



**BURLINGTON HOUSING AUTHORITY**  
**65 MAIN STREET, SUITE 101**  
**BURLINGTON, VT 05401-8408**  
**PHONE: (802) 864-0538**  
**FAX: (802) 658-1286**  
**www.burlingtonhousing.org**



## **APPLICATION FOR MARKET RENTAL UNITS**

### **INTRODUCTION**

The purpose of this application is to confirm your suitability for the apartment for which you are applying. Indicate on the last page which locations you would like your application to be considered for.

### **INSTRUCTIONS**

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. False statements or information are grounds for denial of the application or termination of the lease.

After you have completed this application keep this page for future reference.

IF YOU HAVE ANY QUESTIONS OR NEED TO REQUEST A REASONABLE ACCOMMODATION, SUCH AS NEEDING ASSISTANCE IN COMLETING THIS APPLICATION, PLEASE CALL OR WRITE TO:

**BURLINGTON HOUSING AUTHORITY**  
**65 MAIN STREET, SUITE 101**  
**BURLINGTON, VT 05401-8408**  
**(802) 864-0538**





## Notice of Interpretation Services

Other languages available upon request.

### English

If you do not speak or read English, we will arrange interpretation services at no charge. Tell the person helping you that you need an interpreter.

### Arabic

إن أنت لا تتكلم اللغة الإنجليزية أو تقرأها، سنقوم بالترتيبات لتقديم خدمات الترجمة الشفهية دون مقابل لك. أخبر الشخص الذي يقدم لك المساعدة بأنك بحاجة إلى مترجم شفهي.

### Bosnian

Ako ne znate govoriti ili čitati engleski jezik, besplatno ćemo vam osigurati uslugu tumača. Kažite osobi koja vam pomaže da trebate tumača.

### Burmese

အင်္ဂလိပ်လို မပြောတတ်ပါက သို့မဟုတ် မဖတ်တတ်ပါက စကားပြန် ဝန်ဆောင်မှုများကို အခကြေးငွေမယူဘဲ ကျွန်ုပ်တို့ စီစဉ်ပေးပါမည်။ သင်စကားပြန်လိုအပ်ကြောင်း သင့်ကိုကူညီနေသူအား ပြောပြပါ။

### Chinese

如果您无法用英语表达或阅读，我们将为您安排免费的口译服务。请告知为您提供帮助的人员，您需要口译服务。

### French

Si vous ne pouvez pas parler ou lire en anglais, nous arrangerons un service d'interprétation gratuit. Dites à la personne qui vous aide que vous avez besoin d'un interprète.

### Kirundi

Mu gihe uashoboye kuvuga canke gusosoma ururimi rw'icongereza, tuzukuronderera uwushobora kugufasha kubitahura twafashishije umuhinga mu guhindura indimi mu zindi. Hanyuma uraheza ukamenyesha uwo muntu asanzwe agufasha ko ukeneye uwugusobanurira mu rurimi wumva.

### Nepali

यदि तपाईं अङ्ग्रेजी भाषा बोल्नुहुन्न वा पढ्नुहुन्न भने हामी तपाईंलाई कुनै शुल्क नलगाइकन दोभासे सेवाको व्यवस्था मिलाउने छौं । तपाईंलाई मद्दत गर्ने व्यक्तिलाई तपाईंलाई दोभासे सेवा आवश्यक पर्छ भनेर बताउनुहोस् ।

### Pashto

که پر انگلیسي ليک او لوست نه شی کولی، موږ به په وړيا توگه د ژباړې خدمتونه درته تنظيم کړو. هغه کس ته چې له تاسو سره مرسته کوي ووايي چې تاسو ژباړن ته اړتيا لرئ



## Notice of Interpretation Services

Other languages available upon request.

### **Romanian**

Dacă nu vorbiți și nu înțelegeți limba engleză, noi vă vom pune la dispoziție gratuit serviciile unui interpret. Spuneți persoanei care vă ajută că aveți nevoie de interpret.

### **Russian**

Если Вы не говорите или не читаете по-английски, мы бесплатно предоставим Вам услуги устного перевода. Сообщите тому, кто Вам помогает, что Вам необходим переводчик.

### **Somali**

Haddii aadan ku hadlin ama aadan qorin Ingiriisi, waxaan ku qabanqaabin doonaa adeegyada turjumaada oo lacag la'aan ah. U sheeg qofka ku caawinaya inaad u baahan tahay turjumaan.

