

Vermont Housing Improvement Program

VHIP Accessory Dwelling Unit Eligibility Application

Program Overview:

- The Vermont Housing Improvement Program (VHIP) offers grants of up to \$50,000 to add/create an Accessory Dwelling Unit (ADU) that meets the Vermont Rental Housing Health Code guidelines.
- VHIP Per Unit Funding Cap up to \$50,000 for the creation of an Accessory Dwelling Unit (ADU).
- An Accessory Dwelling Unit is a distinct unit that is subordinate to a single-family dwelling occupied by the Property Owner as a permanent residence.
- Property Owner may not occupy ADU.
- Accessory Dwelling Unit(s) are further-defined in 24 V.S.A. § 4412(E).
- To be eligible for the program the Property Owner must be current on their property taxes and mortgage payments.
- Property Owner is required to contribute at least a 20% match of the grant funds prior to first grant disbursement. An “in-kind” match or defer match timeline may be approved at the discretion of the Homeownership Center overseeing project management.
- Property Owner will obtain any required State or local permits.
- The Accessory Dwelling Unit must be rented at or below HUD Fair Market Rents (FMR) including utility payment standards, for the appropriate County (published annually) or at a rate allowed by a recognized housing assistance voucher for at least five years and up to ten years and Landlord must sign a Housing Affordability Covenant outlining this.
- Grant funds are considered taxable income.
- Project scope may be reviewed and altered if the property is on or eligible for the State or National Historic Register.
- The completed Accessory Dwelling Unit must comply with the Vermont Rental Housing Health Code, local ordinances, and all applicable NFPA Life Safety Code Standards and applicable Certificate of Occupancy requirements.
- Property Owner will provide data on tenants and rents, to include contact information and lease copies annually and the Vermont Housing Improvement Program Owner Compliance Certification to DHCD.
- Property Owner will maintain building conditions equal to standards set out in the NFPA Life Safety Code for at least five (5) years.
- **Eligible applicants MUST have the ability to meet the deadline for completion, see below***



Champlain Housing Trust • Serving Chittenden, Franklin, and Grand Isle Counties

88 King Street, Burlington, VT 05401 • 802-810-8217

Funds provided by ARPA and The State of Vermont Agency of Commerce and Community Development



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Complete Application Packet includes the following:

- 1) Completed VHIP-ADU Eligibility Application Form, signed by the Applicants (Property Owners)
- 2) Copy of Property Insurance
- 3) Copy of the Tax Bill and Deed for each property
- 4) Standard Lease Agreement
- 5) Completed W-9 form
- 6) Scopes of work and budget for the Accessory Dwelling Unit project
- 7) Copy of Contractor contracts, if available
- 8) Copy of any applicable permits, if available

****Incomplete Application will be returned.***

Please complete this Accessory Dwelling Unit eligibility form and return with requested documentation to:

Champlain Housing Trust
Attn: Vermont Housing Improvement Program (VHIP)
88 King Street
Burlington, VT 05401
Email: VHIP@getahome.org | 802-810-8217

Services Provided by Champlain Housing Trust (CHT)

- Attend an initial site visit of the property/proposed Accessory Dwelling Unit with Property Owner
- Review proposed scope of work and budget, help to define and finalize the project
- Verify that all permitting and compliance with local, state, and federal regulations are satisfied
- Confirm construction deadlines are being met and provide progress payments
- Conduct progress and final inspection to ensure all repairs have been completed
- Collect and verify all program documents: pre-work, during-work, post-work as required.

***The ADU must be done with construction, (occupied with a Certificate of Occupancy) and all invoices submitted to CHT no later than 18 months after signing of the grant agreement for the project.**

By missing this deadline you will assume the remaining payments due to the contractor and/or supplier.

Initial here that you understand the project deadline: _____

Application submission date: _____

Application received by HOC date: _____



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Information on this form will be used to assess your eligibility for the Vermont Housing Improvement Program.

Section A. Property Owner Information (please list all owners, attach extra sheet if necessary):

Property Owner/Applicant Name: _____ Date of Birth: _____

Co-Owner/Applicant Name: _____ Date of Birth: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Phone: _____ Can you receive texts: Yes No

Email: _____ Best Way to Reach You: _____

What will your screening process be for tenants and qualifying factors (i.e. background and credit check, application)?

