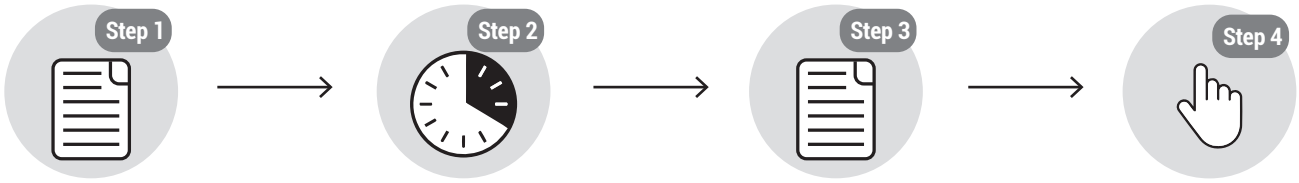
CHAMPLAIN HOUSING TRUST
WWW.GETAHOME.ORG

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.



COMPLETE
Preliminary Rental Housing Application

WAIT
Until You Are Notified That You Are Near the Top of One or More Waitlists

COMPLETE
Rental Housing Application

SUBMIT YOUR FORMS VIA EMAIL, FAX OR DROP OFF

EMAIL: applications@getahome.org **FAX:** (802-862-5054) OR **MAIL/DROP OFF:** 88 King Street, Burlington, VT 05401 **or** 13 Lake St, St. Albans, VT 05478

For information on how your application is reviewed, see our Tenant Selection Policy in our APPLY TO RENT section under RENTING at www.getahome.org

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> How Long Will I Have to Wait to Get Offered an Apartment?

Applicants may wait over **15 months** after submitting a Preliminary Application before moving onto the next step. **We cannot guarantee when** you will be offered an apartment once you become an approved applicant. **If you need housing sooner** than that or need to know exactly when you will be moving, **you will want to explore other options.**

> What Do I Qualify For? (see chart at right).

(Voucher holders qualify for both tax-credit and market-rate apartments, regardless of income.)

- **TAX-CREDIT APARTMENT**
  For applicants whose income is between the **Annual Minimum Income** and **Market Rate Income**.
- **MARKET-RATE APARTMENT**
  For applicants whose income is the same or higher than the **Market Rate Income.**
- **SUBSIDIZED APARTMENT**
  You may apply to our **SUBSIDIZED PROPERTY WAITLISTS** (households pay 30% of their income toward rent) by visiting the following link: **www.getahome.org/subsidized-apartment/** *(please note, you will have to apply to each subsidized property separately).*

# of People in Household	Annual Minimum Income	Market Rate Income
1	$22,800	$54,540
2	$25,200	$62,340
3	$25,200	$70,140
4	$30,000	$77,880
5	$30,000	$84,120
6	$34,200	$90,360
7	$34,200	$96,600
8	$38,400	$102,840

If your household income is below the Annual Minimum income, you may be added to Waitlists as a Preliminary Applicant but cannot move forward unless your income has reached the Annual Minimum.

> If I Qualify for Tax-Credit, How is My Rent Determined?

It is important to understand that your rent is NOT based on a percentage of your income.
A tax-credit apartment has a fixed rent that is **cheaper than what most apartments of that size are currently renting for in the area** (market rate).

> What Will My Rent Be If I Move to a CHT Apartment? (Effective April 1, 2025. *Prices are subject to change.*)

CHITTENDEN COUNTY Apartment Rent		
Bedroom Size	Tax Credit	Market Rate
Studio	$1,050	$1,380
1	$1,250	$1,476
2	$1,450	$1,936
3	$1,650	$2,491
4	$1,850	$2,764

FRANKLIN & GRAND ISLE COUNTY Apartment Rent		
Bedroom Size	Tax Credit	Market Rate
Studio	$950	$1,380
1	$1,050	$1,476
2	$1,275	$1,936
3	$1,550	$2,491
4	$1,750	$2,764

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If you do not speak or read English, we will provide interpretation services at no cost to you. Tell the person who is helping you that you need an interpreter or for more information call 802-862-6244.

