

CHAMPLAIN HOUSING TRUST



WWW.GETAHOME.ORG

RENTAL HOUSING APPLICATION *Please Return the Completed Application to:*

CHITTENDEN COUNTY	FRANKLIN/GRAND ISLE COUNTIES
Champlain Housing Trust	Champlain Housing Trust
88 King Street, Burlington, Vermont 05401	13 Lake Street, St. Albans, Vermont 05478
Phone: (802) 862-6244 Fax: (802) 864-0734	Phone: (802) 527-2361 Fax: (802) 527-2373

PLEASE LIST THE PROPERTY NAME(S) AND UNIT SIZE YOU ARE APPLYING FOR IN ORDER OF PREFERENCE:

1.	2.
3.	4.

Requested move in date:

INSTRUCTIONS: Please type or print, in ink, the information requested on this form. If you need more space, please attach a separate piece of paper. Please answer all questions carefully and completely since this information will be used to determine your eligibility.

INCOMPLETE APPLICATIONS WILL BE RETURNED.

HOUSEHOLD COMPOSITION Complete the following for each person applying for an apartment:

	FIRST NAME	LAST NAME	SOCIAL SECURITY #	DATE OF BIRTH	SEX	RELATIONSHIP	FULL TIME STUDENT?
A						head of household	<input type="checkbox"/> yes <input type="checkbox"/> no
B							<input type="checkbox"/> yes <input type="checkbox"/> no
C							<input type="checkbox"/> yes <input type="checkbox"/> no
D							<input type="checkbox"/> yes <input type="checkbox"/> no
E							<input type="checkbox"/> yes <input type="checkbox"/> no

PRESENT HOUSING Complete the following about your current living situation:

Day phone number: _____ Evening phone number: _____

What is your present address? _____

_____ Town _____ State _____ ZIP _____

How long have you lived at this address? _____

If you prefer to be notified by email, please check here: I prefer email. Your email: _____

If you prefer to be notified by regular mail instead, please check here: I prefer regular mail sent to my present address

I prefer regular mail sent to: _____

Do you rent? yes no

Who is your landlord? _____ Phone: _____ Email: _____

Landlord's Mailing Address: _____ Town _____ State _____ ZIP _____

Do you own your home? yes no If yes, what is the market value of your home? \$ _____

Do you live with others? yes no If yes, please explain your living arrangements: _____



INCOME Please list ALL sources of income for each member of your household:

If you have limited or no income, please explain how you will pay for rent and utilities:

EMPLOYMENT INCOME:		GROSS INCOME (Before deductions)	
HOUSEHOLD MEMBER NAME	EMPLOYER NAME	\$ AMOUNT	
A		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi Weekly <input type="checkbox"/> Monthly
B		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi Weekly <input type="checkbox"/> Monthly
C		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi Weekly <input type="checkbox"/> Monthly

OTHER INCOME:		GROSS INCOME (Before deductions)	
HOUSEHOLD MEMBER NAME	TYPE OF INCOME (For example: SS, SSI, ANFC, or other)	\$ AMOUNT	
A		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi Weekly <input type="checkbox"/> Monthly
B		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi Weekly <input type="checkbox"/> Monthly
C		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi Weekly <input type="checkbox"/> Monthly

ASSETS: Please list any checking/savings accounts and/or other bank accounts or stocks/bonds your family holds:

HOUSEHOLD MEMBER NAME	TYPE OF ACCOUNT (Checking, Savings, or other)	AMOUNT	BANK/INSTITUTION NAME
A		\$	
B		\$	
C		\$	

Does anyone in your household own real estate other than the home you live in? yes no

If so, what is the location? _____ Market Value: \$ _____

Does anyone in your household own any other asset not already listed? (do not include furniture and/or motor vehicles used for personal transportation)
 yes no If you answered yes, please describe: _____

Value\$ _____

GENERAL INFORMATION

Has anyone in your household ever been convicted of a crime or are there any pending criminal charges against you? yes no

If you answered yes, please provide date / / and explain: _____

Are you or anyone in your household subject to a lifetime state sex offender registry program in any state? yes no

Failure to answer this question may jeopardize the approval of this application.