### **Spanish**

Si usted no habla o lee inglés, nosotros le proporcionaremos servicios de interpretación sin ningún costo para usted. Dígale a la persona que le está ayudando que necesita un intérprete.

### **Swahili**

Endapo huwezi kuzungumza au kusoma Kiingereza, tutaandaa huduma za tafsiri bila malipo yoyote. Mwambie mtu anayekusaidia kuwa unahitaji mkalimani.

### **Vietnamese**

Nếu quý vị không thể nói hoặc đọc được tiếng Anh, chúng tôi sẽ cung cấp dịch vụ thông dịch miễn phí. Hãy báo với nhân viên đang hỗ trợ quý vị rằng quý vị cần một thông dịch viên.

## **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 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.

## **DISCLOSURE TO APPLICANTS 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.





**BURLINGTON HOUSING AUTHORITY**  
**65 MAIN STREET, SUITE 101**  
**BURLINGTON, VT 05401-8408**  
**PHONE: (802) 864-0538**  
**FAX: (802) 658-1286**  
**www.burlingtonhousing.org**



### APPLICATION FOR MARKET RENTAL UNITS

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

HEAD OF HOUSEHOLD AND CONTACT INFORMATION				
#1 First	Last	Middle Initial/Maiden Name	Relationship Head Of Household	
Social Security Number	Full Time Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of School (if applicable)	Birth Date (mm/dd/yyyy)	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address		Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Estranged		
Address Line 2		Phone Number ( )	Email Address	
City	State	Zip	Preferred Communications <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> TTY	

ADDITIONAL HOUSEHOLD MEMBERS				
Complete the following information for each person who will live in your apartment				
#2 First	Last	Middle Initial/Maiden Name	Relationship	
Social Security Number	Full Time Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of School (if applicable)	Birth Date (mm/dd/yyyy)	Sex <input type="checkbox"/> M <input type="checkbox"/> F
#3 First	Last	Middle Initial/Maiden Name	Relationship	
Social Security Number	Full Time Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of School (if applicable)	Birth Date (mm/dd/yyyy)	Sex <input type="checkbox"/> M <input type="checkbox"/> F
#4 First	Last	Middle Initial/Maiden Name	Relationship	
Social Security Number	Full Time Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of School (if applicable)	Birth Date (mm/dd/yyyy)	Sex <input type="checkbox"/> M <input type="checkbox"/> F
#5 First	Last	Middle Initial/Maiden Name	Relationship	
Social Security Number	Full Time Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of School (if applicable)	Birth Date (mm/dd/yyyy)	Sex <input type="checkbox"/> M <input type="checkbox"/> F
#6 First	Last	Middle Initial/Maiden Name	Relationship	
Social Security Number	Full Time Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of School (if applicable)	Birth Date (mm/dd/yyyy)	Sex <input type="checkbox"/> M <input type="checkbox"/> F

Do you expect any additions to the household within the next twelve (12) months?  Yes  No  
 If Yes, please explain: \_\_\_\_\_

Do you have full custody of your child(ren)  Yes  No  
 Explanation: \_\_\_\_\_

Are there any absent household members who, under normal circumstances, would live with you, such as a family member away in military duty?  Yes  No  
 Explanation: \_\_\_\_\_

Question Number	Household member	Household Income Source and Address	Amount
Ex: 1	John	XYZ Corp., 125 Main Street, Burlington, VT	\$15,000 per year

GENERAL INFORMATION							
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever been a tenant of the Burlington Housing Authority before? If Yes, where and when:					
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever lived in any other assisted or Public Housing? If Yes, where and when:					
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever participated in a Section 8 Housing Program? If Yes, name the Agency or Property Manager, Dates of Occupancy and Address:					
		<table border="1"> <tr> <td>Agency / Property Manager</td> <td rowspan="2">Address</td> </tr> <tr> <td>Dates of Occupancy</td> </tr> </table>	Agency / Property Manager	Address	Dates of Occupancy		
Agency / Property Manager	Address						
Dates of Occupancy							
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you or any family member ever been charged with or convicted of a crime? If Yes, give details of the crime, when it took place and where?					
		<table border="1"> <tr> <td>Family Member</td> <td>Crime</td> </tr> <tr> <td>When</td> <td rowspan="2">Details</td> </tr> <tr> <td>Where</td> </tr> </table>	Family Member	Crime	When	Details	Where
Family Member	Crime						
When	Details						
Where							
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you or any family member subject to a lifetime sex offender registration requirement in any state? If Yes, which member & where?					
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever been charged or convicted of the illegal manufacture or distribution of a controlled substance, including methamphetamine?					



