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

PRELIMINARY
APPLICATION FOR HOUSING/RENTAL ASSISTANCE

INTRODUCTION

The Burlington Housing Authority manages assisted housing and administers rental assistance programs in Burlington and surrounding communities within a six-mile radius. Eligibility for these programs varies and is based on income, household composition and, for managed properties, suitability.

Because of limited vacancies and funding, most developments and programs have waiting lists. The length of waiting lists and the time before assistance can be provided varies from program to program. As a general rule, applications are considered in the order they are received. At times, in order to meet income-targeting requirements, BHA may choose only applicants within a certain income range. In certain limited circumstances, the Executive Director may give a local preference to an applicant for the Section 8 Housing Choice Voucher program. BHA also administers project-based vouchers in certain privately-owned affordable housing developments, which may have additional eligibility requirements and preferences. Further information regarding waiting lists, income-targeting and local preferences will be provided upon request.

The BHA application process has two steps:

1. This **Preliminary Application** is used to determine initial program eligibility and to place you on the appropriate waiting lists.
2. When your name comes up on the waiting list, you will be asked to complete a **Final Application**, which gives us updated and more complete information. This information is used to determine final program eligibility, suitability and to calculate your portion of the rent. When you complete the Final Application, you will also be required to verify your citizenship status, sign a HUD consent form for Release of Information, a BHA release form for collection of information and a Consent for the Release of Criminal Record Information.

PLEASE SEE THE BACK OF THIS SHEET FOR IMPORTANT INSTRUCTIONS ON HOW TO COMPLETE THIS APPLICATION AND OTHER IMPORTANT INFORMATION TO PREVENT DELAYS IN THE ACCEPTANCE OF YOUR APPLICATION.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL OR WRITE TO:

BURLINGTON HOUSING AUTHORITY
65 MAIN STREET, SUITE 101
BURLINGTON, VT 05401-8408
(802) 864-0538, EXT 3

IF YOU NEED TO REQUEST A REASONABLE ACCOMMODATION, SUCH AS NEEDING ASSISTANCE IN COMPLETING THIS APPLICATION, PLEASE CONTACT US AT (802) 864-0538, EXT 3.

BURLINGTON HOUSING AUTHORITY

65 Main Street • phone: 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 آنت 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, tuzokuronderera uwushobora kugufasha kubitahura twfashishije umuhinga mu guhndura 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 छौँ । तपाईंलाई मद्दत गर्ने व्यक्तिलाई तपाईंलाई दोभासे सेवा आवश्यक पर्छ भनेर बताउनुहोस् ।

Pashto
که پر انګليسي ليک او لوست نه شئ کولی، موږ به په وړيا توګه د ژباړې خدمتونه درته تنظيم کړو. هغه کس ته چې له تاسو سره مرسته کوي ووايئ چې تاسو ژباړن ته اړتيا لرئ

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Notice of Interpretation Services

Other languages available upon request.

Romanian
Dacă nu vorbiţi şi nu înţelegeţi limba engleză, noi vă vom pune la dispoziţie gratuit serviciile unui interpret. Spuneţi persoanei care vă ajută că aveţi 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.

INSTRUCTIONS

1. Please review the application carefully and answer all questions fully and accurately. If you cannot fit all of the information in the space provided, add additional sheets. False statements or information are grounds for denial of the application or termination of assistance.
2. Indicate the housing developments and programs for which you wish to be considered. You will only be placed on the waiting lists for which you are eligible and that you request.
3. Social Security cards must be provided for all family members.
4. You must complete the HUD-9886 Authorization for the Release of Information/Privacy Act Notice & HUD-52675 Form - Debts Owed to Public Housing Agencies and Terminations. All members, 18 & older must sign a separate form. Contact the office for additional forms.
5. Optional – You have the right to include as part of your application the name, address, telephone number & other relevant information of a family member, friend or social, health, advocacy or other organization for the Housing Authority to contact to help resolve issues that may arise during tenancy or to assist in providing special care or service you may require as a tenant. See Attachment A.

