



BURLINGTON HOUSING AUTHORITY
65 MAIN STREET
BURLINGTON, VT 05401-8408
PHONE: (802) 864-0538
FAX: (802) 658-1286
www.burlingtonhousing.org



SECTION 8 RENTAL ASSISTANCE INTERIM RECERTIFICATION APPLICATION

INTRODUCTION

Periodically, families and individuals assisted by the Burlington Housing Authority experience a change in income. This application has been developed to capture the necessary information needed to adjust your monthly rent obligation.

INSTRUCTIONS

Please complete this Interim Recertification so we can re-confirm your family's information and recalculate your rent contribution.

In addition to completing the application, you may need to complete and sign the following forms if we do not have one:

1. BHA Authorization for Release of Information
2. HUD Authorization for Release of Information / Privacy Act Notice
Form 9886 for Section 8; or
3. Other releases as required by the assistance program

Please review the application carefully and answer all required questions fully and accurately. If you cannot fit all of the information in the space provided, add additional sheets. Incomplete applications will be returned to you. Failure to complete this form and to return the information by the due date is a violation of your lease or family responsibilities and is a basis for lease or rental assistance termination. False statements or information are grounds for eviction or termination of rental assistance.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL:

LAST NAMES

A – K

LISA BALLARD
(802) 864-0538 EXT. 223

LAST NAMES

L – Z

STEPHANIE ALMEIDA
(802) 864-0538 EXT. 243

OR MAIL THE APPROPRIATE PERSON AT:

BURLINGTON HOUSING AUTHORITY
65 MAIN STREET
BURLINGTON, VT 05401-8408

AFTER YOU HAVE COMPLETED THIS APPLICATION, KEEP THIS PAGE FOR FUTURE REFERENCE.

PRIVACY DISCLOSURE

All information in applicant and tenant files is considered to be confidential, except that BHA may disclose information in tenant or applicant files to other public agencies, utility companies or non-profit organizations in furtherance of the operations or business of BHA. BHA may also disclose information relating to the tenancy of former BHA tenants and program participants to landlords who are seeking references and to credit bureaus. Medical information and information concerning a disability of any tenant or applicant will not be disclosed by BHA to any person or organization without a written release from the tenant or applicant in question.

Except for disclosure of information to landlords seeking references and to credit bureaus, any tenant or applicant who wishes to limit disclosure of information by BHA as provided above must notify the Executive Director of his/her wishes in writing.

BHA will keep all information received involving domestic violence, dating violence, sexual assault or stalking confidential, unless the victim requests or consents in writing to disclosure, the information is required in an eviction proceeding or disclosure is otherwise allowed by law. In addition, BHA will comply with the provisions of confidentiality laws and regulations that apply to BHA.

EQUAL OPPORTUNITY AND NON-DISCRIMINATION STATEMENT

The Burlington Housing Authority (BHA) 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; 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.

The BHA will not on account of race, color, creed, national origin, sex, sexual orientation, place of birth, age, U.S. military veteran status, familial status, marital status, disability, gender identity or gender related characteristics, deny to any person the opportunity to apply for admission, nor deny to an eligible applicant the opportunity to lease or rent a dwelling suitable for its needs. Further, in the selection of tenants, there will be no discrimination against persons otherwise eligible for admission because their income is derived in whole or in part from public assistance. BHA will not discriminate against selected tenants, and discrimination by one tenant against another is unacceptable and will not be condoned.

The information regarding race, national origin and sex designation solicited on this application is requested in order to assure the federal government that federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, familial status, age, and handicap 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/national origin and sex of individual applicants on the basis of visual observation or surname.

DISCLOSURE TO APPLICANTS AND PROGRAM PARTICIPANTS WITH DISABILITIES

Burlington Housing Authority's policies and practices are designed to provide assurances that persons with disabilities will be given reasonable accommodations, upon request, so that they may fully access and utilize our housing programs and related services. BHA will consider requests for Reasonable Accommodations from persons with disabilities in order to afford them an equal opportunity to obtain the same result, to gain the same benefit or to reach the same level of achievement as those who do not have disabilities.

All of BHA's applications, forms, annual recertification questionnaires, etc. may be requested in an alternative format. Additionally, persons with disabilities may request that our annual recertification interviews, and other meetings, be held in private or at their apartment.

IF YOU NEED TO REQUEST A REASONABLE ACCOMMODATION, SUCH AS NEEDING ASSISTANCE IN COMPLETING THIS APPLICATION, PLEASE CONTACT US AT (802) 864-0538.



