



RENTAL APPLICATION

Please check which areas/properties you are applying for:

Lamoille County

Jeffersonville

- ☐ Brewster River Apartments
- ☐ Jeffersonville Family Housing
- ☐ Jeffersonville Senior Housing (Elderly)

Johnson

- ☐ Johnson Community HLP (Elderly & Family)

Morrisville

- ☐ Arthur's
- ☐ Congress & Park
- ☐ Morrisville Community HLP
- ☐ Lamoille View Apartments (Elderly/Disabled/Subsidized)
- ☐ Portland Street Apartments (Subsidized)

Stowe

- ☒ Sylvan Woods HLP

Caledonia County

Hardwick

- ☐ Bemis Block HLP (Elderly/Disabled/Subsidized)
- ☐ Cherry Street HLP (Subsidized)
- ☐ Evergreen Manor Mobile Home Park
- ☐ Hardwick HLP
- ☐ Highland Hill HLP
- ☐ Maple St Apartments (Elderly/Disabled/Subsidized)

Form **RENT**State of Vermont's
Housing Community

Common Rental Application for Housing in Vermont

(not for tenant-based vouchers)

FORM REVISED

OCT 2016www.vhfa.org/documents/property_managers/VTcommonRentalApp.pdf

Instructions

Please type or print in ink the information requested on this form. Please read through this application carefully. Incomplete or unsigned applications will be returned. Use additional sheets if necessary. Please return completed application to:

FOR OFFICE USE ONLY
Date/time received:

Management company

Agent name

I wish to apply for housing at:

Sylvan Park

Property name

Stowe, VT

Location

FAMILY COMPOSITION

Complete the following information for each person who will live in your apartment. Attach a separate sheet of paper if needed.

First and last name Nancy duMont	Social Security number 030640942	Relationship Head of household	
Place of birth (city, state) Hyannis, MA	Birthdate (m/d/y) 03/05/1973	Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Will live in unit <input checked="" type="checkbox"/> Full time <input type="checkbox"/> Part time
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Legally separated <input type="checkbox"/> Estranged			
First and last name Leila Flanagan	Social Security number	Relationship	
Place of Birth (city, state) Burlington, VT	Birthdate (m/d/y) 06/04/09	Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Will live in unit <input checked="" type="checkbox"/> Full time <input type="checkbox"/> Part time
Marital status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally separated <input type="checkbox"/> Estranged			
First and last name	Social Security number	Relationship	
Place of birth (city, state)	Birthdate (m/d/y)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Will live in unit <input type="checkbox"/> Full time <input type="checkbox"/> Part time
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally separated <input type="checkbox"/> Estranged			

Do you have primary custody of all children listed in the Family Composition section?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Do you expect any additions to the household in the next 12 months?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there any absent household members not listed in the Family Composition section?		If "Yes", please explain	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
What's your current address?		Please list your mailing address, if different	
1241 Taber Hill Rd. Stowe, VT 05672			
How long have you lived at this address?		How many bedrooms in your present living quarters?	
2002		1	
Home phone number		Cellular phone number	
		(802) 793-1430	
Other phone number		Email address	
		nancyjdumont@gmail.com	
Do you rent?	If "Yes," who's your landlord?	Landlord's phone number	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Landlord's address			

Do you own your home?	If "Yes," market value	Outstanding mortgage balance
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$ 200,900	\$ 165,000 + 24,000 state septic loan
Do you live with others?	If "Yes," explain your living arrangements	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Please check the size of the apartment you're interested in:		
<input type="checkbox"/> Efficiency <input type="checkbox"/> 1-bedroom <input checked="" type="checkbox"/> 2-bedroom <input type="checkbox"/> 3-bedroom <input type="checkbox"/> 4-bedroom		

PREVIOUS HOUSING

Fill out this information for all places you have lived in the past five (5) years, not including your present housing. Attach a separate sheet of paper if needed.

Landlord name	Rental property address	
Champlain Housing Trust	60 Henry St. #202	
Landlord address	Shelburne, VT 05482	
88 King Street BTV		
Landlord phone number	Dates you lived there	
(802) 862-6244 05401	From (m/y): 10/14	To (m/y): 2/18

Landlord name	Rental property address	
Landlord address		
Landlord phone number	Dates you lived there From (m/y):	To (m/y):
Landlord name	Rental property address	
Landlord address		
Landlord phone number	Dates you lived there From (m/y):	To (m/y):

Do you currently live in a subsidized or Tax Credit apartment? (For example, do you need to provide income information each year to your landlord?)

☐ Subsidized ☐ Tax Credit ☒ No

Please list the name of all states you have previously lived in.

MA, OR, NY

INCOME

Please list **all sources of income** for each person who will live in your apartment. Be sure to list gross amounts and where the income comes from.