YOUR APPLICATION WILL BE RETURNED AND/OR DENIED IF ANY OF THE FOLLOWING APPLY:

- ILLEGIBLE APPLICATIONS: If the Burlington Housing Authority cannot read your application it will be returned to you to be completed again legibly.
- INCOMPLETE APPLICATIONS: The application will be returned to you with the areas marked for additional information. Your application will be considered only when all required information is provided.
- SOCIAL SECURITY CARDS: Failure to provide copies of Social Security cards for each person listed on the application may be cause for the return of the application or a delay in processing. If you have questions about other acceptable proof, please call the number listed on the front of the application.
- OVER-INCOME: The programs administered by the Burlington Housing Authority have varying income requirements. You will be considered over-income if your household income is greater than the program requirements and therefore ineligible for further consideration. You may reapply if your income falls below the eligibility limit.
- MONEY OWED: If you have an outstanding debt with the Burlington Housing Authority, another public housing authority or any private landlord as a result of prior participation in any federal housing program, your application will be denied until we have documentation it is paid in full.
- PREVIOUSLY REJECTED: If the Burlington Housing Authority has previously rejected you for assistance, you are not eligible to submit an application until three (3) years have past since the date of that rejection.
- CUSTODY OF DEPENDENTS: If you are including a dependent as part of your household who is a member of another household assisted by the Burlington Housing Authority, you are required to provide documentation showing you are the custodial parent/guardian at least 51% of the time. Acceptable documents are court custody orders, or a notarized statement from the other guardian.
- ROOMMATES: In most cases, all members listed in the household composition must have a family relationship, such as a parent/child relationship, to be considered as a household. Roommates, such as a friend, cannot be considered part of your household. Under certain conditions, two unrelated disabled persons qualify as a family.
- UNDER 18 YEARS OF AGE: Minors are generally not eligible to submit applications for assistance and must wait until their 18th birthday. Eligible minors must be referred by the Lund Family Center. Please contact the Lund Family Center at (802) 864-7467 for additional information.

Anyone who knowingly commits fraud by providing false statements or information with the intent to deceive in order to receive or continue to receive assistance under one of the programs administered by the Burlington Housing Authority will be subject to denial of his/her application or the termination of assistance. The Burlington Housing Authority is required by federal law to investigate all allegations of fraud. BHA is also required to report instances of fraud to state and federal authorities for further investigation and possible prosecution.

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.

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, we are required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

EFFECTIVE COMMUNICATIONS POLICY

The Burlington Housing Authority is committed to ensuring that its communications with applicants, program participants, employees and members of the public with disabilities is as effective as communications with others.

BHA will furnish appropriate auxiliary aids and services, where necessary, to afford individuals with disabilities, including individuals with hearing or visual disabilities, or individuals with limited English proficiency, an equal opportunity to participate in and enjoy the benefits of the programs and services of the BHA.

Examples of auxiliary aids and services include:

- Staff assistance with the completion of applications
- Telecommunication services or qualified sign language interpreters for persons with hearing impairments
- Large print, brailled, orally delivered or taped materials for persons with visual impairments
- Interpreters or written materials in the appropriate language for persons with limited English proficiency

BHA will give primary consideration to the choice of auxiliary aids and services requested by an individual with a disability or limited English proficiency.

Applicants requesting an auxiliary aid or services should make their request to BHA staff person providing, reviewing or processing the application.

Program participants requesting an auxiliary aid or service should make their request to the Director of Property Management (tenants in BHA managed properties) or the Director of Rental Assistance (households receiving BHA rental assistance).

Requests from members of the public requesting an auxiliary aid or services to participate in programs, services or activities of the BHA should make their request to the Director of Property Management.

Requests for auxiliary aids or services for public events such as Board meetings, public hearings or other BHA support or sponsored events shall make their request no later than forty-eight (48) hours prior to the event.

Applicants or Program Participants with a disability or with limited English proficiency who are not satisfied with BHA's response for an auxiliary aid or services may file a grievance in accordance with the applicable BHA Administrative Policy.

REASONABLE ACCOMMODATION POLICIES AND PROCEDURES

Burlington Housing Authority is committed to ensuring that its policies and procedures do not deny individuals with disabilities the opportunity to participate in, or benefit from BHA's programs, services and activities.

If a person with a disability requires an accommodation, BHA will provide the accommodation unless doing so will result in a fundamental alteration in the nature of the program or an undue financial and administrative burden.

A person with a disability may request a reasonable accommodation at any time during the application process, residency in housing owned or managed by BHA, or participation in the Housing Choice Voucher or other rental programs of the BHA. Requests may be made orally or in writing.

Requests for reasonable accommodations relating to residency in housing owned or managed by BHA should be made to the Director of Property Management. Requests for reasonable accommodations related to participation in rental assistance programs should be made to the Director of Rental Assistance Programs.

