



APPLYING FOR RENTAL HOUSING

We do not offer emergency housing. If you need emergency housing, please call 211 to be connected with Vermont Economic Services.

If you would like help filling out your application, please call the applications office for assistance over the phone or to set up an appointment at (802) 861-7350.

EVERYONE: All households must complete the **RENTAL HOUSING APPLICATION** in order to apply for any Champlain Housing Trust apartment(s) regardless of income or type of apartment needed.

COMPLETING AN APPLICATION MAY QUALIFY YOUR HOUSEHOLD FOR:

1. Market rate apartment (no income limits) or
2. Tax credit apartment (income limits apply)

RENT AND VOUCHERS:

- ALL rents are fixed and not based on income
- Housing Choice Vouchers are accepted for both 1 and 2

OPTIONAL: Complete an addendum for one of the following: subsidized properties, mobile home parks, or cooperative housing.

ADDENDUM FOR SUBSIDIZED PROPERTIES:

If your household income is below the amounts shown in the table, and you do not have a voucher, you should complete the **ADDENDUM FOR SUBSIDIZED PROPERTIES** to be added to the waitlists for those properties.

- Households pay 30% of their income toward rent in subsidized apartments.
- Some properties are only for senior or disabled households.

1-2 people	\$16,200
1-4 people	\$20,800
5-6 people	\$24,800
7-8 people	\$32,600
9+ people	\$38,300

ADDENDUM FOR MOBILE HOMES:

If you would like to rent a lot at a Mobile Home Park managed by Champlain Housing Trust, please complete this addendum and provide information on the mobile home you will be placing on the lot.

ADDENDUM FOR COOPERATIVE HOUSING:

You must attend a Cooperative Housing Orientation to receive this addendum. Please contact Julia Curry at (802) 861-7378 to sign up.

❖ You may be eligible for a voucher from a housing authority. The Voucher will adjust and set your rent at one of our apartments according to your income; you will only pay a percentage of your income for rent.

THIS IS A SEPARATE APPLICATION. PLEASE CONTACT THEM DIRECTLY:

Burlington Housing Authority, 65 Main Street, Burlington _____ 802-864-0538

Winooski Housing Authority, 83 Barlow Street, Winooski _____ 802-655-2360

Vermont State Housing Authority, 1 Prospect Street, Montpelier __ 800-820-5119 & 802-828-3295

FOLLOW THE INSTRUCTIONS ON THE APPLICATION TO SUBMIT YOUR COMPLETED AND SIGNED APPLICATION

WHAT HAPPENS AFTER YOU APPLY

Please allow two to three weeks for your application to be processed. If you have not heard from CHT after three weeks, please call the applications office at (802) 861-7350.

On occasion, incomplete applications cannot be processed and will be returned to you. To avoid this, please refer to the checklist at the end of the application to make sure everything is completed and signed.

We will send you a decision letter. Read your decision letter carefully. If you have any questions or do not understand something, call the applications office at (802) 861-7350.

- If you are approved, you will be added to the waitlists you selected. You will be contacted by letter when your name nears the top of the waitlist. You will be given 10 days to respond. If you fail to respond to the letter or decline an apartment three times you will be removed from all waitlists and will need to reapply.
- Applications expire after one year. You will have the option to reapply before your application expires to keep your spot on the waitlist.
- If you are denied because of no credit, poor credit, or limited rental history, you may be invited to attend a free class to provide you with information and skills on credit, money management and being a renter. After you successfully complete the program, your application will be approved and you will then be added to the waitlists.
- If you are denied because of eviction history, criminal history, unable to contact landlords, poor landlord references, or incomplete housing history provided, you may appeal the decision. This will give you an opportunity to address the reasons for your denial. You can request an informal meeting or provide additional written documentation to be considered by the Appeals Officer. If you are providing written documentation, each reason for the denial of your application must be addressed and explained in detail.

IF YOU HAVE ANY QUESTIONS ABOUT YOUR DECISION, PLEASE CALL THE APPLICATIONS OFFICE: 802-861-7350

LANGUAGE LINE INTERPRETATION SERVICES:

Champlain Housing Trust uses Language Line Interpretation Services which are available whenever needed. Please indicate your primary language on the application and **LET US KNOW IF YOU NEED AN INTERPRETER.**

Arabic إن كنت لا تتكلم اللغة الإنجليزية أو تقرأها، سنقوم بالترتيبات لتقديم خدمات الترجمة الشفهية دون مقابل لك. أخبر الشخص الذي يقدم لك المساعدة بأنك بحاجة إلى مترجم شفهي.

Bosnian Ako ne znate govoriti ili čitati engleski jezik, besplatno ćemo vam osigurati uslugu tumača. Kažite osobi koja vam pomaže da trebate tumača.

French Si vous ne pouvez pas parler ou lire en anglais, nous arrangerons un service d'interprétation gratuit. Dites à la personne qui vous aide que vous avez besoin d'un interprète.

Spanish Si usted no habla o lee inglés, nosotros le proporcionaremos servicios de interpretación sin ningún costo para usted. Dígale a la persona que le está ayudando que necesita un intérprete.

Swahili Endapo huwezi kuzungumza au kusoma Kiingereza, tutaandaa huduma za tafsiri bila malipo yoyote. Mwambie mtu anayekusaidia kuwa unahitaji mkalimani.