Ako ne govorite ili čitate engleski, besplatno ćemo vam pružiti usluge prevođenja. Recite osobi koja vam pomaže da vam je potreban prevodilac ili pozovite 802-862-6244 da dobijete više informacija.

إذا كنت لا تتحدث الإنجليزية أو تقرأها، فسنقدم لك خدمات الترجمة الفورية مجانًا. أخبر الشخص الذي يساعدك بأنك بحاجة إلى مترجم فوري أو للحصول على مزيد من المعلومات، يرجى الاتصال بـ 802-862-6244.

Si no habla ni lee en inglés, prestaremos servicios de interpretación sin costo para usted. Avísele a la persona que lo esté ayudando que usted necesita un intérprete o, para obtener más información, llame al 802-862-6244.

Si vous ne parlez pas ou ne lisez pas l'anglais, nous vous fournirons des services d'interprétation gratuits. Indiquez à votre interlocuteur que vous avez besoin d'un(e) interprète ou pour plus d'informations, appelez le 802-862-6244.

तपाईं अङ्ग्रेजी बोल्नुहुन्न वा पढ्नुहुन्न भने, हामी तपाईंलाई निःशुल्क रूपमा दोभाषे सेवाहरू उपलब्ध गराउने छौं। तपाईंलाई दोभाषेको आवश्यकता भएको बेला मद्दत गरिरहेका व्यक्तिलाई बताउनुहोस् वा थप जानकारीका लागि 802-862-6244 मा फोन गर्नुहोस्।

Soki yo okoki te koloba to kotanga Anglais, tokosunga yo na bolimboli ekozala ya ofele. Yebisa moto oyo azali kosunga yo ete yo esengeli ozala na moto ya bolimboli nto mpona koyeba makambo misusu benga 802-862-6244.

Nếu quý vị không nói hoặc không đọc được tiếng Anh, chúng tôi sẽ cung cấp dịch vụ thông dịch miễn phí cho quý vị. Hãy nói với người đang giúp quý vị rằng quý vị cần thông dịch viên hoặc để biết thêm thông tin, hãy gọi số 802-862-6244.

如果您不会讲英语或读英语，我们将免费为您提供口译服务。告诉您的协助人员您需要口译员，或致电 802-862-6244 了解更多信息。

Haddii athy engky hathylaany amy eng akhriye korny Af-Ingiriis, wayba ky siyye doongny etheeg turjumaang oo bilaash eh. Eng sheeg langky ky kaalmeeyow in athy eng baahangty turjumaang amy walaaghy warbihing siyaathy eh weer 802-862-6244.

Ikiwa huna uwezo wa kuzungumza au kusoma Kiingereza, tutatoa huduma za ukalimani bila malipo. Mwambie mtu anayekusaidia kuwa unahitaji mkalimani au piga simu kwa 802-862-6244 ili upate maelezo zaidi.

หากคุณไม่สามารถพูดหรืออ่านภาษาอังกฤษได้ เราจะให้บริการล่ามโดยไม่มีค่าใช้จ่าย
โดยให้แจ้งบุคคลที่ช่วยเหลือคุณว่าคุณต้องการล่ามหรือข้อมูลเพิ่มเติม โดยโทร 802-862-6244

Haddii aadan ku hadlin ama akhrin karin af Ingiriiska, waxaan kuu samayn doonaa adeegyada turjumaanka oo bilaash ah. U sheeg qofka ku caawinaaya inaad u baahan tahay turjumaan ama xog dheeraad ah wac 802-862-6244.

