

Dear Applicant,

Thank you for inquiring about an apartment rental with the Windham Housing Trust (WHT.) WHT is a non-profit organization that works to create affordable housing for people with very low, low and moderate incomes. The information requested on the enclosed application ensures that we will be able to receive funding to continue our work.

Completed applications should be returned to **WHT, 68 Birge Street, Brattleboro, VT 05301.**

If you need assistance completing the application, please let us know. We'll be happy to help!

The more detailed information you provide, the quicker we are able to process your application. Incomplete applications will not be considered until they are complete and are grounds for denial.

To check on the status of your application or to report changes you may do so at 254-4604 ext 120 and leave a message.

Thank you,

WHT Property Management



Windham Housing Trust Criteria for Rental Acceptance

1. Household income at or below 80% of the Windham County median income.
2. Stable source of income (employment, welfare, Social Security, pensions.)
3. Three acceptable landlord references (current and previous) or equivalent. (Exceptions to be approved by the Director of Operations)
4. Personal interview.

The following may also be used to accept applicants:

1. Credit references verification.
2. Criminal record check (does not display unacceptable or criminal behavior which would impact his/her ability to meet lease requirements.)

If an applicant meets the above qualifications, the following items apply in order of priority.
These items are not applicable for project-based Section 8 units or RD properties.

1. Windham County residents facing immediate displacement, either from their unit or from the area, due to housing cost or other circumstances beyond their control.
2. Length of time on the WHT waiting list.
3. Current WHT residents who are tenants in good standing and who need an apartment with more or fewer bedrooms due to changes in household size, or need a different apartment out of some other necessity.
4. Households with children.
5. Length of residence in Windham County.
6. Recommendation of Morningside Shelter or other local agencies.





WINDHAM HOUSING TRUST RENTAL HOUSING APPLICATION

Applicant (1) _____ Phone _____

Current Address (1) _____ City, State, ZIP _____

Applicant (2) _____ Phone _____

Current Address (2) _____ City, State, ZIP _____

I. Household Members and Current Income

Household Member Name (List <u>all</u> household members)	Relationship to Head of Household	Social Security Number	Sources of Income (List <u>all</u> sources including name of agency or employer) i.e. job(s), ANFC, SSI, etc.	Monthly Income Before Taxes	Date of Birth	Sex
	Head of Household					
Total monthly income before taxes:						

II. Housing Needs:

1. How many bedrooms do you need? [Circle] Single room, 1 Bedroom 2 Bedrooms 3 Bedrooms 4 Bedrooms
 Where are you looking? [Circle] Brattleboro Guilford Putney Wilmington
 Do you have a specific interest in: [Circle] Apartment Rental Boarding House Mobile Homeownership

2. Do you require an accessible unit? If so, please explain: _____
 Are there any special considerations your apartment or household would need? If so, please explain:

3. Are there any additional household members, who under normal conditions would live with you? (For example, a household member away in the military or step children) / Are you expecting any changes in your household size in the next year?
 If so, please explain _____

III. Residential History:

Beginning with current address, list a minimum of your **last 5 years** of addresses. Our policy requires a total of three landlord references. To list all three references, you may go back farther than 5 years, but you must give an address to account for all time during that period. If you were not on a lease, indicate who allowed you to reside at the address in the LANDLORD NAME column, and list their phone number in the LANDLORD PHONE column. All household members over the age of 18 must complete. Please attach additional information, if necessary. If you owned a home, please list information and indicate "owner" under landlord.

Household Member and Address Rented	Rent Paid	From month/year	To month/year	Landlord Name and Address	Landlord Phone Number
			now		

IV. Employment Information: Please provide the information for the current (part a) and past (part b) employer for each household member over the age of 18. You do not need to include benefits such as SSI, ANFC, GA, pensions, etc.

Household Member	Employer	Address (Street, City, State, ZIP)	How long employed?
	a.		
	b.		
	a.		
	b.		
	a.		
	b.		

