coordinator has been designated as the responsible employee to coordinate activities under this policy. Inquires or grievances concerning compliance with this policy statement may be addressed to 504 Coordinator – Nondiscrimination Policies, Downstreet Housing & Community Development, 105 North Main Street, Suite 209 Barre, VT 05641; 802/476-4493; (TTY) You may also file a housing program grievance with the Vermont Human Rights Commission, 800-416-2010 (Voice and TTY) OR 802-828-2480 (Voice and TTY). If you have questions regarding your rights as a disabled tenant or need assistance, you may also contact: Vermont Legal Aid, 800-889-2047; Fair Housing Project of the CVOEO, 800-287-7971 OR 802-864-3334; Or Vermont Center for Independent Living, 800-639-1522 (Voice and TTY) or 802-229-0501 (Voice and TTY).





Department of Public Safety
 Vermont Crime Information Center
 103 South Main Street
 Waterbury, VT 05671-2101

PUBLIC REQUEST FOR CRIMINAL CONVICTION INFORMATION

PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY FEE: \$30 PER REQUEST - NO PERSONAL/BUSINESS CHECKS Reply will be mailed in 5 – 7 working days - A SELF ADDRESSED, STAMPED, RETURN ENVELOPE IS REQUIRED TO FACILITATE RETURN OF YOUR REQUEST

WE ARE A VULNERABLE POPULATIONS AGENCY. OUR AGENCY CODE IS:

NAME TO BE CHECKED: TYPE OR PRINT LEGIBLY

| | | |
|------------------|-------------------|-----------------------|
| LAST NAME | FIRST NAME | MIDDLE INITIAL |
|------------------|-------------------|-----------------------|

| | | |
|---|--|--|
| DATE OF BIRTH (REQUIRED) Month / Day / Year | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | SOCIAL SECURITY NUMBER (OPTIONAL) |
|---|--|--|

ALIAS NAMES (IF APPLICABLE)

| | | | |
|--|---|--|-----------------------------------|
| PURPOSE OF REQUEST: (CHECK ONE) | <input type="checkbox"/> PERSONAL REVIEW | <input type="checkbox"/> FOREIGN TRAVEL/ IMMIGRATION | <input type="checkbox"/> MILITARY |
| | <input type="checkbox"/> ADOPTION | <input type="checkbox"/> CIVIL COURT PROCEEDING | <input type="checkbox"/> PARDON |
| | <input type="checkbox"/> CHILD CUSTODY | <input type="checkbox"/> LICENSING | |
| | <input type="checkbox"/> EMPLOYMENT | <input checked="" type="checkbox"/> HOUSING | |
| | <input type="checkbox"/> OTHER: INDICATE REASON FOR REQUEST IF OTHER THAN OPTIONS ABOVE | | |

ACCESS TO CRIMINAL CONVICTION INFORMATION TERMS AND CONDITIONS

The following information is **REQUIRED** in order to successfully process your request. Requestor **MUST** initial each line, fill out requestor information and sign below.

In accordance with Title 20, Chapter 117, Section 2056c, which governs the release of criminal conviction information to the public, I understand:

- _____ Alteration or modification of any report received as a result of this request is strictly prohibited by law.
- _____ Disclosure of the contents of this criminal conviction report to anyone other than the subject of the record or properly designated employees of any agency with a documented need to know the contents of the record is prohibited.
- _____ No person entitled to receive a criminal conviction record shall require an applicant to obtain, submit personally or pay for a copy of his or her criminal conviction record.

REQUESTOR INFORMATION

| | | | |
|---|--|---------------------------|---|
| Name Downstreet Housing & Community Development | Street Address 105 N. Main St., Ste. 209 | | |
| City Barre | State VT | Zip 05641 | Telephone Number (802) 476-4493 |
| Signature of Requestor | | Date (Mo/Day/Year) | |



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WE ARE A VULNERABLE POPULATIONS AGENCY. OUR AGENCY CODE IS:

NAME TO BE CHECKED: TYPE OR PRINT LEGIBLY

| | | |
|------------------|-------------------|-----------------------|
| LAST NAME | FIRST NAME | MIDDLE INITIAL |
|------------------|-------------------|-----------------------|

| | | |
|---|--|--|
| DATE OF BIRTH (REQUIRED) Month / Day / Year | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | SOCIAL SECURITY NUMBER (OPTIONAL) |
|---|--|--|

ALIAS NAMES (IF APPLICABLE)

| | | | |
|--|---|--|-----------------------------------|
| PURPOSE OF REQUEST: (CHECK ONE) | <input type="checkbox"/> PERSONAL REVIEW | <input type="checkbox"/> FOREIGN TRAVEL/ IMMIGRATION | <input type="checkbox"/> MILITARY |
| | <input type="checkbox"/> ADOPTION | <input type="checkbox"/> CIVIL COURT PROCEEDING | <input type="checkbox"/> PARDON |
| | <input type="checkbox"/> CHILD CUSTODY | <input type="checkbox"/> LICENSING | |
| | <input type="checkbox"/> EMPLOYMENT | <input checked="" type="checkbox"/> HOUSING | |
| | <input type="checkbox"/> OTHER: INDICATE REASON FOR REQUEST IF OTHER THAN OPTIONS ABOVE | | |