Vietnamese Nếu quý vò không nòii hoaệc ñoic ñoõic tieáng Anh, chuùng toài seõ saép xeáp ñeã coù dòch vui thoàng dòch cho quý vò mieãn phí. Haõy cho ngõõoì giuùp quý vò bieát laø quý vò caàn moät thoàng dòch vieân.



CHAMPLAIN HOUSING TRUST RENTAL HOUSING APPLICATION



For Office Use Only	<input type="checkbox"/> BHA MOU	Date/time received
	<input type="checkbox"/> PB Waitlist	
	<input type="checkbox"/> Resident Services	

Head of Household and CONTACT INFORMATION

#1 First <input style="width: 95%;" type="text"/>	Middle <input style="width: 95%;" type="text"/>	Last <input style="width: 95%;" type="text"/>	Relationship Head of Household
Social Security Number <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> - <input style="width: 50%;" type="text"/>	Full Time Student <input type="radio"/> Yes <input type="radio"/> No	Birth Date (mm/dd/yyyy) <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 60%;" type="text"/>	Sex <input type="radio"/> M <input type="radio"/> F

Home Phone Number <input style="width: 45%;" type="text"/> - <input style="width: 45%;" type="text"/>	Cell Phone Number <input style="width: 45%;" type="text"/> - <input style="width: 45%;" type="text"/>
Email Address <input style="width: 95%;" type="text"/>	Preferred Communications: <input type="radio"/> Email <input type="radio"/> Mail

Current Address <input style="width: 95%;" type="text"/>	Mailing Address (if different than current) <input style="width: 95%;" type="text"/>				
Address line 2 <input style="width: 95%;" type="text"/>	Address line 2 <input style="width: 95%;" type="text"/>				
City <input style="width: 25%;" type="text"/>	State <input style="width: 5%;" type="text"/>	ZIP <input style="width: 15%;" type="text"/>	City <input style="width: 25%;" type="text"/>	State <input style="width: 5%;" type="text"/>	ZIP <input style="width: 15%;" type="text"/>

Do you currently: <input type="radio"/> Rent <input type="radio"/> Own <input type="radio"/> Other (Please Explain below) <input style="width: 95%;" type="text"/>	When did you move to your current address? (mm/yy) <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/>
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Current Landlord (if applicable) <input style="width: 95%;" type="text"/>	Landlord Address <input style="width: 95%;" type="text"/>		
Landlord Phone Number <input style="width: 45%;" type="text"/> - <input style="width: 45%;" type="text"/>	Address line 2 <input style="width: 95%;" type="text"/>		
Landlord Email <input style="width: 95%;" type="text"/>	City <input style="width: 25%;" type="text"/>	State <input style="width: 5%;" type="text"/>	ZIP <input style="width: 15%;" type="text"/>

Are you currently homeless?	<input type="radio"/> Yes <input type="radio"/> No
Are you applying to live with a current Champlain Housing Trust resident?	<input type="radio"/> Yes <input type="radio"/> No
If yes, which resident and what address?	<input style="width: 95%;" type="text"/>
Have you, or any member of your household ever lived in Champlain Housing Trust housing?	<input type="radio"/> Yes <input type="radio"/> No
If yes, when and what address?	<input style="width: 95%;" type="text"/>
Do you require an interpreter?	<input type="radio"/> Yes <input type="radio"/> No
If Yes, what is your primary language?	<input style="width: 95%;" type="text"/>

Additional Household Members Complete the following information for each person who will live in your apartment.

Minors can only be listed if you have 50% or more custody.

#2 First	Middle	Last	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Full Time Student	Birth Date (mm/dd/yyyy)	Sex
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="radio"/> M <input type="radio"/> F

#3 First	Middle	Last	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Full Time Student	Birth Date (mm/dd/yyyy)	Sex
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="radio"/> M <input type="radio"/> F

#4 First	Middle	Last	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Full Time Student	Birth Date (mm/dd/yyyy)	Sex
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="radio"/> M <input type="radio"/> F

#5 First	Middle	Last	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Full Time Student	Birth Date (mm/dd/yyyy)	Sex
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="radio"/> M <input type="radio"/> F

#6 First	Middle	Last	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Full Time Student	Birth Date (mm/dd/yyyy)	Sex
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="radio"/> M <input type="radio"/> F

Will anyone else live with you in the next 12 months who is not listed on this application? Yes No

If Yes, please explain.

Waitlist Selection

Please check the areas, properties, and apartment sizes you are interested in Please see our website or visit our offices for more information about the properties on each waitlist.

