Form **RENT** State of Vermont's Housing Community	 	**Common Rental Application for Housing in Vermont**	FORM REVISED APRIL 2024

Do you speak or read English?	☐ Yes	☐ No
Do you need an interpreter to complete the application?	☐ Yes	☐ No

If you need language translation or an interpreter, notify the management company.

INSTRUCTIONS (not for tenant-based vouchers)

Please type or print in ink the information requested on this form. Please read through this application carefully. Incomplete or unsigned applications will be returned. ***Use additional sheets if necessary.*** *Please return completed application to:*	**FOR OFFICE USE ONLY** Date/time received:

Management company Cornerstone Housing Partners	Agent name
I wish to apply for housing at (Property name) Rutland County / Bennington County	Location

Please check the size of the apartment you are interested in:

☐ Efficiency ☐ 1-bedroom ☐ 2-bedroom ☐ 3-bedroom ☐ 4-bedroom

FAMILY COMPOSITION

Complete the following information for each person who will live in your apartment. Attach a separate sheet of paper if needed.

***The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service and US Department of Housing and Urban Development, that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, familial status, age, disability, marital status, receipt of public assistance, or because a person is a victim of abuse, sexual assault, or stalking are complied with.*

You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants based on visual observation or surname.

	Head of Household	Person 2	Person 3	Person 4
First name				
Middle initial				
Last name				
Relationship	Head of household			
Social Security number				
Place of birth (city, state)				
Birthdate (mm/dd/yyyy)				
Live in unit Full time	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Live in unit Part time	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Marital Status				
Single	<blank>	<blank>	<blank>	<blank>
Married	<blank>	<blank>	<blank>	<blank>
Divorced	<blank>	<blank>	<blank>	<blank>
Legally separated	<blank>	<blank>	<blank>	<blank>
Estranged	<blank>	<blank>	<blank>	<blank>
*Sex ** *				
Male	<blank>	<blank>	<blank>	<blank>
Female	<blank>	<blank>	<blank>	<blank>
Other/Intersex	<blank>	<blank>	<blank>	<blank>
*Ethnicity ** *				
Hispanic or Latino	<blank>	<blank>	<blank>	<blank>
Not Hispanic or Latino	<blank>	<blank>	<blank>	<blank>
*Race (mark one or more)** *				
American Indian/ Alaska native	<blank>	<blank>	<blank>	<blank>
Asian	<blank>	<blank>	<blank>	<blank>
Black or African-American	<blank>	<blank>	<blank>	<blank>
Native Hawaiian or Other Pacific Islander	<blank>	<blank>	<blank>	<blank>
Other Race	<blank>	<blank>	<blank>	<blank>
White	<blank>	<blank>	<blank>	<blank>

Do you have primary custody of all children listed in the Family Composition Section?	☐ Yes	☐ No
Do you expect any additions to the household in the next 12 months?	☐ Yes	☐ No
Are there any absent household members not listed in the Family Composition section? If "Yes", please explain	☐ Yes	☐ No
Do you live with others? If "Yes", please explain	☐ Yes	☐ No

What is your current address?	Please list current mailing address, if different
How long have you lived at this address? _____ Years _____ Months	How many bedrooms in your present home?
Home phone number	Cell phone number
Other phone number	Email address

Do you own your home? ☐ Yes ☐ No	If "Yes", market value $	Outstanding mortgage balance $
Do you rent? ☐ Yes ☐ No	If "Yes", Landlord's name	Landlord's phone number
Landlord's address & E-mail address		

PREVIOUS HOUSING

Fill out this information for all places you have lived in the past five (5) years, not including your present housing. Attach a separate sheet of paper if needed.