EQUAL HOUSING OPPORTUNITY

APPLICATION INFORMATION — KEEP FOR YOUR RECORDS

CHAMPLAIN HOUSING TRUST

WWW.GETAHOME.ORG

BAY RIDGE APARTMENTS APPLICATION

For Office Use Only	☐ BHA MOU	Date/time received
	☐ PB Waitlist	
	☐ Resident Services	

HEAD OF HOUSEHOLD and CONTACT INFORMATION

#1 First	Middle	Last	Relationship
			Head of Household
Birth Date (mm/dd/yyyy) / /	Full Time Student ◯ Yes ◯ No	Gender	

Home Phone Number – –	Cell Phone Number – –
Email Address	Preferred Communications: ◯ Email ◯ Mail

Current Address			Mailing Address (if different than current)		
Address line 2			Address line 2		
City	State	ZIP	City	State	ZIP

Do you currently: ◯ Rent ◯ Own ◯ Other (Please Explain below)	When did you move to your current address? (mm/yy) /

Current Landlord (if applicable)	Landlord Address		
Landlord Phone Number – –	Address line 2		
Landlord Email	City	State	ZIP

Are you currently homeless?	◯ Yes ◯ No
Are you applying to live with a current Champlain Housing Trust resident?	◯ Yes ◯ No
If yes, which resident and what address?	
Have you, or any member of your household ever lived in Champlain Housing Trust housing?	◯ Yes ◯ No
If yes, when and what address?	
Do you require an interpreter?	◯ Yes ◯ No
If Yes,what is your primary language?	

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
Birth Date (mm/dd/yyyy) / /	Full Time Student ◯ Yes ◯ No	Gender	

#3 First	Middle	Last	Relationship
Birth Date (mm/dd/yyyy) / /	Full Time Student ◯ Yes ◯ No	Gender	

#4 First	Middle	Last	Relationship
Birth Date (mm/dd/yyyy) / /	Full Time Student ◯ Yes ◯ No	Gender	

#5 First	Middle	Last	Relationship
Birth Date (mm/dd/yyyy) / /	Full Time Student ◯ Yes ◯ No	Gender	

#6 First	Middle	Last	Relationship
Birth Date (mm/dd/yyyy) / /	Full Time Student ◯ Yes ◯ No	Gender	

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

If Yes, please explain.

Please check the apartment sizes you are interested in:

☐ **Studio** ☐ **1 Bedroom** ☐ **2 Bedroom** ☐ **3 Bedroom** ☐ **4 Bedroom**

PREVIOUS HOUSING: *List all places that you have lived in the past five (5) years, from ______________ to ______________* ***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.*

Failure to provide five years of housing history ***will result in your application being sent back to you for being incomplete.***

Applicant Name			Dates You Lived There (mm/dd/yy) __/__/__ TO __/__/__
Previous Address			Landlord Name
City	State	ZIP	Landlord Phone Number ___-___-____
Rent Own Other (Please Explain)			Landlord Email

Applicant Name			Dates You Lived There (mm/dd/yy) __/__/__ TO __/__/__
Previous Address			Landlord Name
City	State	ZIP	Landlord Phone Number ___-___-____
Rent Own Other (Please Explain)			Landlord Email

Applicant Name			Dates You Lived There (mm/dd/yy) __/__/__ TO __/__/__
Previous Address			Landlord Name
City	State	ZIP	Landlord Phone Number ___-___-____
Rent Own Other (Please Explain)			Landlord Email

Applicant Name			Dates You Lived There (mm/dd/yy) __/__/__ TO __/__/__
Previous Address			Landlord Name
City	State	ZIP	Landlord Phone Number ___-___-____
Rent Own Other (Please Explain)			Landlord Email

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	Employer	Gross Annual Salary
		$
Household Member Name	Employer	Gross Annual Salary
		$
Household Member Name	Employer	Gross Annual Salary
		$

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	Income Source	Gross Monthly Amount
		$
Household Member Name	Income Source	Gross Monthly Amount
		$
Household Member Name	Income Source	Gross Monthly Amount
		$

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	Bank/Institution	Type of Account	Current Balance
			$
Household Member Name / Account Holder	Bank/Institution	Type of Account	Current Balance
			$
Household Member Name / Account Holder	Bank/Institution	Type of Account	Current Balance
			$