<input type="checkbox"/> Burlington	<input type="checkbox"/> South Burlington	<input type="checkbox"/> Colchester	<input type="checkbox"/> Hinesburg	<input type="checkbox"/> St Albans
<input type="checkbox"/> Laurentide	<input type="checkbox"/> Dorset Commons	<input type="checkbox"/> Winchester	<input type="checkbox"/> Richmond	<input type="checkbox"/> Swanton
<input type="checkbox"/> Old North End	<input type="checkbox"/> O Dell	<input type="checkbox"/> Essex	<input type="checkbox"/> Shelburne	<input type="checkbox"/> Enosburg
<input type="checkbox"/> Salmon Run	<input type="checkbox"/> Winooski	<input type="checkbox"/> Williston		<input type="checkbox"/> Grand Isle
<input type="checkbox"/> South Meadow		<input type="checkbox"/> Maple Tree Place		
<input type="checkbox"/> Studio	<input type="checkbox"/> 1 Bedroom	<input type="checkbox"/> 2 Bedroom	<input type="checkbox"/> 3 Bedroom	<input type="checkbox"/> 4 Bedroom

Previous Housing List all places that you have lived in the past five (5) years **for every adult in the household**, not including your present housing. If you lived in a family member's or friend's home, indicate by checking "other". **Make Copies of this page as needed.**

Applicant Name			Dates You Lived There (mm/yy)		
<input type="text"/>			□□ / □□ TO □□ / □□		
Previous Address			Landlord Name		
<input type="text"/>			<input type="text"/>		
Previous Address line 2			Landlord Phone Number		
<input type="text"/>			□□ □□ - □□ □□ - □□ □□ □□		
City	State	ZIP	Landlord Email		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="radio"/> Rent <input type="radio"/> Own <input type="radio"/> Other (Please Explain) <input type="text"/>					

Applicant Name			Dates You Lived There (mm/yy)		
<input type="text"/>			□□ / □□ TO □□ / □□		
Previous Address			Landlord Name		
<input type="text"/>			<input type="text"/>		
Previous Address line 2			Landlord Phone Number		
<input type="text"/>			□□ □□ - □□ □□ - □□ □□ □□		
City	State	ZIP	Landlord Email		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="radio"/> Rent <input type="radio"/> Own <input type="radio"/> Other (Please Explain) <input type="text"/>					

Applicant Name			Dates You Lived There (mm/yy)		
<input type="text"/>			□□ / □□ TO □□ / □□		
Previous Address			Landlord Name		
<input type="text"/>			<input type="text"/>		
Previous Address line 2			Landlord Phone Number		
<input type="text"/>			□□ □□ - □□ □□ - □□ □□ □□		
City	State	ZIP	Landlord Email		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="radio"/> Rent <input type="radio"/> Own <input type="radio"/> Other (Please Explain) <input type="text"/>					

Applicant Name			Dates You Lived There (mm/yy)		
<input type="text"/>			□□ / □□ TO □□ / □□		
Previous Address			Landlord Name		
<input type="text"/>			<input type="text"/>		
Previous Address line 2			Landlord Phone Number		
<input type="text"/>			□□ □□ - □□ □□ - □□ □□ □□		
City	State	ZIP	Landlord Email		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="radio"/> Rent <input type="radio"/> Own <input type="radio"/> Other (Please Explain) <input type="text"/>					

Income Please list **all sources of income** for each person who will live in the apartment.

Employment Income Be sure to list gross (before taxes) dollar amounts and where the income comes from.

Household Member Name <input type="text"/>	Employer <input type="text"/>	Gross Weekly Salary \$ <input type="text"/>
Household Member Name <input type="text"/>	Employer <input type="text"/>	Gross Weekly Salary \$ <input type="text"/>
Household Member Name <input type="text"/>	Employer <input type="text"/>	Gross Weekly Salary \$ <input type="text"/>

Other Income Enter all other sources of income including child support, pension/annuity, Social Security (SSI, SSDI), Reach-up, unemployment, and other periodic payments, etc. Note: food stamps and fuel assistance are not included as "other income".

Household Member Name <input type="text"/>	Income Source <input type="text"/>	Gross Monthly Amount \$ <input type="text"/>
Household Member Name <input type="text"/>	Income Source <input type="text"/>	Gross Monthly Amount \$ <input type="text"/>
Household Member Name <input type="text"/>	Income Source <input type="text"/>	Gross Monthly Amount \$ <input type="text"/>

Do you currently have a Section 8 Housing Choice Voucher? Yes No

If "Yes," which public housing authority?

Assets / Bank & investment accounts Please list all accounts such as checking, savings, retirement accounts, stocks, 401K's etc. held by each person who will live in your apartment. Attach a separate sheet of paper, if needed

Household Member Name / Account Holder <input type="text"/>	Bank/Institution <input type="text"/>	Type of Account <input type="text"/>	Current Balance \$ <input type="text"/>
Household Member Name / Account Holder <input type="text"/>	Bank/Institution <input type="text"/>	Type of Account <input type="text"/>	Current Balance \$ <input type="text"/>
Household Member Name / Account Holder <input type="text"/>	Bank/Institution <input type="text"/>	Type of Account <input type="text"/>	Current Balance \$ <input type="text"/>

Other Assets

Do you own real estate? Yes No

If "Yes," where is it located? Market Value \$

Is this property rented to others? 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 \$

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.

