

# Vermont Housing Improvement Program (VHIP) Eligibility Application

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## Program Overview:

- The Vermont Housing Improvement Program (VHIP) offers grants up to \$30,000 per unit for repairs needed to bring vacant rental units up to Vermont Rental Housing Health Code guidelines, or to add accessory dwelling units.
- For structural elements affecting multiple units, applicants can apply for \$30,000 per property and must identify one unit in the building that the Rental Covenant will be placed on.
- Units must be vacant for a minimum of 90 days before the Property Owner can apply to VHIP.
- 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.
- Program requires Property Owners to work with a Coordinated Entry Lead Organization to find suitable renters. This engagement shall continue at unit turnover for a minimum of 5 years. Alternative tenant selection processes may be considered for approval by the Department of Housing and Community Development during the 5-year program covenant timeframe.
- All units assisted must be rented at or below HUD Fair Market Rents (FMR) for the appropriate County (published annually) or at a rate allowed by a recognized housing assistance voucher for at least five 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.
- Completed units must comply with the Vermont Rental Housing Health Code and local ordinances.
- **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 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 each project
- 7) Copy of Contractor contracts, if available
- 8) Copy of any applicable permits, if available

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

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***Please complete this 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](mailto:VHIP@getahome.org) | 802-810-8217**

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## Services Provided by Champlain Housing Trust (CHT)

- Attend an initial site visit of the property/units 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.

*\*All units 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: \_\_\_\_\_



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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 is your current process to screen potential tenants and qualifying factors (i.e. background and credit check, applications)? \_\_\_\_\_

Do you have any experience working with the Section 8 program? Yes No

Are you willing to receive referrals for rental applicants from the Continuum of Care? Yes No

Are you willing to accept the Vermont Common Rental Application? Yes No

Are you willing to maintain HUD Fair Market Rents for Rehabbed Units? Yes No

## Section B. Property Information:

*If you are applying for one building, complete the information for building one and proceed to Section C.*

Building One Property Address: \_\_\_\_\_

Does this property have a mortgage? Yes No If yes, are you current on payments? Yes No

Name of Municipality where you pay Property Taxes: \_\_\_\_\_ Are taxes current? Yes No

### ★ Include a copy of the Property Tax Bill and the Deed

\*Total number of units in building: \_\_\_\_\_ \*How many units need repairs? \_\_\_\_\_

\*Are units to be repaired vacant? Yes No \*How long have units been vacant? \_\_\_\_\_

\*Apartment numbers to be repaired: \_\_\_\_\_ Describe code violations and necessary repairs: \_\_\_\_\_

Expected start date of construction: \_\_\_\_\_ Expected end date of construction: \_\_\_\_\_

Contractor name (if available/applicable): \_\_\_\_\_

Other notes: \_\_\_\_\_

★ Attach the Scope of Work and Project Cost Estimate/Budget for Building 1 (include contractor contract, if available)

\*Field not required for accessory dwelling units.



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## Section B. Property Information (Continued):

Building Two Property Address: \_\_\_\_\_

Does this property have a mortgage? Yes      No      If yes, are you current on payments? Yes      No

Name of Municipality where you pay Property Taxes: \_\_\_\_\_ Are taxes current? Yes      No

**★ Include a copy of the Property Tax Bill and the Deed**

Total number of units in building: \_\_\_\_\_ How many units need repairs? \_\_\_\_\_

Are units to be repaired vacant? Yes      No      How long have units been vacant? \_\_\_\_\_

Apartment numbers to be repaired: \_\_\_\_\_ Describe code violations and necessary repairs: \_\_\_\_\_

Expected start date of construction: \_\_\_\_\_ Expected end date of construction: \_\_\_\_\_

Contractor name (if available/applicable): \_\_\_\_\_

Other notes: \_\_\_\_\_

**★ Attach the Scope of Work and Project Cost Estimate/Budget for Building 2 (include contractor contract, if available)**

*If you are applying for more than two buildings, please include a separate sheet of paper with the requested information*

## 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. 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 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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