Has a tenant already been identified? If so, please provide additional information.

Do you agree to accept the Vermont Common Rental Application? Yes No

Do you agree to maintain HUD Fair Market Rents? Yes No

Section B. Property Information *Accessory Dwelling Unit (ADU):

Accessory Dwelling Unit Property Address: _____

Do you affirm that the ADU is located at your primary residence? Yes No

Do you have any Mortgage, Liens, Judgments, or Other Encumbrances on the Property? If yes, please list here:

Amount of cash assets or loan commitments set aside to help pay for project:

Have you discussed your project with local zoning and planning authorities? Yes No

***NOTE: An Accessory Dwelling Unit is a distinct unit that is subordinate to a single-family dwelling occupied by the Property Owner as a permanent residence.**

Describe the work that will need to be completed to create the Accessory Dwelling Unit (ADU):

Expected start date of construction: _____ Expected end date of construction: _____

Contractor name (if available/applicable): _____

Other notes: _____

Attach the ADU Scope of Work and Project Cost Estimate/Budget, (include contractor contract, if available)
Budget template is available on the last page of this application.



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Section C. Authorization and Acknowledgement

Each of the undersigned attests to the Champlain Housing Trust (CHT) and to the CHT'S actual or potential agents, successors and assigns and agrees and acknowledges that the information provided in this packet is true and correct as of the date set forth opposite my signature and that any intentional or negligent misrepresentation of this information contained in this packet may result in civil liability, including monetary damages, to any person who may suffer any loss due to reliance upon any misrepresentation that I have made on this application, and/or in criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Sec. 1001, et seq. CHT and its agents, brokers, insurers, successors, and assigns may continuously rely on the information contained in the packet. Each of the undersigned hereby acknowledges that CHT, its servicers, successors and assigns, may verify or reverify any information contained in this packet or obtain any information or data relating to the packet, for any legitimate business purpose through any source, including a financial institution, employer, creditor, or any other source listed in this form. Each of the undersigned also understands that this application is for eligibility purposes only and submitting this form does not constitute a commitment of funds.

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____



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Section D. Accessory Dwelling Unit Project Deadline

I understand that if my rehabilitation project is not completed and occupied within 18 months of signing the grant agreement that I will forfeit the unspent portion of the grant and agree to repay all program funds awarded to-date. I will be responsible for any unpaid amounts owed to the contractors that I hire. Champlain Housing Trust or the Vermont Department of Housing and Community Development may seek recovery of funds for incomplete units, or any other violation of the program rules or the Housing Subsidy Covenant to the full extent allowable by law.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Demographic Information of Applicant

The following information is required by program funders and will not be sold or shared with any third parties, nor will it have an impact on program eligibility.

Applicant:

- ☐ Handicapped/Disabled ☐ Veteran
☐ Foreign Born ☐ Not applicable

Marital Status:

- ☐ Married ☐ Not Married ☐ Divorced
☐ Widowed ☐ Separated ☐ Civil Union

Gender ID:

- ☐ Female ☐ Male
☐ Non-binary ☐ _____
☐ Prefer not to answer

Ethnicity:

- ☐ Hispanic or Latino ☐ Not Hispanic or Latino
☐ Prefer not to answer

Applicant Household Type:

- ☐ Not married ☐ Married with children
☐ Married without children
☐ 2 or more unrelated adults

Annual Household Income (from all sources): _____

Race:

- ☐ White ☐ Black/African American
☐ Asian ☐ Native Hawaiian/ Pacific Islander
☐ Native American /Alaskan Native
☐ Native American /Alaskan Native and White
☐ Asian and White
☐ Black African American and White
☐ Native American /Alaskan Native and Black
☐ Other Multi-Racial _____
☐ I do not wish to provide this information

Education Level of Applicant:

- ☐ No High School Diploma
☐ High School Diploma or equivalent
☐ Two Year College Degree
☐ Bachelor's Degree ☐ Master's Degree
☐ Above a Master's Degree

Permanent Vermont Resident:

- ☐ Yes ☐ No

Number of Household Members (include Dependents): _____



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