Received From <input type="text"/>	How Often (i.e. monthly) <input type="text"/>	Amount \$ <input type="text"/>
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General Information

Do you require a handicapped/accessible apartment? If you answered "Yes", please explain	<input type="radio"/> Yes <input type="radio"/> No	
Are you requesting a reasonable accommodation to enable you to live in this apartment?	<input type="radio"/> Yes <input type="radio"/> No	
Will you or any member of your household require a live-in attendant?	<input type="radio"/> Yes <input type="radio"/> No	
Do you require a service or emotional support animal?	<input type="radio"/> Yes <input type="radio"/> 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? <i>(Please list all household members who are full-time students)</i>	<input type="radio"/> Yes <input type="radio"/> No	
Household Member Name	Household Member Name	Household Member Name
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Household Member Name	Household Member Name	Household Member Name
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Have you ever been evicted or have any eviction proceedings ever been started against you?	<input type="radio"/> Yes <input type="radio"/> No	
If you answered "Yes", please explain and provide dates	Dates	
<input style="width: 70%;" type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	
Has anyone in your household ever been convicted of a crime or are there any pending criminal charges against you?	<input type="radio"/> Yes <input type="radio"/> No	
If you answered "Yes", please provide the charges and dates	Dates (mm/yy)	
<input style="width: 70%;" type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	
<input style="width: 70%;" type="text"/>	Dates (mm/yy)	
<input style="width: 70%;" type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	
Is anyone in your household subject to a lifetime registration requirement under a state sex offender registration program? <i>Failure to answer this question may jeopardize the approval of this application.</i>	<input type="radio"/> Yes <input type="radio"/> No	
Do you have any pets? <i>Most Champlain Housing Trust properties do not allow dogs as pets</i>	<input type="radio"/> Yes <input type="radio"/> No	
What Type?	How Many?	
<input style="width: 70%;" type="text"/>	<input style="width: 20%;" type="text"/>	

Champlain Housing Trust is an equal opportunity housing provider. We do not discriminate on account of race, sex, sexual orientation, color, age, familial status, marital status, religion, national origin, U.S. military veteran status, disability, gender identity, gender-related characteristics or because a person is a recipient of public assistance, including Section 8 housing assistance.

If you are willing to help us with the US Government survey regarding racial/ethnic heritage, please complete the following information about the head/co-head of your household. You do not have to give this information, as it is not required to determine your eligibility. It is being used for statistical purposes to be sure that everyone receives assistance on a fair basis.

Ethnicity <i>(Mark one)</i>	<input type="radio"/> Not Hispanic or Latino <input type="radio"/> Hispanic or Latino	
Race <i>(Mark one or more)</i>		
<input type="checkbox"/> American Indian/Alaska native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African-American
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other <input style="width: 100%;" type="text"/>

Additional Contact Information Please provide the names of anyone who helped you with the application process.
(i.e. friend, relative, caseworker)

Name <input type="text"/>	Relationship <input type="text"/>	Phone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
Name <input type="text"/>	Relationship <input type="text"/>	Phone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
Do we have permission to contact the people above for assistance with your application? <input type="radio"/> Yes <input type="radio"/> No		

Are you working with any of the following agencies? (check all that apply)

<input type="checkbox"/> AALV	<input type="checkbox"/> Howard Center	<input type="checkbox"/> Safe Harbor	<input type="checkbox"/> Steps To End DV
<input type="checkbox"/> BHA	<input type="checkbox"/> NCSS	<input type="checkbox"/> Samaritan House	<input type="checkbox"/> Veterans Administration
<input type="checkbox"/> COTS	<input type="checkbox"/> Pathways	<input type="checkbox"/> Spectrum	<input type="checkbox"/> Voices Against Violence
<input type="checkbox"/> Other <input type="text"/>			
Do we have permission to contact the agencies above for assistance with your application? <input type="radio"/> Yes <input type="radio"/> No			

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING THIS APPLICATION:

I understand that the information contained in this application will be used to determine my eligibility for housing. I grant consent for the management to make any and all inquiries to verify the information, with rental, criminal and credit screening services, and to contact previous and current landlords or other sources for credit, and verification of other information which may be released to appropriate Federal, State or Local agencies.

I authorize management to obtain one or more "credit and consumer reports" as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

In the event my application is approved, I also give my consent to have Champlain Housing Trust and/or its assigned credit bureau to obtain additional credit reports and other information after approval of my credit, both in connection with the same Transaction or an extension of credit; to obtain credit reports, criminal background checks and other information for account review purposes and other legitimate purposes associated with the account.

Furthermore, I understand that providing any false or misleading information will make me ineligible for rental assistance and may result in prosecution by the United States Government. Therefore, I certify that all of the above information is true and complete to the best of my knowledge and belief.

ALL MEMBERS OF THE HOUSEHOLD (18 YEARS AND OLDER) MUST SIGN THIS APPLICATION.

Signature – Head of Household <input type="text"/>	Print Name <input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Signature – Other Adult Household Member <input type="text"/>	Print Name <input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Signature – Other Adult Household Member <input type="text"/>	Print Name <input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Signature – Other Adult Household Member <input type="text"/>	Print Name <input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Signature – Other Adult Household Member <input type="text"/>	Print Name <input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>



5 THINGS TO REVIEW BEFORE SUBMITTING YOUR APPLICATION

- 1 Is all of your personal and contact information correct and up-to-date? Yes
 - Birthdates ▪ SSN ▪ Current Address ▪ Phone Number/Email address

- 2 Did you list complete previous housing information for all members age 18+ for the last 5 years? Yes
 - Renting or not Renting ▪ Dates ▪ Landlords & Contact Info ▪ Mailing Addresses

- 3 Is your income information accurate, clear, and complete? Yes
 - Employment ▪ Social Security ▪ Reach Up ▪ Unemployment ▪ Other

- 4 Make sure you have answered all of the General Information questions on page 5. Yes
 - Be Clear ▪ Be Honest