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REQUESTOR INFORMATION

| | | | |
|--|--|---------------------------|---|
| Name Downstreet Housing & Community Development | Street Address 105 N. Main St., Ste. 209 | | |
| City Barre | State VT | Zip 05641 | Telephone Number (802) 476-4493 |
| Signature of Requestor  | | Date (Mo/Day/Year) | |



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Authorization to Release Information

Please Print Name(s) of person(s) requesting services:

_____ **Social Security #** _____ **D.O.B.** _____

_____ **Social Security #** _____ **D.O.B.** _____

Address: _____ Phone: _____

Address: _____ Phone: _____

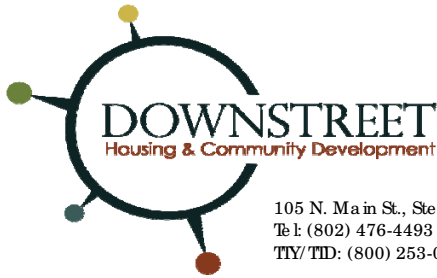
This document constitutes my/our consent for the following organization(s) to release information to Downstreet Housing & Community Development to release information to said organization(s), for the purposes of any/all housing related services. i.e. any/all rental programs, Down Payment and Home Purchase Services, Homebuyer Education/Counseling, Credit, Budget, and Financial Counseling, Foreclosure/Mortgage Delinquency Counseling, Home Rehabilitation and Lending Services:

- ✓ Credit Bureau Services of Vermont (CBC) and Equifax, Experian, and TransUnion to obtain my credit report
- ✓ Banks and/or other lending institutions associated with the transaction(s), to include providing a copy of my HUD-1 Settlement Statement to Downstreet upon the purchase of my home.
- ✓ Attorneys, mediators, and/or title companies associated with the transaction(s)
- ✓ Creditors and/or collections agencies
- ✓ Efficiency Vermont
- ✓ Habitat for Humanity
- ✓ USDA Rural Development (RD)
- ✓ Vermont State Housing Authority
- ✓ Vermont Housing Finance Agency
- ✓ Homeowner's Insurance/Hazard insurance agencies and/or companies
- ✓ Any and all Social Service Agencies to which I am referred
- ✓ Social Security Administration
- ✓ My employer(s) for purposes of verifying employment and income
- ✓ Depositories for purposes of verifying account balances and account history
- ✓ Housing Counselors: Maggie Kerrin and/or Harry Sanderson, Downstreet
- ✓ Other: _____

A photographic or carbon copy of this authorization bearing a photographic or carbon copy of the signature (s) of the undersigned may be deemed to be equivalent to the original hereof and may be used as a duplicate original.

Signature: _____ Date: _____

Signature: _____ Date: _____



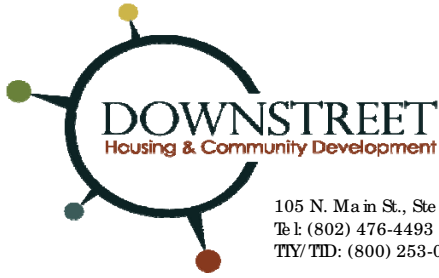
105 N. Main St., Ste 209, Barre, VT 05641
 Tel: (802) 476-4493 • Fax: (802) 479-0120
 TTY/TID: (800) 253-0190 • Web: downstreet.org

PLEASE SELECT PROPERTY (S) OF INTEREST AND DESIRED APARTMENT SIZE

| <u>Bedrooms Available</u> | | | | |
|---|---|---|--|------------|
| Property with Affordable and Market Rate Rents: | | | | |
| Downstreet units are approved for the Section 8 Program | | | | |
| <input type="checkbox"/> | 11 Bailey Ave /15 Baldwin St. /37 Barre St. | 0 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | Montpelier |
| <input type="checkbox"/> | 39-40 Barre Street | 0 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | Montpelier |
| <input type="checkbox"/> | Bianchi Block -208 Barre Street | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | Montpelier |
| <input type="checkbox"/> | 1 Bromur Street | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | Barre City |
| <input type="checkbox"/> | 8 Laurel Street | | <input type="checkbox"/> 3 | Barre City |
| <input type="checkbox"/> | North Branch - Elm St./ Barre St./Monsignor Cro 0 | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | Montpelier |
| <input type="checkbox"/> | River Station - 191 Barre Street | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | Montpelier |
| <input type="checkbox"/> | South Main Apartments -36 State Drive | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | Waterbury |
| <input type="checkbox"/> | Wheeler Brook - Wheeler Brook Drive | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | Warren |