## HOUSING HISTORY

*List all places you have lived over the past FIVE years, starting with the most recent. Include the name and address of the landlord/owner. If you lived with family or friends, please list that information as well. Please use additional sheets, if necessary.*

	Landlord Name and Address	Your Address	Dates of Occupancy
1.	Landlord Name	Name	
	Mailing Address	Mailing Address	
	Address Line 2	Address Line 2	
	City	State	
2.	Landlord Name	Name	
	Mailing Address	Mailing Address	
	Address Line 2	Address Line 2	
	City	State	
3.	Landlord Name	Name	
	Mailing Address	Mailing Address	
	Address Line 2	Address Line 2	
	City	State	
4.	Landlord Name	Name	
	Mailing Address	Mailing Address	
	Address Line 2	Address Line 2	
	City	State	
5.	Landlord Name	Name	
	Mailing Address	Mailing Address	
	Address Line 2	Address Line 2	
	City	State	

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you experienced any problems in the past in your ability to pay rent or your ability to respect the rights and property of others? If Yes, Explain:
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever been evicted from an apartment for any reason? If Yes, Explain:
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you own any pets? If so, what kind and how many?



## EMERGENCY CONTACT

*If possible, list someone in the area who is not part of your household*

First	Last	Relationship
Mailing Address		Phone Number (       )

## Applicant Certification

I authorize the Burlington Housing Authority and/or its assigned credit bureau to obtain my credit report in connection with my application for housing. In the event that my application is approved, I also give my consent to have BHA, and/or its assigned credit bureau, obtain additional credit reports and other information after approval of my credit, both in connection with the same transaction or an extension of credit; to obtain credit reports and other information for account review purposes and other legitimate purposes associated with the account.

I understand that the Burlington Housing Authority is relying on this information to prove my household's suitability for housing. 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 are grounds for denial of my application or termination of my Lease.

\_\_\_\_\_

Head of Household

\_\_\_\_\_

Date

\_\_\_\_\_

Co-Head of Household

\_\_\_\_\_

Date

\_\_\_\_\_

Other Adult

\_\_\_\_\_

Date

\_\_\_\_\_

Other Adult

\_\_\_\_\_

Date

### Please review my application for the following location(s):

- 693 Riverside Avenue:** Six (6) two-bedroom apartments. Accessible units available. ♿
- 56 Bright Stret:** Two (2) one-bedroom apartments
- Duggan Row Apt. 94-106 Maple Street:** Sixteen (16) units mix of 1, 2 & 3 bedrooms
- 174 Maple Street:** Eleven (11) units mix of 0, 1, 2 & 3 bedrooms
- 73-75 King Street:** Four (4) units mix of 1, 2 & 4 bedrooms
- 128 King Street:** Three (3) units mix of 1 & 2 bedrooms
- South St. Paul Street Apt 347-355 So. St. Paul Street:** Fifteen (15) units mix of 2 & 4 bedrooms
- Peterson Place: 195 St Paul Street & 97-103 King Street:** Mix of 1,2 & 4 bedroom units







**REQUEST FOR CRIMINAL BACKGROUND CHECK**

Applicant Name: \_\_\_\_\_  
Last First Middle

Maiden or Alias Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

Social Security Number: \_\_\_\_\_

Gender:  Female  Male Race: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**RELEASE:**

I, \_\_\_\_\_ hereby acknowledge and agree to a check of any criminal record of convictions which may be maintained by the following agencies:

**The Burlington Housing Authority shall check all that apply:**

- Vermont Criminal Information Center  FBI / NCIC

I understand that the results of that check will be made available to the **Burlington Housing Authority** for use in reviewing my suitability for housing or rental assistance. I further understand that I have the right to appeal the results of the criminal record check to the Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, Vermont 05671-2101

Signature of Applicant:

\_\_\_\_\_  
Signature Date

*Anything below this line to be filled out by BHA Staff:*

Criminal Checks Run By:

\_\_\_\_\_  
Signature of Staff Member Date

The above referenced person has criminal findings:  Yes  No

The above referenced person is required to be maintained on the State of Vermont Sex Offender Registry:  
 Yes  No

Which Registry?  10-Year Registry  Lifetime Registry

**File Name:** \_\_\_\_\_

Criminal Background Check