- 5 Have all household members who are 18 years old or older signed and dated the application on page 6? Yes

Submit Your Completed and Signed Application:

IN PERSON: Drop off your completed application at our Burlington or St. Albans Office

BY MAIL: 88 King St., Burlington VT, 05401 or 13 Lake Street, St. Albans, VT 05478

EMAIL: email the application to applications@champlainhousingtrust.org

FAX: 802-862-5054, Burlington or 802-527-2373, St. Albans

Champlain Housing Trust does not discriminate on the basis of any protected status, including disability, in the admission of or access to, or treatment or employment in its programs and activities. Champlain Housing Trust provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. Champlain Housing Trust also provides people whose primary language isn't English and as a result have limited English proficiency the opportunity to request free language assistance in order to apply to or participate in its programs and activities. Josie Curtin coordinates Champlain Housing Trust compliance with all nondiscrimination requirements, including Section 504. Contact her with any questions or concerns relating to Champlain Housing Trust compliance with nondiscrimination requirements: Telephone (802) 862-6244 or Champlain Housing Trust, 88 King Street, Burlington, VT 05401



**CHAMPLAIN
HOUSING TRUST**



WWW.GETAHOME.ORG

TENANT SELECTION POLICY

Statement of Equal Opportunity/Non-Discrimination

Champlain Housing Trust strongly supports the goals of equal access to housing and will comply with Title VI of the Civil Rights Act of 1964; Title VIII of the Civil Rights Act of 1968; Executive Order 11063; and the Age Discrimination Act of 1975; Section 504 of the Rehabilitation Act of 1973; Executive Order 11246 and with any State or Local law prohibiting discrimination in housing.

Champlain Housing Trust will not discriminate, deny any household the opportunity to apply for admission, or deny any applicant the opportunity to lease or rent a dwelling unit suitable to its needs if such is available; on account of age, race, color, disability, familial status, national origin, sex, sexual orientation, gender identity or gender-related characteristics or because the applicant intends to occupy the unit with minor children or because the applicant is a recipient of public assistance.

TENANT SELECTION PROCESS

APPLICATIONS

In order to be considered for a Champlain Housing Trust rental, a household must complete and submit a Champlain Housing Trust Rental Application to 88 King Street, Burlington, VT 05401. The application must be filled out completely and signed before it will be processed. If a section of the application does not apply, write "N/A" in the appropriate spot. Incomplete applications will be returned.

Applications may be picked up from all site offices and at the main office located at 88 King Street, Burlington, VT. Applications can also be accessed from the Champlain Housing Trust web site, www.getahome.org. Additionally, applications can be mailed to you by calling the Champlain Housing Trust main number at 802-862-6244 and requesting an application.

ELIGIBILITY APPLICANTS WILL BE DETERMINED ELIGIBLE IF THEY SUBMIT A COMPLETED APPLICATION AND MEET THE FOLLOWING REQUIREMENTS:

Applicants for LIHTC, HOME, PRAC, USDA RD, Section 8 New Construction/Substantial Rehabilitation, HOPWA, Shelter Plus Care, must satisfy the applicable income standards, program restrictions and household size restrictions relative to the size of the apartment.

Applicants for Market units, must satisfy applicable income standards and program restrictions (if any).

Only U.S. citizens or eligible noncitizens may receive assistance under Section 8, Section 236, Rent Supplement, RAP, and Section 202/8 programs.

Applicants must disclose social security numbers or alien registration numbers for all family members and provide proof of the numbers reported.

WAITLISTS

Champlain Housing Trust maintains waitlists for all properties. Applicants are placed on the waitlist for which bedroom size they are eligible in the date order the application is received. Once there is an available apartment, applicants are called in the order they are listed on the waitlist. Applicants must meet all eligibility requirements for the property and unit as described above in the Eligibility section.

Champlain Housing Trust may elect to close current waitlist(s) by following applicable program guidelines, for one or more bedroom size when the average wait is one year or more. In the event a waitlist is closed, it is published on the Champlain Housing Trust website.

In the event a previously closed waitlist is reopened, Champlain Housing Trust will publish that on the Champlain Housing Trust website and at its offices.

INCOME LIMITS

All of these income limits are based on the median income for a metropolitan statistical area (MSA). This table shows the four income limits as a percentage of median income in an MSA.

INCOME LIMIT	MEDIAN INCOME FOR THE AREA
Low-income limit	80% of median income
60% Limit	60% of median income
Very low-income limit	50% of median income
Extremely low-income limit	30% of median income

INCOME LIMITS BY PROGRAM

SUBSIDY	TYPE OF INCOME LIMIT
Section 8 (pre-1981)	Low, very low, and extremely low-income limit
Section 8 (post-1981)	Very low and extremely low-income limit
Section 202/811 PRACs, <u>except</u> those funded in FY 1995	Very low-income limit
Section 202/811 PRACs funded in FY 1995	Low-income limit

OCCUPANCY STANDARDS

NUMBER OF BEDROOMS	MINIMUM # OF PEOPLE	MAXIMUM # OF PEOPLE
0	1	1
1	1	3
2	2	5
3	3	7
4	4	9

TENANT SCREENING STANDARDS TENANTS WILL BE SELECTED FROM AMONG A POOL OF ELIGIBLE APPLICANTS WHO MEET ALL OF THE FOLLOWING SCREENING CRITERIA:

