



Brattleboro Housing PARTNERSHIPS

Low income housing supporting independence, creating opportunities.

INITIAL SUBSIDIZED HOUSING APPLICATION PLEASE CHECK THE PROPERTY OR PROPERTIES YOU WOULD LIKE TO APPLY FOR:

- ☐ ALICE HOLWAY (Putney) PROJECT BASED VOUCHER
- ☐ A.W. RICHARDS PROJECT BASED VOUCHER
- ☐ BRATTLEBORO HOUSING PARTNERSHIPS: PROJECT BASED VOUCHER
Hayes Court & Sam Elliot (Elderly/Disabled) | Moore Court & Ledgewood Heights (Family)
- ☐ RED CLOVER 2 (You must either be elderly or non-elderly disabled): PROJECT BASED VOUCHER
- ☐ SNOW BLOCK PROJECT BASED VOUCHER
- ☐ UPPER STORY PROJECT BASED VOUCHER

PERSONAL/FAMILY INFORMATION

Name of Head of Household: _____

Mailing Address: _____

Email 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



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REQUIRED:

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

IS ANYONE IN THE HOUSEHOLD DISABLED? ____ YES ____ NO

WHO (IF YES) _____

HAVE YOU BEEN FORMALLY HOMELESS AND CURRENTLY LIVING IN A PERMANENT SUPPORTED HOUSING PROGRAM OR RAPID REHOUSING PROJECT (SHELTER PLUS CARE, TRANSITIONS TO HOUSING, FAMILY SUPPORTED HOUSING, YOUTH TRANSITIONAL HOUSING)? ____ YES ____ NO

IF YES: NAME OF PROGRAM _____



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INCOME

List all employment income (full time, part time or self employment) and incomes for all adult members of the household **OR** income for all household members from all other sources including public assistance 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)	Annual Income Amount

ASSETS

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

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: _____

ASSETS

Name	Name & Address of Institution	Type of Account	Balance/Value



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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 until all information is complete.

Are you currently at risk of being homeless or homeless? _____ Yes _____ No

If yes, have you registered for COORDINATED ENTRY, with Groundworks? ____ Yes ____ No

PROGRAM INFORMATION, CONTINUED

Are you 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: _____



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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: _____



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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: _____

Mailing
Address: _____ Town: _____

Name: _____ Telephone: _____

Mailing
Address: _____ Town: _____

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.



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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

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OF AGENCY OF THE UNITED STATES AS TO MATTERS WITHIN ITS JURISDICTION.