

# BRATTLEBORO HOUSING PARTNERSHIPS

224 Melrose Street, PO Box 2275, West Brattleboro, VT 05303

802-254-6071 bhp@brattleborohousing.org

## PROJECT BASED VOUCHER APPLICATION SNOW BLOCK

*It is very important that you notify us if any of the information on this form changes. It could affect your eligibility, your place on the waiting list and our ability to contact you. If we cannot contact you, you may be removed from the waiting list.*

*Privacy Act Statement: The information on this form is used by BHP to make initial assessment of eligibility and placement on the waiting list. It will not be disclosed outside BHP except as required and permitted by law. You do not have to give us this information, but, if you do not, your application may be rejected and/or your placement on the waiting may be affected.*

### PERSONAL/FAMILY INFORMATION

Name of Head of Household: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

*This information is for statistical purposes only and is optional. It will not affect your eligibility or selection.*

*Race of Head of Household: \_\_\_White \_\_\_Black/African American \_\_\_Asian  
\_\_\_American Indian/Alaskan Native \_\_\_Native Hawaiian/Other Pacific Islander*

*Ethnicity of Head of Household: \_\_\_Hispanic/Latino \_\_\_Non-Hispanic/Non-Latino*

List ALL persons who will be living in the household: *if pregnant indicate due date* \_\_\_\_\_

Name	Relation to Head of Household	Birthdate	Age	Sex	SSN
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**INCOME**

**Employment Income**

List all employment, full time, part time or self employment, and incomes for all adult members of the household.

Name	Employer (name, address, phone)	rate/hr	hrs/wk	annual
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Other Income:**

List income for all household members from all other sources including public welfare programs, Social Security, Veterans Benefits, pensions, Worker’s Comp, unemployment, rental property, alimony, child support, interest from stocks, bonds, annuities and other similar assets, and any other source.

Name	Source (name & address)	monthly amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ASSETS**

List all bank accounts (checking, savings, CDs), stocks, bonds, annuities, property and other assets for all household members.

Name	Name & address of institution	type of account	balance/value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has any household member disposed of any asset in the last two years: If yes, please complete:  
Name and Type of Asset: \_\_\_\_\_  
Amount/Profit realized after expenses of the sale: \_\_\_\_\_

**REAL ESTATE**

Complete the following information for any real estate which you currently own or have owned within the past two years. If the property has been disposed of or transferred, list the price at the time of disposal/transfer.

If you currently own the property:

Complete address of Property: \_\_\_\_\_

Appraised value \_\_\_\_\_ Mortgage balance \_\_\_\_\_

If you have disposed of any property in the last two years:

Complete address of Property: \_\_\_\_\_

Amount /profit realized after expenses of the sale. \_\_\_\_\_

**PROGRAM INFORMATION**

**The following questions must be answered or the application will be returned to you and you will not be added to the waiting list.**

Are you currently at risk of being homeless OR homeless & receiving supportive services from Youth Services of Brattleboro?

\_\_\_ Yes \_\_\_ No (IF YES, ATTACH LETTER OF PROOF FROM YOUTH SERVICES)

Are you currently receiving any form of rental assistance? \_\_\_ Yes \_\_\_ No

If yes, the source: \_\_\_\_\_

Have you ever applied for or participated in a rental assistance program? \_\_\_ Yes \_\_\_ No

If yes, explain: \_\_\_\_\_

Have you ever been evicted or violated your lease while in a rental assistance program?

\_\_\_ Yes \_\_\_ No If yes, explain: \_\_\_\_\_

Have you ever been evicted or violated your lease with any other landlord?

\_\_\_ Yes \_\_\_ No If yes, explain: \_\_\_\_\_

Have you or any member of your household been convicted of a felony? \_\_\_ Yes \_\_\_ No

If yes, explain: \_\_\_\_\_

Has any member of the household been convicted of the manufacture or distribution of methamphetamine? \_\_\_Yes \_\_\_No

If yes, who?\_\_\_\_\_ In what state?\_\_\_\_\_

Is any household member subject to lifetime sex offender registration? \_\_\_Yes \_\_\_No

If yes, who?\_\_\_\_\_ In what state?\_\_\_\_\_

**EQUAL OPPORTUNITY HOUSING**

Brattleboro Housing Partnerships offers a reasonable accommodation procedure for people with disabilities to allow equal participation in housing, program and services. Does anyone in your household have a disability that requires an accommodation (e.g., first floor, wheelchair accessible) If yes, please explain:\_\_\_\_\_

\_\_\_\_\_

**BACK UP CONTACT INFORMATION**

This is very important in order to make sure we are able to contact you when your name nears the top of the waiting list. Please give back-up contact(s) and we will use it if we are unable to reach you. It can be a person or an organization – church, shelter, etc. Please write legibly.

Name:\_\_\_\_\_ Telephone:\_\_\_\_\_

Address:\_\_\_\_\_

Name:\_\_\_\_\_ Telephone:\_\_\_\_\_

Address:\_\_\_\_\_

**APPLICANT(S) ACKNOWLEDGEMENT/STATEMENT:**

I/We certify that the statements above are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information, or misrepresentations are a criminal offense and punishable under Federal law.

\_\_\_\_\_  
*Signature of Head of Household*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Co-Head of Household*

\_\_\_\_\_  
*Date*

*Equal Opportunity Housing  
A reasonable accommodation procedure is available for people with disabilities who wish to request modifications in our programs, policies or procedures*