Employment income

Applicant name	Employer address, phone, fax	Gross weekly salary
Nancy duMont	Independent Contractor, Realtor	\$ 2017 taxes \$25,457
Applicant name	Employer address, phone, fax	Gross weekly salary
Nancy duMont	Bartender, part time Idleyme Brewing Co 1859 Mt. Road Stone, VT (802) 253-4765 05672	\$ varies @ 110.00-320.00

Applicant name <i>Nancy duMont</i>	Employer address, phone, fax <i>Bartender, events Stowe/Flake, Stowe/Vail</i>	Gross weekly salary \$ <i>Varies 0.00-282.00</i>
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Other income

Child support, pension/annuity, Social Security, Reach-up, unemployment, other periodic payments, etc. If you receive Social Security, please attach a copy of your award letter to your application. Enter all other sources of income including current gross Social Security monthly amount. *N/A*

Applicant name	Income type	Source address, phone, fax	Gross monthly amount \$
Applicant name	Income type	Source address, phone, fax	Gross monthly amount \$
Applicant name	Income type	Source address, phone, fax	Gross monthly amount \$

ASSETS

Bank accounts

Please list all accounts held by each person who will live in your apartment. Attach a separate sheet of paper, if needed.

Bank/institution <i>Key bank</i>	Type of account <i>Checking</i>	Interest rate %	Current balance \$ <i>1,037.04</i>
Bank/institution <i>TD Bank</i>	Type of account <i>Savings</i>	Interest rate %	Current balance \$ <i>0</i>
Bank/institution <i>New Eng. Federal Credit</i>	Type of account <i>Savings</i>	Interest rate %	Current balance \$ <i>5.00</i>
Bank/institution	Type of account	Interest rate %	Current balance \$

IRA/Keogh/Annuity/Pension/Stocks

N/A

Name of account	# of shares	Share price \$	Cash value \$	Quarterly dividend \$
Name of account	# of shares	Share price \$	Cash value \$	Quarterly dividend \$
Name of account	# of shares	Share price \$	Cash value \$	Quarterly dividend \$
Name of account	# of shares	Share price \$	Cash value \$	Quarterly dividend \$

Bonds/insurance policies

N/A

Date of purchase	Current value/cash value \$
Date of purchase	Current value/cash value \$
Date of purchase	Current value/cash value \$

Other assets

Do applicants own real estate other than the home you live in?

☐ Yes ☒ No

If "yes," where is it located?

Market value
\$

Mortgage balance

Mortgage holder and address

\$

Is this an income-producing property?

☐ Yes ☐ No

Does anyone applying own any other asset not already listed? (**Do not include furniture. Do not include motor vehicles used for personal transportation.**)

☐ Yes ☒ No

If "Yes," please describe

Market value
\$

Have you or any member of the household disposed of, transferred or otherwise given away any cash property or other assets for less than they are worth in the past two (2) years?

☐ Yes ☒ No

If "Yes," please describe

Cash value \$	Amount received \$	Date disposed of
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Do you or any member of the household receive regular gifts or contributions from any person or organization? Gifts or contributions include cash, non-cash items, bills paid on your behalf, or items paid on your behalf.

☐ Yes ☒ No

If "Yes," please describe

Cash value \$	Received from	How often (i.e. monthly)
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EXPENSES

Child care

N/A

For care that enables you to work or attend school, complete for children 12 and younger

Amount per month assisted \$	Amount per month unassisted \$
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Medical Expenses

N/A

Complete if head of household, co-head or spouse is elderly, disabled or handicapped. Please specify if expense is per year or per month.

Physicians/health care providers \$	Medical premiums \$	Hospitals/other health care facilities \$
Prescription/non-prescription medicine \$	Dental \$	Other \$
Auxiliary apparatus or handicapped/attendant care \$		

GENERAL INFORMATION

Are you or any member of your family in need of an accessible apartment and/or if handicapped/disabled requesting a reasonable accommodation to enable you to live in this unit?

☐ Yes ☒ No

If "Yes", list needed features:

Will you or any member of your household require a live-in attendant?

☐ Yes ☒ No

If offered an apartment and I accept, this apartment will serve as my primary residence

☒ Yes ☐ No

Are you displaced due to

Natural disaster?

☐ Yes ☒ No

Other governmental action?

☐ Yes ☒ No

Domestic violence?

☐ Yes ☒ No

Are you currently homeless?

☐ Yes (Please complete Appendix 1) ☒ No

Are you at risk of homelessness?

☐ Yes (Please complete Appendix 2) ☒ No

Are all members of the household citizens of the United States or non-citizens with eligible immigration status?

☒ Yes ☐ No

Have you or any member of your household been a full-time student in the past year or plan to enroll as a full-time student in the upcoming year?

☐ Yes ☒ No

If "Yes," please list all schools attended.

Is your household comprised entirely of full-time students?

☐ Yes ☒ No

If "Yes," check all that apply:

- ☐ All household members are full-time students, and such students are married and file a joint tax return
- ☐ The household consists of single parents and their children, and such parents and children are not dependents of another individual
- ☐ At least one member of the household receives assistance under Title IV of the Social Security Act (i.e. TANF assistance)
- ☐ At least one member of the household is enrolled in a job training program receiving assistance under the Job Training Partnership Act or similar federal, state, or local laws
- ☐ Full-time student formerly in foster care

Do you currently have a Section 8 Housing Choice Voucher (HCV)?

