MEMO

TO: Applicants for Housing Assistance
FROM: Brattleboro Housing Authority

Attached is the application you requested for rental assistance from Brattleboro Housing Partnerships. This is just an initial application to make a determination of eligibility and placement on the waiting list.

If determined initially eligible, applicants are put on the waiting list according to first come/first serve. So it is essential to complete the forms and get them back to BHP as soon as possible. An incomplete application will be returned to you and will not be processed for placement on the waiting list until the application is complete. Do not leave any questions unanswered. If a question does not apply to you, write NA in the answer line.

Because area residents (Brattleboro, Brookline, Dummerston, Guildford, Halifax, Marlboro, Newfane, Putney, Vernon) are given a preferential status on the waiting list it is important to make sure you answer the questions about where you are living.

It is also very important that you complete the section on the back-up contact. As you near the top of the waiting list we need to be able to contact you to get more specific information. If we cannot contact you we will contact your back-up person. If you do not give us that information you may end up being removed from the waiting list because we cannot get in touch with you.

Once we have received your completed application and we have reviewed it you will be notified about whether or not you have been placed on the waiting list. If you are placed on the waiting list, this does not mean you have been approved for housing – once your name gets to the top of the waiting list you will be contacted for a more complete process.

If any of your information should change while you are on the wait list, it is very important that you inform us as it might change your eligibility and your placement on the wait list.

Call if you have any questions about completing this form. 802-254-6071

November 2019

PO Box 2275, Brattleboro, Vermont 05303
p: 802-254-6071  f: 802-254-5590  brattleborohousing.org

Equal Housing Opportunity A reasonable accommodation procedure is available for people with disabilities who wish to request modification in our programs, policies or procedures. Vermont Relay Service 800-253-0191
APPLICATION FOR SUBSIDIZED HOUSING

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 list 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

<table>
<thead>
<tr>
<th>Name</th>
<th>Relation to Head of Household</th>
<th>Birthdate</th>
<th>Age</th>
<th>Sex</th>
<th>SSN</th>
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Equal Opportunity Housing

A reasonable accommodation procedure is available for people with disabilities who wish to request modification in our programs, policies or procedures.

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INCOME

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Employer (name, address, phone)</th>
<th>rate/hr</th>
<th>hrs/wk</th>
<th>annual</th>
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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.

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<tr>
<th>Name</th>
<th>Source (name &amp; address)</th>
<th>monthly amount</th>
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ASSETS
List all bank accounts (checking, savings, CDs), stocks, bonds, annuities, property and other assets for all household members.

<table>
<thead>
<tr>
<th>Name</th>
<th>Name &amp; address of institution</th>
<th>type of account</th>
<th>balance/value</th>
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Has any household member disposed of any asset in the last two years: If yes, please complete:

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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 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

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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 modification in our programs, policies or procedures.

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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: ____________________________

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposes on HUD the obligation to require housing providers participating in HUD’s assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operation of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and you are not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form HUD-92006 (05/09)