The decision to approve or deny a request for a reasonable accommodation is made on a case-by-case basis and takes into consideration the disability, the needs of the individuals as well as the nature and requirements of the program or activity in which the individual seeks to participate.

Individuals requesting a reasonable accommodation will be provided with the "Request for Reasonable Accommodation" form. An alternative format will be provided upon request. Individuals may submit their request in writing, orally, or by any other equally effective means of communication.

BHA will request verification of the disability and the accommodation needed from a physician, licensed health professional, professional representing a social service agency or disability agency or clinic identified by the individual requesting the accommodation.

Upon receipt of the verification, BHA will promptly review the request. If additional information or documentation is required, BHA will notify the individual, in writing, of the need for additional information or documentation.

Upon the receipt of all required information and documentation, BHA will promptly advise the individual of the approval or denial of the request. If the request is denied, the individual will be provided information on any appeal rights in accordance with the applicable BHA Administrative Policy.

An applicant or resident may, at any time, exercise their right to appeal a BHA decision through Department of Housing and Urban Development or the U.S. Department of Justice.

Individuals may contact the HUD Boston Fair Housing Hub office at **1-800-827-5005**.

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 HUD, 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.

VAWA STATEMENT

The Violence Against Women Reauthorization Act of 2022 provides protections for victims of domestic violence.

An applicant who is or has been the victim of domestic violence, dating violence, sexual assault or stalking is not an appropriate basis on which to deny program assistance or for denial of admission if the applicant otherwise qualifies for assistance or admission.

AFTER YOU HAVE COMPLETED THIS APPLICATION, KEEP THESE INTRODUCTORY PAGES FOR FUTURE REFERENCE.

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EQUAL HOUSING OPPORTUNITY

PRELIMINARY
APPLICATION FOR HOUSING/RENTAL ASSISTANCE

Please complete this entire application. 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 ❑ Yes ❑ No	Name of School (if applicable)	Birth Date (mm/dd/yyyy)	Sex ❑ M ❑ F
Mailing Address			Phone Number ( )	
Physical Address			Email Address	
City / State / Zip			Preferred Communications ❑ Email ❑ Phone ❑ Text ❑ 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 ❑ Yes ❑ No	Name of School (if applicable)	Birth Date (mm/dd/yyyy)	Sex ❑ M ❑ F
#3 First	Last		Middle Initial/Maiden Name	Relationship
Social Security Number	Full Time Student ❑ Yes ❑ No	Name of School (if applicable)	Birth Date (mm/dd/yyyy)	Sex ❑ M ❑ F
#4 First	Last		Middle Initial/Maiden Name	Relationship
Social Security Number	Full Time Student ❑ Yes ❑ No	Name of School (if applicable)	Birth Date (mm/dd/yyyy)	Sex ❑ M ❑ F
#5 First	Last		Middle Initial/Maiden Name	Relationship
Social Security Number	Full Time Student ❑ Yes ❑ No	Name of School (if applicable)	Birth Date (mm/dd/yyyy)	Sex ❑ M ❑ F
#6 First	Last		Middle Initial/Maiden Name	Relationship
Social Security Number	Full Time Student ❑ Yes ❑ No	Name of School (if applicable)	Birth Date (mm/dd/yyyy)	Sex ❑ M ❑ F

Do you expect any change in your current family size? ❑ Yes ❑ No

If Yes, please explain: _____

EMERGENCY CONTACT

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

First	Last	Relationship
Mailing Address	Phone Number ( )	

PLEASE CHECK ALL THAT APPLY TO THE HEAD OF HOUSEHOLD OR SPOUSE

(For statistical purposes only)

Ethnicity (Mark one)

❑ Not Hispanic or Latino ❑ Hispanic or Latino

Race (Mark one or more)

❑ American Indian/Alaska Native ❑ Asian ❑ Black or African American

❑ Native Hawaiian or other Pacific Islander ❑ White ❑ Other_____

Yes No

❑ ❑ Do you speak English? If No, what is your primary language and dialect? _____

❑ ❑ Do you read English?

❑ ❑ If you do not speak English, do you have an English-speaking contact? If Yes, please provide the contact's name and phone number:

Contact Name _____ Contact Phone Number _____

INCOME SOURCES

Employer or other sources of income (Unemployment, Welfare, General Assistance, Social Security, Pension, etc.) You must include ALL family members, regardless of age.