☐ Yes ☒ No

If "No," are you on the waiting list for a Section 8 HCV?

☐ Yes ☒ No

If "Yes," which public housing authority or authorities?

Has anyone in your household ever been charged with or convicted of a crime, including but not limited to illegal manufacture or distribution of a controlled substance?

☐ Yes ☒ No

If "Yes," please explain

Is anyone in your household subject to a lifetime registration requirement under a state sex offender registration program?

☐ Yes ☒ No

If "Yes," please explain

Do you have any pets?*

☒ Yes ☐ No

Type	Number
lab, 6 years (accommodation pet)	1
2 small cats, 2 years	2

Do you or any members of your household smoke?**

☐ Yes ☒ No

Why do you want to move to this property?

My house is 482 square feet, 1 bedroom w/ no doors on the interior. The house is drafty and needs repairs.

I understand the cats need prior approval for Sylvan park. The litter is changed every 5 days. The cats do not claw or cause any issues. They are short hair. I would welcome a house visit to show that they have no smell. I am a Realtor and property manager and the house will always be treated with great care. I hope an exception could be granted. I would agree to a pet deposit. We did have the cats at CHT / Henry St and received total security back with

*Some properties do not allow pets

**Some properties do not allow smoking

NO ISSUES there. I'm a professional and take pride in my home.

EMERGENCY

Please provide the name of any family or friends you would like involved in this application process. Please also list any family or friends we may contact if we are unable to reach you.

Name Suzy du Mont Perez	Address (Street, city/town, state) 35 Shrine Rd. Norwell, MA
Phone number (831) 264-3957	Relationship Sister
Name	Address (Street, city/town, state)
Phone number	Relationship
Name	Address (Street, city/town, state)
Phone number	Relationship

Please provide three (3) character references who you have known for at least one (1) year (not related)

Name Joni Gaines	Phone number (802) 238-8510
Name Kristy Cotter	Phone number (774) 521-4828
Name Derek Schnee	Phone number (802) 696-2540

**PLEASE READ THE FOLLOWING STATEMENT CAREFULLY
BEFORE SIGNING THIS APPLICATION:**

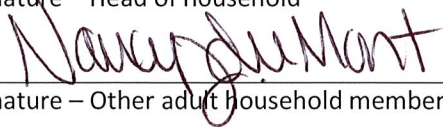
I/we certify that the information given on household composition, income, net family assets, allowances and deductions, as well as all other information provided is accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable by federal law with fines up to \$10,000 or imprisonment for up to 5 years. I/we understand that false statements or information are grounds for termination of housing assistance, termination of tenancy and/or retroactive rent increases.

My/Our signature(s) below constitute(s) my/our consent to have the MANAGEMENT COMPANY conduct a background check, including verification of the information contained herein. I/we hereby expressly consent to the release of information by prior landlords, employers, credit bureaus/references, criminal information centers, Vermont Adult Abuse Registry, and/or the Vermont Child Protection Registry, and other individuals or entities with information relevant to the information provided herein to representatives of the MANAGEMENT COMPANY processing this application and performing the background check as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d). I also consent to release wage matching data to RHS and the MANAGEMENT COMPANY.

I/We understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to, poor credit, landlord references, police records indicating unacceptable criminal behavior, and/or poor personal interview.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.

"I have read and understand this statement."

Signature – Head of household 	Date 12/22/18
Signature – Other adult household member	Date
Signature – Other adult household member	Date
Signature – Other adult household member	Date

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service and US Department of Housing and Urban Development, that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, gender identity, familial status, age, and disability 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, the owner is required to note the race, ethnicity and sex of individual applicants on the basis of visual observation or surname:

Ethnicity

☒ Not Hispanic or Latino

☐ Hispanic or Latino

Race (Mark one or more)

☐ American Indian/Alaska native

☐ Asian

☒ White

☐ Black or African-American

☐ Native Hawaiian or other Pacific Islander

☐ Multi-racial

☐ Other race

**ALL APPLICANTS MUST BE INCOME ELIGIBLE AND MEET ALL
ADMISSIONS CRITERIA FOR THEIR PROSPECTIVE APARTMENT**

APPENDIX 1

If you indicated "yes" that you are currently homeless on Page 7 of the Common Rental Application for Housing in Vermont, check one box to describe your household:

CRITERIA FOR DEFINING HOMELESS	<input type="checkbox"/> Category 1	Literally Homeless	(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); <u>or</u> (iii) Is exiting an institution where (s)he has resided for 90 days or less <u>and</u> who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
	<input type="checkbox"/> Category 2	Imminent Risk of Homelessness	(2) Individual or family who will imminently lose their primary nighttime residence, provided that: (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; <u>and</u> (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing
	<input type="checkbox"/> Category 3	Homeless under other Federal statutes	(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: (i) Are defined as homeless under the other listed federal statutes; (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; (iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; <u>and</u> (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers
	<input type="checkbox"/> Category 4	Fleeing/ Attempting to Flee DV	(4) Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; <u>and</u> (iii) Lacks the resources or support networks to obtain other permanent housing