ALL APPLICANTS IN THE HOUSEHOLD 18 AND OLDER MUST:

- 1) Have six months of positive credit history. (Insufficient credit history is not a factor for applicants applying for HUD housing.)
- 2) Demonstrate satisfactory past performance in meeting financial obligations including but not limited to rent payment and payment of utility bills. Negative credit history is a factor for de-nial if past due amounts total more than \$500 per person. We exclude medical bills and de-ferred student loans.
- 3) Have no felonies of any type or convictions of violent crimes, crimes against children or other crimes that may adversely affect the safety, health or welfare of other tenants within the last 10 years or be listed on the lifetime sex offender registry.
- 4) Provide 5 years of housing history.
- 5) Have positive, formal rental history totaling one year or longer or attend the Rent Right class through CVOEO. A verifiable landlord reference will be obtained. Or have been a homeowner for the entirety of the past five years.
- 6) Have no record of lease violations, eviction, disturbance of neighbors, and destruction of property or housekeeping habits that may adversely affect the safety, health, or welfare of other tenants.
- 7) Demonstrate ability to meet current and projected financial obligations. The applicant's pro-jected rent and utility payments must be under 50% of their gross income to be considered affordable.

In addition, any other criteria may be grounds for an application denial if Champlain Housing Trust determines it might be reasonably expected to affect the applicant's ability to successfully fulfill the responsibilities of the lease. **ANY APPLICANT DETERMINED TO HAVE WILLFULLY MADE FALSE STATEMENTS ON THEIR APPLICATION WILL BE DENIED.**

TENANT SCREENING STANDARDS FOR APARTMENTS RESERVED FOR HOMELESS HOUSEHOLDS AND SERVICE ENRICHED HOUSING

Tenants will be selected from the Community Housing Review Committee or based on the Memorandum of Understanding with the local partner.

All Applicants must meet the following:

- 1) For homeless preference units, meet the HUD definition of homeless, and
- 2) Meet the requirements in the Tenant Screening Standards above, or
- 3) Have a Service Plan at move-in with a local Service Provider that addresses any barriers to housing
- 4) For service-enriched units, meet the provider's criteria under the applicable Memorandum of Understanding

TENANT SCREENING STANDARDS FOR MOBILE HOME PARKS

All Applicants must meet the following:

- 1) Have six months of positive credit history, no credit history or show the ability to finance a mobile home purchase.
- 2) Demonstrate satisfactory past performance in meeting financial obligations including but not limited to rent payment and payment of utility bills.
- 3) Have no felonies of any type or convictions of violent crimes, crimes against children or other crimes that may adversely affect the safety, health or welfare of other tenants within the last 10 years or be listed on the lifetime sex offender registry.
- 4) Provide 5 years of housing history.
- 5) Have no record of lease violations, eviction, disturbance of neighbors, and destruction of property or housekeeping habits that may adversely affect the safety, health, or welfare of other mobile home residents.
- 6) Demonstrate ability to meet current and projected financial obligations.



APPLICATION APPEAL PROCESS

Champlain Housing Trust will mail written notice to any denied applicant specifying the reason for denial. A denied applicant has 14 calendar days from the date the denial letter is sent to request an informal meeting to go over the reasons for rejection or to provide additional written documentation for consideration by the Appeals Officer. If written documentation is provided, each reason for the denial of the application must be addressed and explained in detail. No apartment will be held during this period, but if the denial is overturned, the applicant will retain his/her place on the waiting list. A decision will be made by the Appeal Officer within 14 days of receipt of a written appeal or meeting.

UNIT TRANSFER REQUESTS A TENANT UNIT TRANSFER WILL BE DEEMED APPROPRIATE FOR ONE OR MORE OF THE FOLLOWING REASONS:

- 1) The household is under-housed
- 2) The household is over-housed
- 3) The household lives in a designated project based unit and is no longer eligible for the program
- 4) The household becomes eligible for a project based voucher and must move to a designated project based unit
- 5) The household is in a designated handicapped accessible unit and doesn't need the features and there is a family in need of the accessibility features of the unit.
- 6) The household needs to move from one municipality to another based on family requirements.
- 7) Ongoing problems with neighbors that have not been able to be resolved by the Property Manager and Associate Director of Resident Services (It must be determined that you are not the cause of these issues and that you have made a reasonable effort to resolve the issues prior to requesting a transfer).
- 8) Tenants are allowed to transfer only one time during their tenancy unless an additional transfer is deemed appropriate by the Director of Property Management.
- 9) Tenants have the right to appeal a unit transfer denial to the Director of Property Management.

REQUIREMENTS:

All transfer requests must be made in writing and approved in advance by the Associate Director of Property Management.

Tenants with an approved transfer request will be added to the waitlists with applications according to the date of their transfer request.

Tenants with an approved reasonable accommodation to transfer will be given priority over people on the waiting list.

Tenant must currently be a tenant in good standing and current on their rent.

REASONABLE ACCOMMODATIONS AND MODIFICATIONS

It is Champlain Housing Trust's policy to provide reasonable accommodation in housing for applicants and residents with disabilities and/or to permit applicants or residents with disabilities to make reasonable modifications where reasonable accommodation and/or modification is necessary to provide those individuals with an equal opportunity to use and enjoy CHT housing.

