



ZEPHYR PLACE 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) /
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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 □□ / □□		
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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", 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 style="width:40%;" type="text"/> <input type="radio"/> Felony <input type="radio"/> Misdemeanor	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	
Charge: <input style="width:40%;" type="text"/> <input type="radio"/> Felony <input type="radio"/> Misdemeanor	<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	
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 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"/>	Date <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"/>	Date <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"/>	Date <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"/>	Date <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"/>	Date <input style="width:20px;" type="text"/> / <input style="width:20px;" type="text"/> / <input style="width:20px;" type="text"/>