PART II: Return this Section to VSHA

Vermont State Housing Authority
Project Based Voucher Program
Pre-Application for Rental Assistance
1 Prospect St. Montpelier VT 05602
Phone: 802-828-1991; Message: 1-800-820-5119; TTY: 1-800-798-3118

Name: (head of household)_____ Email: _____

_____
(Street Address) (City) (State) (Zip)

Mailing Address (if different from above)_____
Home Phone:_____ Cell:_____ Work_____

Social Security Number:_____ Date of Birth_____

I am applying for: ☒Project Based Voucher ☐Moderate Rehab
I am interested in the following properties: Red clover commons
_____ _____ _____
_____ _____ _____
If more space is needed please attach an additional page (see part III for complete list)

Please complete for Head of Household:

Gender: ☐Male ☐Female ☐Prefer not to disclose
Disabled: ☐Yes ☐No
Do you speak English: ☐Well ☐Not Well ☐Not at all
Do you speak another language other than English at home? ☐ Yes ☐No
If So, which language?_____
Have you ever served in the U.S. Armed Service (Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard or Reserves)? ☐Yes ☐No Which Branch?_____
I give VSHA Permission to share my name with the Veterans Administration Medical Center? ☐Yes ☐No

Please check all that apply: ☐White ☐African American ☐Asian ☐American Indian ☐Alaska Native ☐Hispanic ☐Non-Hispanic

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Please answer the following questions:

1. My Gross annual household income is $_____(list yearly income for all household members before taxes)
2. Name of spouse or co-head:_____
   a. List the name(s) of all people who will live in the unit:

      _____ _____

      _____ _____

      _____ _____

3. Number of adults over the age of 18? _____
4. Number of dependents under the age of 18? _____

Warning- Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to $10,000; imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

_____

Head of Household signature Date Spouse, Co-head, Other Adult Date

_____

Other Adult Date Other Adult Date

VSHA Use:

Date/Time of Application:_____

Program:_____

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