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|---|---|---|--------------|
| Form RENT |  | Common Rental Application for Housing in Vermont | FORM REVISED |
| State of Vermont's Housing Community |  | | OCTOBER 2022 |

| | | |
|---|------------------------------|-----------------------------|
| Do you speak or read English? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you need an interpreter to complete the application? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

INSTRUCTIONS (not for tenant-based vouchers)

| | | |
|--|------------------------------------|---|
| <i>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:</i> | | FOR OFFICE USE ONLY Date/time received: |
| Management company E.P. Management | Agent name | |
| I wish to apply for housing at (Property name) Wells River Historic Housing | Location Wells River, VT | |
| Please check the size of the apartment you are interested in: <input type="checkbox"/> Efficiency <input type="checkbox"/> 1-bedroom <input type="checkbox"/> 2-bedroom <input type="checkbox"/> 3-bedroom <input type="checkbox"/> 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 | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Live in unit Part time | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you expect any additions to the household in the next 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there any absent household members not listed in the Family Composition section? If "Yes", please explain | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you live with others? If "Yes", please explain | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | If "Yes", market value \$ | Outstanding mortgage balance \$ |
| Do you rent? <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 | | <input type="checkbox"/> 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 \$ |
| Applicant name | Income type | Source address, phone, email | Gross monthly amount \$ |
| 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)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If "Yes", where is it located (address, city, state) | Market value \$ | |
| Mortgage holder and address | Mortgage balance \$ | |
| Is this an income-producing property | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does anyone applying own any other asset not already listed? (<i>Do not include furniture. Do not include motor vehicles used for personal transportation.</i>) | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> 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. | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If "Yes", please describe | | | | |
| Cash value \$ | Received from | Frequency | | |

MONTHLY EXPENSES

Child care

☐ N/A

For care that 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If "Yes", list accommodations needed: | | |
| Will you or any member of your household require a live-in attendant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a disability that results in a disability-related need for a reasonable accommodation for an assistance animal? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If offered an apartment and I accept, this apartment will serve as my sole residence | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you displaced due to: | | |
| Natural disaster | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other governmental action | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Domestic violence | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you currently homeless? | <input type="checkbox"/> Yes (Please complete Appendix 1) | <input type="checkbox"/> No |
| Are you at risk of homelessness? | <input type="checkbox"/> Yes (Please complete Appendix 2) | <input type="checkbox"/> No |
| Are all members of the household citizens of the United States or non-citizens with eligible immigration status? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is your household comprised entirely of full-time students? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If "Yes," check all that apply: | | |
| All household members are fulltime students, and such students are married and file a joint tax return | <input type="checkbox"/> Yes | |
| The household consists of single parents and their children, and such parents and children are not dependents of another individual | <input type="checkbox"/> Yes | |

| | | |
|--|--------------------------|---------------------------------|
| At least one member of the household receives assistance under Title IV of the Social Security Act (i.e. TANF assistance) | <input type="checkbox"/> | 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 | <input type="checkbox"/> | Yes |
| Full-time student formerly in foster care | <input type="checkbox"/> | Yes |
| Have you or any member of your household been a full-time student in the past year? | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| Does the Head of household plan to enroll as a full-time student in the upcoming year? | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| If "Yes", please list all schools attended: | | |
| | | |
| Do you currently have a Section 8 Housing Choice Voucher (HCV)? | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| If "Yes," which public housing authority or authorities? | | |
| | | |
| If "No," are you on the waiting list for a Section 8 HCV? | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| Have you ever lived in subsidized rental housing? | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| If "Yes," specify the agency and the years in which you lived there: | | |
| | | |
| Is anyone in your household subject to a lifetime registration requirement under a state sex offender registration program? | <input type="checkbox"/> | Yes <input type="checkbox"/> 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? | <input type="checkbox"/> | Yes <input type="checkbox"/> 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? | <input type="checkbox"/> | Yes <input type="checkbox"/> 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? | <input type="checkbox"/> | Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If "Yes," please explain and give the state and date: | | |

| | | |
|--|------|--------|
| Do you have any pets? <i>Some properties do not allow pets</i> | Type | Number |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | | |
|--|------------------------------|-----------------------------|
| All properties have a smoking policy. Would you like a copy of the policy for the property for which you are applying? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 | <input type="checkbox"/> Category 1 | Literally Homeless | <p>(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <ul style="list-style-type: none"> (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); <u>or</u> (iii) Is exiting an institution where (s)he has resided for 90 days or less <u>and</u> who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution |
| | <input type="checkbox"/> Category 2 | Imminent Risk of Homelessness | <p>(2) Individual or family who will imminently lose their primary nighttime residence, provided that:</p> <ul style="list-style-type: none"> (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; <u>and</u> (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing |
| | <input type="checkbox"/> Category 3 | Homeless under other Federal statutes | <p>(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:</p> <ul style="list-style-type: none"> (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 |
| | <input type="checkbox"/> Category 4 | Fleeing/ Attempting to Flee DV | <p>(4) Any individual or family who:</p> <ul style="list-style-type: none"> (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 | <p>An individual or family who:</p> <ul style="list-style-type: none"> (i) Has an annual income below <u>30%</u> of median family income for the area; <u>AND</u> (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; <u>AND</u> (iii) Meets one of the following conditions: <ul style="list-style-type: none"> (A) Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; <u>OR</u> (B) Is living in the home of another because of economic hardship; <u>OR</u> (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; <u>OR</u> (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; <u>OR</u> (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; <u>OR</u> (F) Is exiting a publicly funded institution or system of care; <u>OR</u> (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. |