Family Member	Source *(Name of Employer, SS, VA, TANF,etc.)*	Weekly/Monthly Gross Income	Annual Income

FAMILY ASSETS

List all assets (Checking, Savings, IRA, CD, stocks, bonds, real estate, etc.) of ALL family members.

Family Member	Bank Name	Type of Account	Current Balance	Current Interest Rate

DISPOSITION OF ASSETS

Yes No

❑ ❑ Have you or any family member disposed of or given away any asset(s) for **LESS** than fair market value within the past two years? If Yes:

Family Member _____

Amount _____

Explanation _____

GENERAL INFORMATION		
Yes ❑	No ❑	Have you ever been a tenant of the Burlington Housing Authority before? If Yes, where and when:
Yes ❑	No ❑	Have you ever participated in a Federal Subsidy Housing Program? If Yes, name the Agency or Property Manager, Dates of Occupancy, and Address: Agency / Property Manager Address Dates of Occupancy
Yes ❑	No ❑	Are you currently without housing? If Yes, Explain:
Yes ❑	No ❑	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? Family Member Crime When Details Where
Yes ❑	No ❑	Are you or any family member subject to a lifetime sex offender registration requirement in any state? If Yes, which member & where?
Yes ❑	No ❑	Have you ever been charged or convicted of the illegal manufacture or distribution of a controlled substance, including methamphetamine?

OPTIONAL DISABILITY DECLARATION: PROGRAM OPTIONS FOR PERSONS WITH DISABILITIES	
If you or a family member is disabled and qualifies for one or more of the following program options, please indicate below. Final determination of eligibility will require documentation of the disability and the need.	
❑	**Accessible Apartments** Would you or a family member benefit by living in an apartment designed to accommodate a wheelchair user?
❑	**Live-In Aide** Will you or anyone in your household require a live-in care attendant? Name of Proposed Live-In Aide Relationship (if any)
❑	**Vouchers for Non-Elderly Disabled Households** Are you or a family member a non-elderly (under 62) disabled individual? Name of disabled family members Age of Disabled family member:

Please list my application on the following waiting list(s):

Developments with accessible units are indicated with an ♿.

Burlington Housing Authority Managed Properties with Subsidy

❑ **Multi - Family Developments**

Bobbin Mill Apartments ♿
234 South Champlain Street, Burlington
235 Pine Street, Burlington

Lake Champlain Apartments ♿
185 Pine Street, Burlington & 243-247 Church Street, Burlington
323-325 St. Paul Street, Burlington
145-153 Maple Street, Burlington

Wharf Lane Apartments ♿
57 Maple Street, Burlington

❑ *Multi-family housing has a waitlist preference for homeless or at risk of homelessness families (please check if you are in one of these categories)*

❑ **Elderly / Disabled Developments**

South Square Apartments ♿
101 College Street, Burlington

❑ **Accessible Unit**

Applicants who require apartments that meet wheelchair accessibility requirements.

Section 8 Programs

❑ **Housing Choice Voucher Program**
All eligible applicants.

❑ **Non-Elderly Disabled/Mainstream Programs**
An applicant family with one or more adult non-elderly (under 62) disabled household members. (Disability must be verified)

❑ **Mainstream Program**
An applicant family with one or more adult non-elderly (under 62) disabled household members. (Disability must be verified). Residency preference does not apply.

❑ **Family Unification Program**
A family for whom the lack of adequate housing is a primary factor in the imminent placement of the family's child(ren) in out-of-home care or in the delay of return of child(ren) to the home. ***(Referral from DCF or ESD Required)***

❑ **Accessible Unit**
Applicants who require apartments that meet wheelchair accessibility requirements.

PLEASE SEE THE NEXT TWO PAGES FOR HOUSING DEVELOPMENTS WITH PROJECT-BASED VOUCHERS

Housing Developments with Project-Based Vouchers

Developments with an accessible unit are indicated with an ♿

The Burlington Housing Authority has contracts with certain affordable housing developments for project-based vouchers. The subsidy stays with the apartment. A family in a project-based unit may be eligible for a tenant-based subsidy after their lease term ends, provided they are in compliance with their Family Responsibilities, and a subsidy is available.

The following developments currently have project-based subsidies. If you are interested in any of these developments and meet the eligibility requirements for the development, please check the appropriate box to be added to the waiting list. Please note that some developments have referral requirements from other agencies, eligibility requirements and preferences in addition to the Section 8 HCV program requirements.

