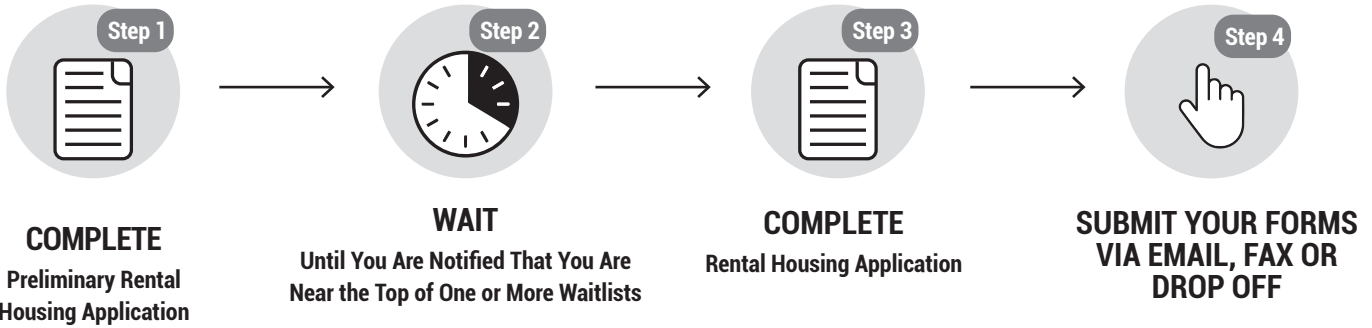


APPLYING FOR RENTAL HOUSING

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



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

> 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	\$47,760
2	\$22,800	\$54,540
3	\$27,600	\$61,380
4	\$27,600	\$68,160
5	\$31,800	\$73,620
6	\$31,800	\$79,080
7	\$36,000	\$84,540
8	\$36,000	\$90,000

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 January 1, 2024. Prices are subject to change.)

CHITTENDEN COUNTY Apartment Rent		
Bedroom Size	Tax Credit	Market Rate
Studio	\$1,050	\$1,341
1	\$1,150	\$1,441
2	\$1,375	\$1,887
3	\$1,650	\$2,390
4	\$1,850	\$2,764

FRANKLIN & GRAND ISLE COUNTY Apartment Rent		
Bedroom Size	Tax Credit	Market Rate
Studio	\$950	\$1,341
1	\$1,050	\$1,441
2	\$1,275	\$1,887
3	\$1,550	\$2,390
4	\$1,750	\$2,764

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 مجاناً. 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 akhriin 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.



10th CAVALRY 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	Middle	Last	Relationship Head of Household
Social Security Number		Full Time Student <input type="radio"/> Yes <input type="radio"/> No	Birth Date (mm/dd/yyyy)
Sex <input type="radio"/> M <input type="radio"/> F			

Home Phone Number	Cell Phone Number
Email Address	Preferred Communications: <input type="radio"/> Email <input type="radio"/> Mail

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

Do you currently: <input type="radio"/> Rent <input type="radio"/> Own <input type="radio"/> 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?	<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?	
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?	
Do you require an interpreter?	<input type="radio"/> Yes <input type="radio"/> 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 <input type="text"/>	Middle <input type="text"/>	Last <input type="text"/>	Relationship <input type="text"/>
Social Security Number <input type="text"/> - <input type="text"/> - <input type="text"/>	Full Time Student <input type="radio"/> Yes <input type="radio"/> No	Birth Date (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>	Sex <input type="radio"/> M <input type="radio"/> F

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

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

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

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

Please check the apartment sizes you are interested in:

Studio 1 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"/>
---------------------------------------	--	-----------------------------------

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
Household Member Name	Household Member Name	Household Member Name
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 type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Is anyone in your household subject to a 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
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", provide the charge, mark Felony or Misdemeanor, and provide the date of the charge. <i>Failure to provide this information may jeopardize the approval of this application.</i>		Dates (mm/yy)
Charge:	<input type="radio"/> Felony <input type="radio"/> Misdemeanor	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Charge:	<input type="radio"/> Felony <input type="radio"/> Misdemeanor	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
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?	

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)		<input type="radio"/> Not Hispanic or Latino <input type="radio"/> Hispanic or Latino
Race (Mark one or more)		
<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: 100px;" 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 style="width:95%;" type="text"/>	Relationship <input style="width:95%;" type="text"/>	Email Address <input style="width:95%;" type="text"/>
Name <input style="width:95%;" type="text"/>	Relationship <input style="width:95%;" type="text"/>	Email Address <input style="width:95%;" 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 style="width:80%;" 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 style="width:95%;" type="text"/>	Print Name <input style="width:95%;" type="text"/>	Today's Date <input style="width:20px;" type="text"/> / <input style="width:20px;" type="text"/> / <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>
Signature – Other Adult Household Member <input style="width:95%;" type="text"/>	Print Name <input style="width:95%;" type="text"/>	Today's Date <input style="width:20px;" type="text"/> / <input style="width:20px;" type="text"/> / <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>
Signature – Other Adult Household Member <input style="width:95%;" type="text"/>	Print Name <input style="width:95%;" type="text"/>	Today's Date <input style="width:20px;" type="text"/> / <input style="width:20px;" type="text"/> / <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>
Signature – Other Adult Household Member <input style="width:95%;" type="text"/>	Print Name <input style="width:95%;" type="text"/>	Today's Date <input style="width:20px;" type="text"/> / <input style="width:20px;" type="text"/> / <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>
Signature – Other Adult Household Member <input style="width:95%;" type="text"/>	Print Name <input style="width:95%;" type="text"/>	Today's Date <input style="width:20px;" type="text"/> / <input style="width:20px;" type="text"/> / <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>



6 THINGS TO REVIEW BEFORE SUBMITTING YOUR APPLICATION

- 1** Is all of your personal and contact information correct and up-to-date?
• Birthdates • SSN • Current Address • Phone Number/Email address Yes
-
- 2** Did you list complete previous housing information for all members age 18+ for the last 5 years?
• Renting or not Renting • Dates • Landlords & Contact Info • Mailing Addresses Yes
-
- 3** Is your income information accurate, clear, and complete?
• Employment • Social Security • Reach Up • Unemployment • Other Yes
-
- 4** Make sure you have answered all of the General Information questions on page 5.
• Be Clear • Be Honest Yes
-
- 5** Have all household members who are 18 years old or older signed and dated the application on page 6? Yes
-
- 6** Have you checked off the boxes next to the waitlists you would like to be on (pages 7-11)? 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@getahome.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