Custody & Child Support Affidavit

Applicant/Tenant: _____ Unit #: _____

Please complete a separate form for each minor in this unit not living with both biological or adoptive parents:

Child Name/SSN(last four digits)/DOB : _____ / _____ / _____

Name of Absent Parent: _____

Will this child live with you in the tax credit apartment at least 50% of the time?

☐ YES ☐ NO

Who claimed the child as a dependant on their most recent tax return?

☐ I did ☐ The absent parent ☐ Other: _____ ☐ No one

Do you receive support (monetary or not) for this child? ☐ YES ☐ NO

(Note: "Support" may be legally ordered or an informal agreement)

If YES list amount \$ _____ per _____

Have you ever been awarded an amount of child support for this child through the courts?

☐ YES ☐ NO

If awarded but not paid, have you taken legal action to collect child support?

☐ YES ☐ NO

If yes, please describe efforts and proof: _____

Do you expect to receive child support for this child in the next 12 months?

☐ YES ☐ NO

If no, please explain: _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

(Signature of Household Member)

Date

(Signature of Manager)

Date



MARITAL STATUS AFFIDAVIT

Use this form for any applicant or resident who is divorced, separated, widowed, or estranged from their spouse

Applicant/Tenant: _____ **Unit #:** _____

I hereby certify that I am ☐ divorced; ☐ separated; ☐ widowed; ☐ estranged
from my spouse whose name is: _____

Date of divorce/separation/etc. _____

Check this box if you are ESTRANGED from your spouse and initial:

☐ I am **ESTRANGED** from my spouse (not yet legally separated or divorced). They will not be contributing financially and WILL NOT be living in the apartment at any time during my tenancy.
Initial here: _____

Check A or B:

A. ☐ I am NOT and will NOT be receiving any form of spousal contributions to my household.

B. ☐ I AM or DO anticipate receiving spousal contributions to my household

Spousal contribution in the amount of \$ _____ per month will be received during the next 12 month period. I will immediately notify the office of any change in this amount.

Answer the following:

I have been awarded income such as alimony, child support, or survivor benefits

☐ YES ☐ NO

I am in possession of and can provide copies of legal documents to verify divorce, separation, etc. ☐ YES ☐ NO If NO please state why: _____

The following legal actions have been made to attempt to collect payments owed to me:

These questions are being asked to document income eligibility for affordable housing. You will not be approved or denied based on your marital status.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant Signature

Date



NON-EMPLOYED STATUS CERTIFICATION

Applicant/Tenant Name: _____ Unit # _____ (if applicable):

In connection with the completion of the application/recertification I confirm that I am not now employed in any capacity and the following statements apply to my situation:

- ☐ []
- I am currently receiving unemployment benefits. [Management: Obtain third-party verification of benefits]
- ☐ []
- I am not now employed and have no intention of becoming employed in the next 12 months.
 - I am not under any affirmative obligation to obtain employment.
 - I do not receive unemployment compensation or other benefits as a result of my non-employment status.
- ☐ []
- I am not now employed but do intend on becoming employed in the next 12 months.
 - I have been hired/am in the process of being hired and expect to begin employment with _____ on the _____ day of _____, _____. I anticipate earning \$_____ over the next 12 months. [Management: Obtain third-party verification from new employer]

Additionally, I receive or anticipate receiving income from the sources listed below. Please mark all that apply:

1. ☐ [] Social Security, public assistance, pensions, veteran's benefits, or other benefits.
2. ☐ [] Self-employment including but not limited to the sale of items such as Mary Kay, Tupperware, Avon, etc.
3. ☐ [] Child support, spousal support (alimony), or regular recurring gifts from any person or agency.
4. ☐ [] Other sources of income, please list: _____
5. ☐ [] I do not receive income from any source. My expenses are paid by: _____

I understand that this affidavit is made as part of the qualification procedure to determine eligibility for residency and that any misrepresentation herein will be considered a material breach of the lease agreement and subjects me to immediate eviction.

Under penalties of perjury, I certify the above representations to be true as of the date shown below.

Signature _____

Date _____

STUDENT SELF CERTIFICATION

This annual Student Self Certification is in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name: _____ Unit No. if assigned: _____

Development Name and Address: _____

Move-in Date if applicable: _____ Effective Date: _____

Check A, B, or C as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, online, or mechanical schools, but does not include those attending on-the-job training courses):

A. _____ Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed (**Do not answer questions 1-5**). Sign and date below.

B. _____ Household contains all students, but is qualified because the following occupant(s) _____ is/are a PART-TIME student(s) who have not been/will not be a full time student for five months or more of the current and/or upcoming calendar year. Verification of part-time student status is required for at least one occupant. If this item is checked, no further information is needed (**Do not answer questions 1-5**). Sign and date below.