Have you ever been evicted or have any eviction proceedings ever been started against you? yes no

If you answered yes, please provide date / / and explain: _____

Do you have any pets? yes no If yes, please list: _____

Have you ever lived in housing provided by Champlain Housing Trust, Burlington Community Land Trust, or Lake Champlain Housing? yes no

If yes, where? _____ Date / /



PREVIOUS HOUSING

Fill out the information for **all** places you have lived in the past **5 years**, not including your present housing listed on page 1.
LANDLORDS WILL BE CONTACTED FOR REFERENCES.

A	ADDRESS	DATES RENTED	LANDLORD
		TO	NAME
			ADDRESS
			PHONE
			EMAIL
B	ADDRESS	DATES RENTED	LANDLORD
		TO	NAME
			ADDRESS
			PHONE
			EMAIL
C	ADDRESS	DATES RENTED	LANDLORD
		TO	NAME
			ADDRESS
			PHONE
			EMAIL
D	ADDRESS	DATES RENTED	LANDLORD
		TO	NAME
			ADDRESS
			PHONE
			EMAIL
E	ADDRESS	DATES RENTED	LANDLORD
		TO	NAME
			ADDRESS
			PHONE
			EMAIL
F	ADDRESS	DATES RENTED	LANDLORD
		TO	NAME
			ADDRESS
			PHONE
			EMAIL

Attach a separate sheet of paper if needed

REFERENCES

Please provide 3 references **(NOT RELATIVES)**

REFERENCE #1

Acceptable references are a co-worker, employer, neighbor, or service provider

Name of Applicant:

Name of Reference:

Date:

Reference Phone number:

1. How long have you known the applicant?

2. What is your relationship to the applicant?

3. Does the applicant get along well with others?

4. If you have been inside the applicant's home, do you think he/she has good housekeeping habits? yes no

If yes, why? _____

5. Do you believe the applicant will comply with the lease agreement and house rules? yes no

If yes, why? _____

6. If you owned a rental unit, would you rent to the applicant? yes no

If no, why? _____

7. Additional comments: _____

I certify that all of the above information is true and complete to the best of my knowledge and belief.

Signature of Reference:

Date



REFERENCES

Please provide 3 references **(NOT RELATIVES)**

REFERENCE #2

Acceptable references are a co-worker, employer, neighbor, or service provider

Name of Applicant:

Name of Reference:

Date:

Reference Phone number:

1. How long have you known the applicant?

2. What is your relationship to the applicant?

3. Does the applicant get along well with others?

4. If you have been inside the applicant's home, do you think he/she has good housekeeping habits? yes no

If yes, why? _____

5. Do you believe the applicant will comply with the lease agreement and house rules? yes no

If yes, why? _____

6. If you owned a rental unit, would you rent to the applicant? yes no

If no, why? _____

7. Additional comments: _____

I certify that all of the above information is true and complete to the best of my knowledge and belief.

Signature of Reference:

Date



REFERENCES

Please provide 3 references **(NOT RELATIVES)**

REFERENCE #3

Acceptable references are a co-worker, employer, neighbor, or service provider

Name of Applicant:

Name of Reference:

Date:

Reference Phone number:

1. How long have you known the applicant?

2. What is your relationship to the applicant?

3. Does the applicant get along well with others?

4. If you have been inside the applicant's home, do you think he/she has good housekeeping habits? yes no

If yes, why? _____

5. Do you believe the applicant will comply with the lease agreement and house rules? yes no

If yes, why? _____

6. If you owned a rental unit, would you rent to the applicant? yes no

If no, why? _____

7. Additional comments: _____

I certify that all of the above information is true and complete to the best of my knowledge and belief.

Signature of Reference:

Date



SURVEY

For our marketing purposes we request your cooperation in completing the following questions.

The information gathered will assist us in better serving you and your housing needs. Your response is optional and will have no bearing on your application.

Where did you first hear about Champlain Housing Trust (check all that apply):

Burlington Free Press Ad

Seven Days

St. Albans Messenger

City Courier

Telephone Book

Property Sign

Employer

Current Tenant _____
(Please provide name and address - tenant may be eligible for our referral program)

Past Tenant

Family Member

Friend

Walk-in

Web Site: www.getahome.org (Other please specify) _____

Other Advertising: _____
(Please specify) _____

Service Agency (Community Action, HowardCenter, COTS etc) _____
(Please specify) _____

Housing Agency (BHA, VSHA, WHA, etc.) _____
(Please specify) _____

Other: _____

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 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 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 OF AGE AND OLDER) MUST SIGN THE APPLICATION IN ORDER FOR IT TO BE PROCESSED.