☐ **RAD Family Developments**
One, two, three, four and five bedrooms.
Riverside Apartments ♿
Franklin Square Apartments
Hillside Terrace Apartments ♿
Manager: Burlington Housing Authority

☐ **52-54 N. Champlain Street, Burlington** ♿
115-117 Archibald Street, Burlington
255-257 N. Winooski Avenue, Burlington
259-261 N. Winooski Avenue, Burlington
17 project-based units with one, two and three bedrooms.
Manager: Champlain Housing Trust

☐ **Bus Barns Apartments** ♿
337 & 343 N. Winooski Avenue, Burlington
640 Riverside Avenue, Burlington
9 project-based units with one and two bedrooms.
Manager: Champlain Housing Trust

☐ **Waterfront Housing** ♿
300 Lake Street, Burlington
10 project-based units with one, two and three bedrooms.
Manager: Champlain Housing Trust

☐ **O'Dell Apartments**
Farrell Street, South Burlington
25 project-based units with one, two and three bedrooms.
Manager: Champlain Housing Trust

☐ **Lime Kiln Apartments**
Lime Kiln Road, South Burlington
12 project-based units with one and two bedrooms.
Manager: Champlain Housing Trust

☐ **Garden Apartments**
310 Market Street, South Burlington
15 project-based units with one, two, three and four bedrooms.
11 units dedicated to homeless families (referral required for these units)
Manager: Champlain Housing Trust

☐ **Maple Tree Place** ♿
Maple Tree Place, Williston
12 project-based units with one, two and three bedrooms.
Manager: Champlain Housing Trust

☐ **Shelburne Housing** ♿
Ockert Lane and Main Street, Shelburne
6 project-based units with one, two and three bedrooms.
Manager: Champlain Housing Trust

☐ **268 East Allen Street, Winooski**
4 project -based units one and two bedrooms.
Priority given to COTS referrals for homeless families first.
Manager: Summit Property Management

☐ **The Lofts**
255 Kennedy Drive, So. Burlington
20 project-based units; 4 efficiencies, 9 one bedrooms & 7 two bedrooms.
Applicants must be homeless or at risk of homelessness and priority is given to referrals from Coordinated Entry. Must be mainstream eligible. Residency preference does not apply.
Manager: Summit Property Management

☐ **10th Cavalry Apartments**
Ethan Allen Ave, Colchester
18 project-based units; 6 efficiency; 12 one bedrooms.
15 units are designated for applicants who must be homeless or at risk of homelessness; three units are open to HCV-eligible applicants.
Manager: Champlain Housing Trust

☐ **Bay Ridge Apartments**
Margaret's Way, Shelburne
30 project-based units, 6 studios, 14 one bedrooms, 4 two bedrooms,
4 three bedrooms & 2 four bedrooms.
20 of the units will be for applicants who are homeless or at risk of homelessness (referral required). 10 units are open to HCV-eligible applicants
Manager: Champlain Housing Trust

Housing Developments for Disabled and Elderly Persons (62+)

☐ **RAD Elderly/Disabled Developments**
Efficiencies one and two bedrooms.
Decker Tower Apartments ♿
Bishop Place ♿
A preference to be given to elderly (62+)
Manager: Burlington Housing Authority

continued on the next page

Housing Developments with Project-Based Vouchers Continued

Developments with an accessible unit are indicated with an ♿

Housing Developments for 55+ Disabled and Elderly Persons

☐ **Ruggles**
262 Prospect Street, Burlington
Shared housing designed for seniors and disabled persons, 55 and older, who want to remain socially active and independent with the support of on-site services. Nine project-based efficiencies units with kitchenettes and private baths.
Manager: Cathedral Square Corporation

☐ **McAuley Square Senior Housing**
130 Mansfield Avenue, Burlington
16 project-based units for seniors and disabled persons, 55 and older, with one and two bedrooms.
Manager: Cathedral Square Corporation

☐ **Allard Square** ♿
146 Market Street, South Burlington
25 project-based one bedroom units for extremely low-income seniors and disabled persons, 55 and older. Four units are set aside for eligible persons who are homeless or at risk of homelessness referred by Coordinated Entry.
Manager: Cathedral Square Corporation

☐ **Juniper House** ♿
35 Cambrian Way, Burlington
25 project-based one-bedroom unit for extremely low-income seniors and disabled persons, 55 and older. Seven units are set aside for eligible persons who are homeless or at risk of homelessness referred by Coordinated Entry.
Manager: Cathedral Square Corporation