A resident or an applicant makes a reasonable accommodation or modification request whenever he/she makes clear to CHT staff that he/she is (i) requesting an exception, change, or adjustment to a rule, policy, practice, or service because of his/her disability; or (ii) requesting a structural modification to his/her apartment or to a common area because of his/her disability.

CHT shall make available to all persons applying for an apartment with CHT and to all current CHT residents, notice of the option to request a reasonable accommodation or modification and a form for requesting a reasonable accommodation or modification.

RELOCATIONS

For households being displaced by Champlain Housing Trust development activities they will be given priority on the waiting list.



VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2013

Champlain Housing Trust will not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.

Champlain Housing Trust will not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.

Champlain Housing Trust may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified time frame may result in eviction.

Any information submitted, including the fact that an individual is a victim of domestic violence, dating violence, sexual assault, or stalking shall be maintained in confidence by CHT and may not be entered into any shared database or disclosed to any other entity or individual, except to the extent that the disclosure is (A) requested or consented to by the individual in writing; (B) required for use in an eviction proceeding; or (C) otherwise required by applicable law.

The foregoing does not limit any otherwise available authority to evict or terminate assistance to a tenant for any violation of a lease not premised on the act of violence in question against the tenant or an affiliated person of the tenant (provided that CHT does not subject an individual who is or has been a victim of domestic violence, dating violence, or stalking to a more demanding standard than other tenants in determining whether to evict or terminate) or if CHT can demonstrate that an actual and imminent threat to other tenants or individuals employed at or providing service to the property would be present if the assistance is not terminated or the tenant is not evicted.

APPLICANT BEHAVIOR

CHT may deny tenancy to an applicant household if the CHT determines that any member of the household has engaged in repeated harassing behavior or has threatened any violence toward the CHT's agents or staff.

Abusive or violent behavior towards CHT agents or staff includes, but is not limited to verbal as well as physical abuse or violence, use of racial epithets, or other harsh, threatening or discriminatory language, whether written or oral through any and all means/forms of communication, that is customarily used to intimidate may be considered abusive, threatening or violent behavior.

Threatening refers to oral or written threats or physical gestures that communicate intent to abuse, harm or commit violence.

Harassing behavior refers to the act of repeatedly disturbing, alarming, or threatening someone, to the extent that such conduct either causes harm or results in the person complaining of harassment to reasonably fear that harm may be caused to them. Harassing behavior may also include the electronic dissemination to third parties of embarrassing or inaccurate information about staff/agents. It also includes using the legal system to harass the CHT's staff/agents (litigation abuse) by continuously filing retaliatory and frivolous complaints with outside, third party governmental entities whether criminal or civil in nature against the CHT and/or its staff/agents.

FOR HUD SUBSIDIZED PROPERTIES

ENTERPRISE INCOME VERIFICATION SYSTEM (EIV)

The EIV system will be used to process Verification Reports on applicants seeking housing subsidized through the HUD housing assistance according to the procedures as noted in HUD Notice H 2013-06 and any subsequent release. A copy of this notice is available upon request.

HUD provides Champlain Housing Trust with information about an applicant's current status as a HUD housing assistance recipient. Champlain Housing Trust will use the Enterprise Income Verification System to determine if the applicant or any member of the applicant household is currently receiving HUD assistance. Nothing prohibits a HUD housing assistance recipient from applying to this property. However, the applicant must move out of the current property and/or forfeit any voucher before HUD assistance on this property will begin. Special consideration applies to some dependents where members of two households share 50% custody.

If the applicant or any member of the applicant household fails to fully and accurately disclose rental history, the application may be denied based on the applicant's "misrepresentation" of information.

In accordance with HUD procedures noted in HUD Notice H 2013-06 the following EIV reports are pulled according to this schedule:

Income Reports	Used at each recertification both annual and interim
Existing Tenant Report	At the time of processing an applicant for admission
Multiple Subsidy Report	At least quarterly
Identity Verifications Report	Monthly
Deceased Tenants Report	At least quarterly
New Hires Report	At least quarterly
Income discrepancy report	Used at each recertification both annual and interim

This information is used to determine if a household has reported their income and identity information correctly

FULL TIME STUDENTS AND SECTION 8

A student enrolled in an Institute of Higher Education must meet at least one of the following requirements in order to be eligible for Section 8 assistance:

- 1) living with parents/guardian or
- 2) 24 or older or
- 3) a veteran of the United States armed services or
- 4) married or
- 5) has a dependent child or
- 6) can prove independence of parents including
 - i) The parents did not claim the student on the most recent tax return and
 - ii) The student has lived independent of the parents for at least one year or meets the Department of Education's definition of an independent student and
 - iii) Can legally sign a lease
- 7) is disabled and was receiving assistance as of November 30, 2005 or
- 8) has parents who are income eligible for the Section 8 program or
- 9) were ever a foster child



CHAMPLAIN HOUSING TRUST



WWW.GETAHOME.ORG

FAIR CREDIT REPORTING ACT

We are hereby informing you of certain information pursuant to the Fair Credit Reporting Act and Fair and Accurate Credit Transactions Act of 2003, 15 U.S.C. §§1681 *et seq.*, as amended by the Consumer Credit Reporting Reform Act of 1996 (Public Law 104-208, the Omnibus Consolidated Appropriations Act for the Fiscal Year 1997, Title II, Subtitle D, Chapter 1).