Dates From (mm/yy): To (mm/yy):	
Landlord name	Rental property address
Landlord address	
Landlord phone number	Landlord email address

Dates From (mm/yy): _____ To (mm/yy):	
Landlord name	Rental property address
Landlord address	
Landlord phone number	Landlord email address

Dates From (mm/yy): _____ To (mm/yy):	
Landlord name	Rental property address
Landlord address	
Landlord phone number	Landlord email address

Do you currently live in a subsidized or Tax Credit apartment? For example, do you need to provide income information each year to your landlord? ☐ Yes ☐ No

Please list all states you have previously lived in

INCOME

*Please list **all sources of income** for each person who will live in your apartment. Be sure to list gross amounts and where the income comes from. Attach a separate sheet of paper, if needed.*

Employment income		☐ N/A
Applicant Name	Employer address, phone, email	Gross weekly salary $
Applicant Name	Employer address, phone, email	Gross weekly salary $

Applicant Name	Employer address, phone, email	Gross weekly salary $
Applicant Name	Employer address, phone, email	Gross weekly salary $

Do you anticipate any changes to your income during the next 12 months? ☐ Yes ☐ No

Other income

☐ N/A

Child support, pension/annuity, Social Security, public assistance, unemployment, other periodic payments, unearned income, etc. If you receive Social Security, please attach a copy of your award letter with your application. Enter all other sources of income including current gross Social Security monthly amount. If self-employed, provide prior year's taxes with W-2's, 1099's etc. and current financial statement. Attach a separate sheet of paper, if needed.

Applicant name	Income type	Source address, phone, email	Gross monthly amount $
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Applicant name	Income type	Source address, phone, email	Gross monthly amount $

Assets

Bank accounts and other cash accounts

☐ N/A

Please list all accounts held by each person who will live in your apartment. Attach a separate sheet of paper, if needed.

Bank/institution	Type of account	Interest rate	Current balance

Bank/institution	Type of account	Interest rate %	Current balance $
Bank/institution	Type of account	Interest rate %	Current balance $
Peer-to-peer account, eWallet, Direct Express Debit Card and other accounts such as Venmo, Paypal and Bitcoin, etc.	Type of account		Current balance $
Cash on hand			Current balance $

IRA/Keogh/annuity/pension/stocks

☐ N/A

Name of account	# of shares	Share Price $	Cash value $	Quarterly dividend $
Name of account	# of shares	Share Price $	Cash value $	Quarterly dividend $
Name of account	# of shares	Share Price $	Cash value $	Quarterly dividend $

Bonds/insurance policies

☐ N/A

Type	Date of purchase	Current value/cash value $
Type	Date of purchase	Current value/cash value $

Other assets

Do you own real estate (other than the home you currently live in)?	☐ Yes	☐ No
If "Yes", where is it located (address, city, state)	Market value $	
Mortgage holder and address	Mortgage balance $	
Is this an income-producing property	☐ 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 $

Have you or any member of the household disposed of, transferred, or otherwise given away any cash, property, or other assets for less than they are worth in the past two (2) years?	☐ Yes	☐ No
If "Yes", please describe		
Cash value $	Amount received $	Date disposed of

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		
Cash value $	Received from	Frequency

MONTHLY EXPENSES

Child care

☐ N/A

For care than enables you to work or attend school, complete for children 12 and younger

Name of provider	Address of provider	Phone number of provider	Email of provider

Amount per month assisted $	Amount per month unassisted $

Medical expenses

☐ N/A

Complete if head of household, co-head or spouse is elderly or disabled

Physicians/health care provider name	$
Medical premiums	$
Hospitals/other health care facilities	$
Prescription/non-prescription medicine	$
Dental	$
Other	$
Auxiliary apparatus or attendant care	$

List names of providers and contact information:

GENERAL INFORMATION

Are you or any member of your family in need of an accessible apartment and/or if handicapped/disabled, requesting a reasonable accommodation to enable you to live in this unit?	☐ Yes	☐ No
If "Yes", list accommodations needed:		
Will you or any member of your household require a live-in attendant?	☐ Yes	☐ No
Do you have a disability that results in a disability-related need for a reasonable accommodation for an assistance animal?	☐ Yes	☐ No
Are you requesting an adjustment to income? (This adjustment is available in federally-subsidized rental housing to households in which either the head or co-head is (1) age 62 or older, or (2) under age 62 and disabled)	☐ Yes	☐ No
If offered an apartment and I accept, this apartment will serve as my sole residence	☐ Yes	☐ No
Are you displaced due to:		
Natural disaster	☐ Yes	☐ No
Other governmental action	☐ Yes	☐ No
Domestic violence	☐ Yes	☐ No
Are you currently homeless?	☐ Yes (Please complete Appendix 1)	☐ No
Are you at risk of homelessness?	☐ Yes (Please complete Appendix 2)	☐ No
Are all members of the household citizens of the United States or non-citizens with eligible immigration status?	☐ Yes	☐ No
Is your household comprised entirely of full-time students?	☐ Yes	☐ No
If "Yes," check all that apply:		
All household members are fulltime students, and such students are married and file a joint tax return	☐ Yes	
The household consists of single parents and their children, and such parents and children are not dependents of another individual	☐ Yes	

At least one member of the household receives assistance under Title IV of the Social Security Act (i.e. TANF assistance) ☐ Yes

At least one member of the household is enrolled in and a job training program receiving assistance under the Job Training Partnership Act or similar federal, state, or local laws ☐ Yes

Full-time student formerly in foster care ☐ Yes

Have you or any member of your household been a full-time student in the past year? ☐ Yes ☐ No

Does the Head of household plan to enroll as a full-time student in the upcoming year? ☐ Yes ☐ No

If "Yes", please list all schools attended:

Do you currently have a Section 8 Housing Choice Voucher (HCV)? ☐ Yes ☐ No

If "Yes," which public housing authority or authorities?

If "No," are you on the waiting list for a Section 8 HCV? ☐ Yes ☐ No

Have you ever lived in subsidized rental housing? ☐ Yes ☐ No

If "Yes," specify the agency and the years in which you lived there:

Are you currently residing in a Project Based Voucher apartment? ☐ Yes ☐ No

Is anyone in your household subject to a lifetime registration requirement under a state sex offender registration program? ☐ Yes ☐ No

If "Yes," please explain:

Have you or any member of the household ever committed fraud in a federally-assisted housing program or have been requested to repay money for knowingly misrepresenting information for such a housing program? ☐ Yes ☐ No

If "Yes," please explain and give the state and date:

Has anyone in your household ever been charged with or convicted of a crime? ☐ Yes ☐ No

If "Yes," please explain and give the state and date:

Has anyone in your household ever been charged with or convicted of illegal manufacture or distribution of a controlled substance? ☐ Yes ☐ No

If "Yes," please explain and give the state and date:

Is anyone in your household currently engaging in the illegal use of a controlled substance? ☐ Yes ☐ No

If "Yes," please explain and give the state and date:

Do you have any pets? *Some properties do not allow pets* Type Number

☐ Yes ☐ No <blank>

Do you have any service animals? Type Number

☐ Yes ☐ No <blank>

Do you have any emotional support animals? Type Number

☐ Yes ☐ No <blank>

All properties have a smoking policy. Would you like a copy of the policy for the property for which you are applying? ☐ Yes ☐ No

Why do you want to move to this property?

EMERGENCY

Please provide the name of any family or friends you would like involved in this application process. Please also list any family or friends we may contact if we are unable to reach you.

Name	Address (Street, city/town, state)
Phone number	Relationship
Email address	

Name	Address (Street, city/town, state)
Phone number	Relationship
Email address	

Name	Address (Street, city/town, state)
Phone number	Relationship
Email address	

Please provide three (3) character references who have known ALL adult applicants for at least one (1) year. References may not be related to the applicant(s).

Name	Phone number & E-mail address
Name	Phone number & E-mail address
Name	Phone number & E-mail address

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING THIS APPLICATION:

I/we certify that the information given on household composition, income, net family assets, allowances and deductions, as well as all other information provided is accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable by federal law with fines up to $10,000 or imprisonment for up to 5 years. I/we understand that false statements or information are grounds for termination of housing assistance, termination of tenancy and/or retroactive rent increases.