| <u>Bedrooms Available</u> | | | | |
|--|---|--|--|------------|
| Property with Subsidized Rent: | | | | |
| Rent charged to tenant is 30% of household adjusted income | | | | |
| <input type="checkbox"/> | Colonial Village - S. Main Street & Pleasant Street | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | Bradford |
| <input type="checkbox"/> | Good Neighbors (for homeless) - 81 Elm Street | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | Barre City |
| <input type="checkbox"/> | Hebert Farms - 21-23 Hebert Road | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | Montpelier |
| <input type="checkbox"/> | Mad River Meadows - 144 Butcher House Drive | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | Waitsfield |

| <u>Bedrooms Available</u> | | | | |
|---|--|--|--|------------------|
| Property with Subsidized, Affordable, and Market Rate Rents: | | | | |
| <input type="checkbox"/> | Cabot Commons (62+) - 36 Glinka Road | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | Cabot |
| <input type="checkbox"/> | Evergreen Place (62+ and/or disabled) - 5308 Main Street | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | Waitsfield |
| <input type="checkbox"/> | Green Mountain Seminary - 201 Hollow Road | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | Waterbury Center |
| <input type="checkbox"/> | Stimson and Graves (55+) - 12 Stowe Street | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | Waterbury |
| <input type="checkbox"/> | Waits River - S. Main Street, Pleasant Street, Cobblestone Alley | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | Bradford |



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| <u>Bedrooms Available</u> | | |
|--|---|-------------------|
| Other Rental Programs (by referral only): | | |
| <input type="checkbox"/> Hillside Shared Housing Northfield Street | Bedroom Only | Montpelier |
| <input type="checkbox"/> One Nelson Street | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | Montpelier |
| Who referred you? | | |

| PLEASE NOTE |
|---|
| → If you or any household member receives income from the Social Security Administration we must obtain proof of income in order to complete this application. Please submit your Social Security Award letter with this application. |
| → If you are applying for an apartment with subsidized rent, please submit a copy of your social security card (all members). |
| → All adults must submit a copy of government issued identification with this application (photo preferred). |
| → All of Downstreet's multifamily properties are smoke free. |
| → Downstreet shall make every reasonable accommodation to persons with disabilities. |
| → Thank you for taking the time to complete this application. Incomplete applications shall be returned to applicant and reviewed only when complete. If an item on the application does not apply, please write N/A. |



Common Rental Application for Housing in Vermont

INSTRUCTIONS

Please type or print in ink the information requested on this form. Please read through this application carefully. Incomplete or unsigned applications will be returned. Use additional sheets if necessary. Please return completed application to:

FOR OFFICE USE ONLY
 Date/time received:

Management company

Agent name

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/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 |
|--|--------------------------------|-------------------------|

Landlord's address

| | | |
|---|------------------------------|------------------------------------|
| Do you own your home? <input type="checkbox"/> Yes <input type="checkbox"/> No | If "Yes," market value \$ | Outstanding mortgage balance \$ |
|---|------------------------------|------------------------------------|

| | |
|--|--|
| Do you live with others? <input type="checkbox"/> Yes <input type="checkbox"/> 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've lived in the past five (5) years, not including your present housing. Attach a separate sheet of paper if needed.

| | |
|-----------------------|--|
| Landlord name | Landlord/property location address |
| Landlord phone number | Dates you lived there From (m/y): _____ To (m/y): _____ |

| | | |
|-----------------------|--------------------------------------|-----------|
| Landlord name | Landlord/property location address | |
| Landlord phone number | Dates you lived there From (m/y): | To (m/y): |
| Landlord name | Landlord/property location 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

INCOME

Please list **all sources of income** for each person who'll live in your apartment. Be sure to list gross annual 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'll 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 stock | # of shares | Share price \$ | Cash value \$ | Quarterly dividend \$ |
| Name of stock | # of shares | Share price \$ | Cash value \$ | Quarterly dividend \$ |
| Name of stock | # of shares | Share price \$ | Cash value \$ | Quarterly dividend \$ |
| Name of stock | # 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," what's the location? | 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 adjustments to income?

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 domestic violence?

Yes 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

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?* <input type="checkbox"/> Yes <input type="checkbox"/> 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'd like involved in this application process. Please also list any family or friends we may contact if we're 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 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 constitutes my/our consent to have 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 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 creditor, 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.”

| | |
|------------------------------|------|
| Head of household | Date |
| Other adult household member | Date |
| Other adult household member | Date |
| Other adult household member | Date |

Please provide three (3) character references who you've known for at least one (1) year (no-related)

| | |
|------|--------------|
| Name | Phone number |
| Name | Phone number |
| Name | Phone number |

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

Gender Male Female

Race (Mark one or more) American Indian/Alaska native Asian White
 Black or African-American Native Hawaiian or other Pacific Islander

ALL APPLICANTS MUST BE INCOME ELIGIBLE AND MEET ALL ADMISSIONS CRITERIA FOR THEIR PROSPECTIVE APARTMENT