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SECTION 8 INTERIM RECERTIFICATION APPLICATION

Please complete all sections. Incomplete applications will result in the application being returned to you.

| HEAD OF HOUSEHOLD AND CURRENT ADDRESS | | | |
|---------------------------------------|-----------------|-------------------------|----------------------------|
| NAME | FIRST | LAST | MIDDLE INITIAL/MAIDEN NAME |
| MAILING ADDRESS | PO BOX / STREET | PHYSICAL ADDRESS | STREET ADDRESS |
| | CITY/TOWN | | CITY/TOWN |
| | STATE/ZIP CODE | | STATE/ZIP CODE |
| E-MAIL ADDRESS | @ | | |
| TELEPHONE NUMBERS | HOME | WORK | PAGER/CELL PHONE |

| HOUSEHOLD COMPOSITION | | | | | | |
|---|--|--|--|--|--|--|
| List all persons who will be living in the household when you receive rental assistance. Use additional sheet if necessary. | | | | | | |

| NAME | RELATION | SOCIAL SECURITY # | SEX | AGE | DATE OF BIRTH | PLACE OF BIRTH |
|------|----------|-------------------|-----|-----|---------------|----------------|
| 1 | Head | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |

| PLEASE INDICATE BELOW THE REASON FOR THIS CHANGE |
|--|
|--|

HOUSEHOLD INCOME

Include all income or financial benefits anticipated for the next twelve months, received by ALL household members, regardless of age. Any 'Yes' for questions 1 – 16 requires a detailed explanation in the table below

Do YOU OR ANYONE IN YOUR HOUSEHOLD RECEIVE OR EXPECT TO RECEIVE INCOME FROM:

| YES | NO | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|--------------------------|----------------------------------|---|-----|----|------------------------------|--|--------------------------|--------------------------|----------------------------------|----------------|--------------------------|--------------------------|--------------|---------------|--------------------------|--------------------------|--------------------------|----------------|--------------------------|--------------------------|-------|----------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Employment wages or salaries? <i>Including overtime, tips, bonuses, commissions and payments received in cash</i> | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Self-employment? | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Regular pay as a member of the Armed Forces? | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Unemployment benefits or worker's compensation? | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | General Assistance, Aid to Needy Families with Children (ANFC)? | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 6a. | Child Support or alimony? <i>Any AWARDED amounts, collected to uncollected. We must count court-ordered support whether or not it is received, unless legal action has been taken to remedy. We must also count support that is not court-ordered, or received directly from the payor.</i> | | | | | | | | | | | | | | | | | | | | |
| | | 6b. | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">YES</th> <th style="width: 5%;">NO</th> <th colspan="2">HOW IS THE SUPPORT RECEIVED?</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Child Support Enforcement Agency</td> <td>NAME OF AGENCY</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Court of Law</td> <td>NAME OF COURT</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Directly from Individual</td> <td>NAME OF PERSON</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other</td> <td>EXPLAIN:</td> </tr> </tbody> </table> | YES | NO | HOW IS THE SUPPORT RECEIVED? | | <input type="checkbox"/> | <input type="checkbox"/> | Child Support Enforcement Agency | NAME OF AGENCY | <input type="checkbox"/> | <input type="checkbox"/> | Court of Law | NAME OF COURT | <input type="checkbox"/> | <input type="checkbox"/> | Directly from Individual | NAME OF PERSON | <input type="checkbox"/> | <input type="checkbox"/> | Other | EXPLAIN: |
| YES | NO | HOW IS THE SUPPORT RECEIVED? | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Child Support Enforcement Agency | NAME OF AGENCY | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Court of Law | NAME OF COURT | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Directly from Individual | NAME OF PERSON | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Other | EXPLAIN: | | | | | | | | | | | | | | | | | | | | |
| | | 6c. | <input type="checkbox"/> <input type="checkbox"/> If money is not actually received, are you taking legal action to remedy? Explain: | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. | Social Security, SSI or any other payments from the Social Security Administration? | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. | Veteran's benefits, pensions, retirement benefits or annuities? | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. | Severance payments? | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. | Settlements, such as insurance settlements? | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. | Disability, death benefits or life insurance dividends? | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. | Regular gifts or payments from anyone outside the household? | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. | Educational grants, scholarships, or other student benefits? | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. | Lottery winnings or inheritances? | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. | Payments from rental property, land contracts or other forms of real estate? | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. | Any other income sources or types not listed, such as: food stamps, fuel assistance? | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. | Do you or any household member expect any changes to your income in the next twelve (12) months? | | | | | | | | | | | | | | | | | | | | |

| QUESTION NUMBER | FAMILY MEMBER | INCOME SOURCE AND ADDRESS | AMOUNT |
|-----------------|---------------|--|-------------------|
| Ex: 1 | John | XYZ Corp., 125 Main Street, Burlington, VT | \$15,000 per year |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

ZERO INCOME VERIFICATION

YES No

 Are YOU or any other ADULT family member claiming zero income? If yes, who:

CHILD CARE EXPENSES

List both your weekly out of pocket costs and the amount provided from other sources. Other sources can include SRS, welfare, or a parent not part of the household.

| CHILD CARE PROVIDER | NAME AND ADDRESS | YOUR WEEKLY COST: |
|---------------------|------------------|-------------------|
| | | |
| | | |
| | | |
| | | |

| OTHER SOURCES PAYMENT: |
|------------------------|
| |
| |
| |

STUDENT INFORMATION

YES No

 If any adult (18 years of age or older) in the household currently a full-time student, or planning to be one within the next 12 months? If Yes, list the name of the student and the school.

You will need to provide verification from the school

| STUDENT NAME | NAME OF SCHOOL |
|--------------|----------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

TENANT CERTIFICATION

I certify that the information given on this application is accurate and complete to the best of my knowledge and belief. I understand that false statements or information is punishable under Federal Law. I also understand that false statements or information are grounds for denial of my application or termination of my assistance.

Head of Household

Date

Co-Head of Household

Date

Other Adult

Date

Other Adult

Date