C. _____ Household contains all students who were, are, or will be FULL-TIME for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). **If this item is checked, questions 1-5 below must be completed:**

1. Is any member married and entitled to file a joint tax return? (attach marriage certificate or tax return) ☐ YES ☐ NO
2. Is at least one student a single parent with child(ren) *and* this parent is not a dependent of someone else, *and* the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's most recent tax return and, if applicable, divorce/custody decree or other parent's most recent tax return) ☐ YES ☐ NO
3. Is at least one student receiving Temporary Assistance to Needy Families (TANF)? (provide release of information for verification purposes) ☐ YES ☐ NO
4. Does at least one student participate in a program receiving assistance under the Workforce Innovation and Opportunity Act or under other similar federal, state, or local laws? (attach verification of participation) ☐ YES ☐ NO
5. Does the household consist of at least one student who has ever been under the care and placement responsibility of the state agency responsible for administering foster care? (provide verification of participation) ☐ YES ☐ NO

Full-time student households satisfy one of the above conditions are considered eligible. If C is checked and questions 1-5 are marked NO or verification does not support the exception indicated, the household is considered ineligible.

Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement.

All household members age 18 or older must sign and date.

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date

Under \$5,000 Asset Certification

For households whose combined net assets do not exceed \$5,000. Complete only one form per household; include assets of children.

Head of Household Name: _____ Unit No.: _____

Development Name and Address: _____

Complete all that apply for 1 through 4:

1. My/our assets include: (enter n/a in (A) if you do not own the respective asset):

| Source | (A) Cash Value* | (B) Int. Rate | (A*B) Annual Income | Source | (A) Cash Value | (B) Int. Rate | (A*B) Annual Income |
|---------------------------------|-----------------------|---------------------|---------------------------|--------------------------|----------------------|---------------------|---------------------------|
| Savings Account(s) | \$ | | \$ | Checking Account(s)*** | \$ | | \$ |
| Cash on Hand | \$ | | \$ | Government Benefits**** | \$ | | \$ |
| Certificates of Deposit | \$ | | \$ | Money Market Funds | \$ | | \$ |
| Stocks | \$ | | \$ | Bonds | \$ | | \$ |
| IRA Account(s) | \$ | | \$ | 401(k)/403(b) Account(s) | \$ | | \$ |
| Keogh Account(s) | \$ | | \$ | Trust Funds | \$ | | \$ |
| Equity in Real Estate | \$ | | \$ | Land Contracts | \$ | | \$ |
| Lump Sum Receipts | \$ | | \$ | Capital Investments | \$ | | \$ |
| Bitcoin/Cryptocurrency | \$ | | \$ | GoFundMe/Crowdsourcing | \$ | | \$ |
| Life Insurance (Excluding Term) | \$ | | \$ | | | | |
| Other Retirement/Pension | | | | | | | |
| Funds not named above | \$ | | \$ | Explanation: | | | |
| Personal Property Held as | | | | | | | |
| an Investment** | \$ | | \$ | Explanation: | | | |
| Other (list): | \$ | | \$ | Explanation: | | | |

Please Note: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by persons with disabilities.

***Checking Account cash value should be the average in the checking account over the last six (6) months.

****Cash Card Account used to receive government benefits or other income.

(Check either box 2 or box 3 below, not both)

2. ☐ Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts equal a total of: \$_____ (enter the difference between FMV and the amount you received).

OR

3. ☐ I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.

4. ☐ I/we do not have any assets at this time (do not check this box if you have entered any numbers in section 1, above).

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000, and the annual income from the net family assets is \$_____ (enter the total of all (A*B) Annual Income in section 1 above). This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant

Date

Signature of Applicant/Tenant

Date

PENALTIES FOR MISUSING THIS CONTENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a)(6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408(a), (6), (7), and (8).

**Wells River Historic Housing
142 Merchants Row
Rutland, VT 05701
(802) 775-1100
(802) 775-6360 fax**

RESIDENT RELEASE AND CONSENT

I/We, the undersigned, hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to **Wells River Historic Housing**, for purposes of verifying information on my/our apartment rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; student status, employment, income, assets; medical or childcare allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

| | | |
|--|----------------------------------|--|
| Past and Present Employers | Welfare Agencies | Veterans Administration |
| Past and Present Landlords (including Public Housing Agencies) | State Unemployment Agencies | Retirement Systems |
| Support and Alimony Providers | Social Security Administration | Banks and other Financial Institutions |
| Credit and Background Check Agencies | Medical and Child Care Providers | Educational Institutions |
| | Human Service Agencies | |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and **will stay in effect for a year and one month** from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.

SIGNATURES

| | | |
|-----------------------|--------------|------|
| Applicant/Resident | (Print Name) | Date |
| Co-Applicant/Resident | (Print Name) | Date |
| Adult Member | (Print Name) | Date |
| Adult Member | (Print Name) | Date |

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPERATELY.

