

RENTAL HOUSING APPLICATION



Joining together the Burlington Community Land Trust
and Lake Champlain Housing Development Corporation

Please list the property name(s) and unit size you are applying for in order of preference:

1. _____
2. _____
3. _____



Please return the completed application to:

Champlain Housing Trust
220 Riverside Avenue, Suite 1
Burlington, Vermont 05401

www.getahome.org

Phone: (802) 863-5248, ext. 61 ---- Fax: (802) 864-0734 **TDD/TTY**

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 not be processed.**

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

FIRST AND LAST NAME	SOCIAL SECURITY #	DATE OF BIRTH	SEX	RELATIONSHIP	FULL-TIME STUDENT YES/NO
A. _____	_____	_____	___	head of household	_____
B. _____	_____	_____	___	_____	_____
C. _____	_____	_____	___	_____	_____
D. _____	_____	_____	___	_____	_____
E. _____	_____	_____	___	_____	_____

PRESENT HOUSING Complete the following about your current living situation:

Day phone number: _____ Evening phone number: _____

What is your present address? _____

Email Address: _____

We will notify you of the decision by email. If you prefer regular mail instead, please check here _____

How long have you lived at this address? _____

Do you rent? ___ yes ___ no Who is your landlord? _____ Phone: _____

Landlord's Mailing Address: _____

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: _____

PREVIOUS HOUSING: Fill out the information for all places you have lived in the past **5 years**, not including your present housing. Attach a separate sheet of paper if needed.

ADDRESS	DATES RENTED	LANDLORD'S NAME, ADDRESS & PHONE NUMBER
A. _____	_____ TO _____	_____
B. _____	_____ TO _____	_____
C. _____	_____ TO _____	_____
D. _____	_____ TO _____	_____

INCOME

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

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

EMPLOYMENT INCOME:

HOUSEHOLD MEMBER NAME	EMPLOYER NAME AND ADDRESS	GROSS WEEKLY INCOME (Before deductions)
A. _____	_____	\$ _____
B. _____	_____	\$ _____
C. _____	_____	\$ _____

OTHER INCOME:

HOUSEHOLD MEMBER NAME	TYPE OF INCOME (For example: SS, SSI, ANFC, or OTHER)	GROSS MONTHLY AMOUNT
A. _____	_____	\$ _____
B. _____	_____	\$ _____
C. _____	_____	\$ _____

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, including but not limited to illegal manufacture or distribution of a controlled substance? ___ yes ___ no. If you answered yes, please explain: _____

Have you ever been evicted or have any eviction proceedings ever been commenced against you? ___ yes ___ no. If you answered yes, please explain: _____

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

REFERENCES: Please provide three (3) references (NOT RELATIVES):

NAME	ADDRESS	PHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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. PLEASE ALLOW 7-10 BUSINESS DAYS FOR PROCESSING THIS APPLICATION. YOU WILL BE NOTIFIED BY MAIL UPON COMPLETION.

_____ Date	_____ Head of Household
_____ Date	_____ Co-Head 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.

___ WHITE - NOT OF HISPANIC ORIGIN	___ HISPANIC
___ ASIAN/PACIFIC ISLANDER	___ NATIVE AMERICAN/ALASKAN
___ BLACK - NOT OF HISPANIC ORIGIN	