My/Our signature(s) below constitute(s) my/our consent to have the MANAGEMENT COMPANY conduct a background check, including verification of the information contained herein. I/we hereby expressly consent to the release of information by prior landlords, employers, credit bureaus/references, criminal information centers, Vermont Adult Abuse Registry, and/or the Vermont Child Protection Registry, and other individuals or entities with information relevant to the information provided herein to representatives of the MANAGEMENT COMPANY processing this application and performing the background check as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d). I also consent to release wage matching data to RHS and the MANAGEMENT COMPANY.

I/We understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to, poor credit, landlord references, police records indicating unacceptable criminal behavior, and/or poor personal interview.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.

"I have read and understand this statement."

Signature – Head of household	Date
Signature – Other adult household member	Date
Signature – Other adult household member	Date
Signature – Other adult household member	Date

ALL APPLICANTS MUST BE INCOME ELIGIBLE AND MEET ALL ADMISSIONS CRITERIA FOR THEIR PROSPECTIVE APARTMENT

APPENDIX 1

If you indicated "yes" that you are currently homeless on Page 7 of the Common Rental Application for Housing in Vermont, check one box to describe your household:

CRITERIA FOR DEFINING HOMELESS			
	☐ **Category 1**	Literally Homeless	(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
	☐ **Category 2**	Imminent Risk of Homelessness	(2) Individual or family who will imminently lose their primary nighttime residence, provided that: (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing
	☐ **Category 3**	Homeless under other Federal statutes	(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: (i) Are defined as homeless under the other listed federal statutes; (ii) Have not had a lease, ownership interest in permanent housing during the 60 days prior to the homeless assistance application; (iii) Have experienced persistent instability as measured by two moves or more during the preceding 60 days; and (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers
	☐ **Category 4**	Fleeing/ Attempting to Flee DV	(4) Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; and (iii) Lacks the resources or support networks to obtain other permanent housing

APPENDIX 2

If you answered "yes" that you are at risk of homelessness on Page 7 of the Common Rental Application for Housing in Vermont, please confirm that your household falls into one of the three categories below:

☐ Yes, my household falls into one of these categories.

CRITERIA FOR DEFINING HOMELESSNESS	**Category 1**	Individuals and Families	An individual or family who: (i) Has an annual income below 30% of median family income for the area; AND (ii) Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the "homeless" definition; AND (iii) Meets one of the following conditions: (A) Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; OR (B) Is living in the home of another because of economic hardship; OR (C) Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; OR (D) Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; OR (E) Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; OR (F) Is exiting a publicly funded institution or system of care; OR (G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved Con Plan
	Category 2	Unaccompanied Children and Youth	A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute
	Category 3	Families with Children and Youth	An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her.

GENERAL RELEASE

I hereby authorize Cornerstone Housing Partners (Housing Trust of Rutland County / Shires Housing) and its staff to contact any, but not limited to, all agencies, offices, employers, landlords, banks or other financial institutions, credit bureaus, the Social Security Administration and law enforcement agencies to obtain any information or materials which it deems necessary to verify information supplied by me, the Applicant/Tenant, to determine my eligibility for a rental unit.

Should I be utilizing the Economic Services office, the following also applies:

I authorize DCF-Economic Services Division to share information with Cornerstone Housing Partners and it's affiliates. I authorize the release of information related to the following: Economic Services Division program benefits in the past 12 months, my Social Security number, my date of birth, members of the household information such as names, Social Security numbers and date of birth and child support. Additionally for ESD: By signing, I acknowledge why I am being asked to release this information and this consent form expires 12 months after it is signed.

I certify that all of the information provided is true and complete to the best of my knowledge.

I agree that photocopies of this authorization may be used for the purposes stated above.

_____

Printed Name

_____ _____

Signature: Applicant/Tenant Date

_____

Printed Name

_____ _____

Signature: Applicant/Tenant Date

The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, national origin, religion, sex, familial status and handicap. Federal laws also prohibit discrimination on the basis of age.