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	How Often (i.e. monthly)	Amount
		$

General Information

Do you require a handicapped/accessible apartment? If you answered "Yes", please explain ◯ Yes ◯ No

Are you requesting a reasonable accommodation to enable you to live in this apartment? ◯ Yes ◯ No

Will you or any member of your household require a live-in attendant? ◯ Yes ◯ No

Do you require a service or emotional support animal? ◯ Yes ◯ No

Have you or any member of your household been a full-time student in the past year or plan to enroll as a full-time student in the upcoming year? *(Please list all household members who are full-time students)* ◯ Yes ◯ No

Household Member Name	Household Member Name	Household Member Name
Household Member Name	**Household Member Name**	**Household Member Name**

Have you ever been evicted or have any eviction proceedings ever been started against you? ◯ Yes ◯ No

If you answered "Yes", please explain and provide dates — Dates

Is anyone in your household subject to a registration requirement under a state sex offender registration program? *Failure to answer this question may jeopardize the approval of this application.* ◯ Yes ◯ No

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", provide the charge, mark Felony or Misdemeanor, and provide the date of the charge. *Failure to provide this information may jeopardize the approval of this application.* Dates (mm/yy)

Charge: ◯ Felony ◯ Misdemeanor

Dates (mm/yy)

Charge: ◯ Felony ◯ Misdemeanor

Do you have any pets? *Most Champlain Housing Trust properties do not allow dogs as pets* ◯ Yes ◯ No

What Type? How Many?

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

Name	Relationship	Email Address
Name	**Relationship**	**Email Address**

Do we have permission to contact the people above for assistance with your application? ◯ Yes ◯ No

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

☐ AALV	☐ Howard Center	☐ Safe Harbor	☐ Steps To End DV
☐ BHA	☐ NCSS	☐ Samaritan House	☐ Veterans Administration
☐ COTS	☐ Pathways	☐ Spectrum	☐ Voices Against Violence
☐ Other			

Do we have permission to contact the agencies above for assistance with your application? ◯ Yes ◯ 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	Print Name	Today's Date
		/ /
Signature – Other Adult Household Member	Print Name	Today's Date
		/ /
Signature – Other Adult Household Member	Print Name	Today's Date
		/ /
Signature – Other Adult Household Member	Print Name	Today's Date
		/ /
Signature – Other Adult Household Member	Print Name	Today's Date
		/ /

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 *(Mark one)* ◯ Not Hispanic or Latino ◯ Hispanic or Latino

Race *(Mark one or more)*

☐ American Indian/Alaska native	☐ Asian	☐ Black or African-American
☐ Native Hawaiian or other Pacific Islander	☐ White	☐ Other

6 THINGS TO REVIEW
Before Submitting Your Application

If any of the items below are missing, your application will be returned to you as incomplete.

1 **Is personal and contact information correct and up-to-date (page 1 and 2)?**

☐ Birthdates for ALL applicants ☐ Phone number/email address
☐ Current mailing address

2 **Did you make bedroom size and waitlist selections (page 2)? (*Check our website — not all properties have all bedroom sizes available.)***

☐ Yes

3 **Did you list all the places everyone 18 years old and older have lived for the past 5 years (page 3)?**

- ***There should be no gaps in dates***
- ***If you had no address for a date range, write "unhoused", include the city and state***
- ***Make copies of this page if needed***

☐ Check Rent or Own ☐ Provide move in and move out dates
☐ If Other, please explain ☐ If Renting, provide Landlord's Name & Contact Info

4 **Is income information for everyone accurate, clear, and complete (page 4)?**

☐ Employment – Yearly Amounts
☐ Other – Monthly Amounts (Social Security, Reach Up, Unemployment, etc.)

5 **Did you answer ALL the General Information questions (page 5)?**

☐ Be clear, honest and complete

6 **Did everyone 18 years old and older sign and date the application (page 6)?**

☐ Yes, everyone signed.

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@getahome.org

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

** If faxing or scanning application, select double sided **