Housing Developments that Require Referrals

☐ **Sophie's Place** ♿
A 10-unit complex with a mix of one, two- & three-bedroom project-based units providing housing for victims of domestic violence.
A referral from a qualifying agency or self-referral that can be validated is required.
Manager: Burlington Housing Authority

☐ **The Webster House** ♿
105 East Allen Street, Winooski
A 6-unit complex with one- & two-bedroom project-based units.
Applicants must be homeless and referred by Coordinated Entry
Manager: Burlington Housing Authority

☐ **The Wilson Hotel**
189 Church Street, Burlington
5 Single Room Occupancy (SRO) units.
Requires a referral from COTS
Manager: Redstone Property Management

☐ **Smith House**
30-32 N. Winooski Avenue, Burlington
2 project-based units with two bedrooms.
Requires Referral from COTS
Manager: Committee on Temporary Shelter

☐ **Allen House** ♿
57 West Allen Street, Winooski
10 project-based single room occupancy (SRO) units.
A referral from Howard Center is required.
Manager: Champlain Housing Trust

☐ **Independence Place**
140 Mansfield Avenue, Burlington
7 project-based units for applicants who are participating in the ANEW leaf program, efficiency, and one-bedroom units.
A referral by the ANEW is required.
Manager: Cathedral Square Corporation

☐ **Scholar's House**
110 Mansfield Avenue, Burlington
One, two- and three-bedroom units designed to house families where at least one parent is attending a post-secondary educational program.
12 project-based units.
Manager: Cathedral Square Corporation

☐ **Zephyr place**
66 Zephyr Road, Willison
38 project-based units; 25 - efficiency & 13- one – bedroom unit.
Applicants must be homeless or at risk of homelessness. Must be mainstream eligible. Residency preference does not apply.
Manager: Champlain Housing Trust

☐ **Braeburn Apartments**
1660 Williston Road, So. Burlington
20 project-based units; 19 one bedrooms & 1 two bedroom unit
Applicants must be homeless or at risk of homelessness and referred by Coordinated Entry. Must be NED eligible.
Manager: Champlain Housing Trust

☐ **Main Street Family Housing**
278 Main Street Burlington VT
16 project base units, a mix of efficiency, one-bedroom, and two bedrooms
Applicants must be literally homeless or at risk of homelessness and require a referral from COTS or the Continuum of Care.
Manager: Summit Property Management

Applicant 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 and/or Lease.

I authorize the Burlington Housing Authority to request and obtain information from third party sources relevant and necessary for the processing of my application for federally assistance housing, including determination of my eligibility for the waiting list of the programs(s) for which I am applying. This includes, but is not limited to, information from the HUD Enterprise income Verification (EIV) system and information from the other Public Housing Authorities regarding my previous participant in federally assisted housing.

Head of Household	Date
Co-Head of Household	Date
Other Adult	Date
Other Adult	Date
Name of person completing form if other than applicant (please print)	Name of Agency/Phone Number

NOTE: A complete application must include:

- ✓ **A complete, accurate and signed Application**
- ✓ **Copies of Social Security cards for <u>all family members</u>**
- ✓ **A complete and signed HUD-9886 – Authority for Release of Information/Privacy Act notice for <u>each adult family member.</u>**
- ✓ **A signed HUD-52675 – Debts Owed to Public Housing Agencies and Terminations – for <u>each adult family member.</u>**
- ✓ **A complete and signed HUD-92006 – Supplement to Application for Federally Assisted Housing for the household**

REMOVE FOR YOUR RECORDS

Property Manager Contact Information

Champlain Housing Trust
88 King Street
Burlington, VT 05401
(802) 862-6244
www.champlainhousingtrust.org

Cathedral Square Corporation
412 Farrell Street, Suite 100
South Burlington, VT 05403
(802) 863-2224
www.cathedralsquare.org

Burlington Housing Authority
65 Main Street Burlington VT
(802) 864-0538 ext. 6
www.burlingtonhousing.org

Anew Place / Independence Place
140 Mansfield Avenue
Burlington, VT 05401
(802) 862-9879
www.anewplacevt.org

Committee On Temporary Shelter
P.O. Box 1616
95 North Avenue
Burlington, VT 05402
(802) 864-7402
www.cotsonline.org

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to $500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?
This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?
PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?
Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?
In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?
If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:	**I hereby acknowledge that the PHA provided me with the *Debts Owed to PHAs & Termination N*otice:**
	Signature **Date**
	Printed Name

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

☐ Check this box if you choose not to provide the contact information.

Signature of Applicant **Date**