_____	_____
Date	Head of Household
_____	_____
Date	Co-Head of Household
_____	_____
Date	Adult Member of Household
_____	_____
Date	Adult Member of Household
_____	_____
Date	Adult Member of Household

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.

RACE					
<input type="checkbox"/> AMERICAN INDIAN OR ALASKAN 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
ETHNICITY					
<input type="checkbox"/> NON-HISPANIC	<input type="checkbox"/> HISPANIC				

PLEASE ALLOW 15 BUSINESS DAYS FOR APPLICATION PROCESSING AND NOTIFICATION.



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 863-5248 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, Section 8 New Construction/Substantial Rehabilitation, HoDag units, 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 for all family members and provide proof of the numbers reported

WAITLISTS

Champlain Housing Trust does not maintain waitlists for all rental properties, but for the ones with a waitlist, applicants are put on the waitlist for the unit size they are interested in the date order the application is received. Once there is an available unit applicants will be called in the order they are listed on the waitlist. Applicants must meet all eligibility requirements at that time for the property and unit as described above in the Eligibility section.

Champlain Housing Trust may close current waitlist(s) for one or more unit size when the average wait is one year or more. In the event a waitlist is closed it will be published on the Champlain Housing Trust website.

In the event a previously closed waitlist will be re-opened Champlain Housing Trust will publish that on the Champlain Housing Trust website.

INCOME LIMITS

All of these income limits are based on the median income for a metropolitan statistical area (MSA). This table shows the three 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
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

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
 - 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

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

APPLICANTS MUST:

- 1) have a satisfactory credit report (We exclude medical bills and deferred student loans).
- 2) demonstrate satisfactory past performance in meeting financial obligations including but not limited to rent payment and payment of utility bills.
- 3) demonstrate ability to meet current and projected financial obligations. The applicant's projected rent and utility payments must be under 50% of their gross annual income to be considered affordable.
- 4) provide verifiable Landlord References (other than relatives) are required. The applicant may not have a record of lease violations, disturbance of neighbors, destruction of property or housekeeping habits that may adversely affect the safety, health or welfare of other tenants.
- 5) have no criminal history of violent crimes, crimes against children or crimes that inhibit an applicant's ability to live in multi-family housing will be grounds for denial.

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.

UNIT TRANSFERS 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 requires a first floor apartment in a building that doesn't have an elevator
- 4) The household requires a flat apartment with no stairs
- 5) The household lives in a designated project based unit and is no longer eligible for the program
- 6) The household becomes eligible for a project based voucher and must move to a designated project based unit
- 7) 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.

REQUIREMENTS:

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

All transfer requests for medical and service animal reasons will need to include a "Reasonable Accommodation" form completed by their physician. This form can be obtained by your Property Manager.

Current tenants will be given priority over people on the wait list for that property if there is one.

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

VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

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.

APPEAL PROCESS

Champlain Housing Trust will mail written notice to any denied applicant specifying the reason for denial. A denied applicant has 14 days from the date the denial letter is sent to appeal the denial by sending a letter requesting an appeal to Champlain Housing Trust, 88 King Street, Burlington, VT 05401, attention the Appeal's Officer. In the appeal letter the applicant must state the reasons why the applicant contends the denial was incorrect and should have been approved. 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.

FOR HUD SUBSIDIZED PROPERTIES

ENTERPRISE INCOME VERIFICATION SYSTEM (EIV)

HUD provides the Champlain Housing Trust with information about an applicant's current status as a HUD housing assistance recipient. The 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.

CHAMPLAIN HOUSING TRUST



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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 was obtained from the following consumer credit reporting agency:

AMRENT Consumer Relations

PO Box 605

Columbus, OH 43216

Toll Free Telephone Number: (888) 898-6196

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:

AMRENT Consumer Relations

PO Box 605

Columbus, OH 43216

(888) 898-6196