1. A consumer credit report will be obtained when an application is submitted from the following consumer credit reporting agency:

Experian

601 Experian Parkway

Allen, TX 75002

Toll Free Telephone Number: (888) 397-3742

2. Pursuant to Section 615 of the Fair Credit Reporting Act, we are notifying you that the above noted agency only provided information about your credit history. It took no part in making the decision to deny your rental application, nor can it explain why the decision was made.
3. You have certain rights under federal law, as explained in more detail in paragraphs 4 and 5 below. Pursuant to the Fair Credit Reporting Act, you have the right to obtain a copy of your credit report, dispute its accuracy and provide a consumer statement describing your position if you dispute the credit report. If you believe your report is inaccurate or incomplete, you may call the consumer credit reporting agency at the number listed above or write to the credit reporting agency at the listed address.
4. Pursuant to section 612 of the Fair Credit Reporting Act, you have the right to obtain a free copy of your consumer report from the consumer credit reporting agency whose name is listed. You must request the copy within 60 days of the date you received this letter.
5. Pursuant to Section 611 of the Fair Credit Reporting Act, if you dispute any of the information in your report, you have the right to add to your report a "consumer statement" of up to 100 words explaining your position of the item under dispute. Trained personnel are available at the consumer credit reporting agency to help prepare consumer statements.

To request a copy of your Credit Report or send in a Statement or Dispute:

Experian

601 Experian Parkway

Allen, TX 75002

**Toll Free Telephone Number:
(888) 397-3742**

RealPage, Inc.

4000 International Parkway

Carrollton, TX 75007

**Toll Free Telephone Number:
(866) 934-1124**

<http://www.realpage.com/consumer-dispute>



FAIR CREDIT REPORTING ACT - KEEP FOR YOUR RECORDS



CHAMPLAIN HOUSING TRUST



WWW.GETAHOME.ORG

NOTICE OF OCCUPANCY RIGHTS UNDER THE VIOLENCE AGAINST WOMEN ACT

TO ALL TENANTS AND APPLICANTS

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation. The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that LIHTC, HUD and HOME is in compliance with VAWA. This notice explains your rights under VAWA. A HUD- approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

PROTECTIONS FOR APPLICANTS

If you otherwise qualify for assistance under LIHTC, HUD or HOME you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

PROTECTIONS FOR TENANTS

If you are receiving assistance under LIHTC, HUD or HOME you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under LIHTC,

HUD or HOME solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

REMOVING THE ABUSER OR PERPETRATOR FROM THE HOUSEHOLD

Champlain Housing Trust (CHT) may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If CHT chooses to remove the abuser or perpetrator, CHT may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, CHT must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, CHT must follow Federal, State, and local eviction procedures. In order to divide a lease, CHT may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

MOVING TO ANOTHER UNIT

Upon your request, CHT may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, CHT may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) You expressly request the emergency transfer. Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a 374 reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90- calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

CHT will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

CHT's emergency transfer plan provides further information on emergency transfers, and CHT must make a copy of its emergency transfer plan available to you if you ask to see it.

DOCUMENTING YOU ARE OR HAVE BEEN A VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT OR STALKING

CHT can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from CHT must be in writing, and CHT must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. CHT may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to CHT as documentation. It is your choice which of the following to submit if CHT asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by CHT with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.

ANY OTHER STATEMENT OR EVIDENCE THAT CHT HAS AGREED TO ACCEPT.

If you fail or refuse to provide one of these documents within the 14 business days, CHT does not have to provide you with the protections contained in this notice.

If CHT receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), CHT has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, CHT does not have to provide you with the protections contained in this notice.

CONFIDENTIALITY

CHT must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

CHT must not allow any individual administering assistance or other services on behalf of CHT (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

CHT must not enter your information into any shared database or disclose your information to any other entity or individual.

CHT, however, may disclose the information provided if:

- You give written permission to CHT to release the information on a time limited basis.
- CHT needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires CHT or your landlord to release the information.

VAWA does not limit CHT's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you.

However, CHT cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if CHT can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- (1) Would occur within an immediate time frame, and
- (2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If CHT can demonstrate the above, CHT should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

OTHER LAWS

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with HUD Manchester Field Office, Norris Cotton Federal Building, 275 Chestnut Street, 4th Floor, Manchester, NH 03101-2487.

FOR ADDITIONAL INFORMATION

You may view a copy of HUD's final VAWA rule at <https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf> . Additionally, CHT must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact Steps to End Domestic Violence, 802-658-3131.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1- 800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact Steps to End Domestic Violence, 802-658-3131.

For tenants who are or have been victims of stalking seeking help may visit the National Center for

Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/ourprograms/stalking-resource-center>.

For help regarding sexual assault, you may contact Steps to End Domestic Violence, 802-658-3131. Victims of stalking seeking help may contact Steps to End Domestic Violence, 802-658-3131.

Attachment: Certification form HUD-5382

**CERTIFICATION OF
DOMESTIC VIOLENCE,
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: _____

2. Name of victim: _____

3. Your name (if different from victim's): _____

4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____

6. Name of the accused perpetrator (if known and can be safely disclosed): _____

7. Relationship of the accused perpetrator to the victim: _____

8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

In your own words, briefly describe the incident(s): _____ _____ _____ _____
--

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.