V. General Information:

- Would you prefer housing that is for (circle one): smoking non-smoking no preference
 For smoking preference, how many members of your household are smokers? _____
 For non-smoking preference, circle your preference:
 a non-smoking apartment/room a non-smoking building non-smoking property/grounds
- Are you (circle all that apply): without housing? in substandard housing? in overcrowded housing?
 in housing that is not affordable for you? in housing inappropriate for your needs?

3. How long have you lived at your current address? _____

How long in Windham County? (Not applicable for project-based Section 8 units or RD properties) _____

4. How soon will you have to move? _____ What is the reason for the move? _____

5. Have you ever applied for housing or rented with WHT (formerly BACLT)? If so, under what name(s):

(Not applicable for project-based Section 8 units or RD properties) _____

6. Do you have a Section 8 voucher or are you on the waitlist?

____ No, I/we do not have a Section 8 voucher.

____ No, I/we do not have a Section 8 voucher, but on waitlist for ____ months.

____ Yes, I have a Section 8 voucher through _____ Housing Authority.

7. Have you or anyone else named on this application been charged with or convicted of a crime (felony or misdemeanor) or of dealing illegal drugs? _____ If yes, date(s) of charges or conviction _____

What state? _____ What happened to the charges? _____

Explanation of conviction(s) _____

Are you or anyone else named on this application listed on any state sex offender registration program? If yes, please explain: _____

8. Have you or anyone else named on this application been under an eviction proceeding for any rental unit, including an apartment, home, mobile home or trailer? _____ If yes, please explain: _____

9. Have you or anyone else named on this application had a landlord take legal action to remove you or members of your household? Please explain: _____

10. Are you or anyone in the household a student? _____ If yes, please list all students in household: _____

11. Do you have any pets in your home? If so, what types and how many? _____

Are the pets (please circle all that apply): spayed/neutered de-clawed currently vaccinated

12. Please list vehicles owned by your family. (This does **not** guarantee parking with WHT)

Make _____ Model _____ Color _____ Year _____

Make _____ Model _____ Color _____ Year _____

13. How did you hear about the WHT? If you were referred by an agency or individual, please list their name. _____

VI. References: Please give us the name, address, and phone number, of three personal references for adult applicants. We welcome references from local agencies, as well as references in the form of letters. Do not use relatives.

Household Member	Reference Name and Address	Organization (if applicable)	Phone Number	How long known?

VII. Asset Information:

1. Do you own real estate? Yes _____ No _____ If yes, what type? _____

Address _____ Appraised Market Value _____ Remaining Loan Amount _____

2. Does anyone in your household have a checking and/or savings account, certificates of deposit, or IRA's? Yes

_____ No _____ If yes, please complete the following:

Family Member	Type of Account	Account Number	Balance/Value	Bank/Institution
			\$	
			\$	
			\$	
			\$	

3. Does anyone in your household have pension, annuities, 401K's, mutual funds, retirement accounts, stocks, bonds, trust accounts, whole life policies, or other financial assets not listed?

Yes _____ No _____ If yes, please complete the following:

Family Member	Type of Account	Account Number	Balance/Value	Bank/Institution
			\$	
			\$	
			\$	
			\$	

VIII. Medical Expense:

Please complete this section if head or spouse is 62 or older or disabled. Only list out-of-pocket expenses that are not reimbursed by any other source. Use additional sheets of paper if needed.

Household Member	Medical Expense (medicare, health ins, pharmacy, physician, other)	Name & Address of Provider	Phone Number	Monthly Expense
				\$
				\$
				\$
				\$
				\$

CREDIT REPORT CONSENT FORM

I/ We, _____, hereby give my/our consent for
(First, MI, Last Name, Suffix and Spouses)

the Windham Housing Trust and/or its assigned credit bureau to obtain my credit report in connection with my application for an apartment. In the event my rental application is approved, I also give my consent to have Windham Housing Trust and/or its assigned credit bureau to obtain additional credit reports and other information after approval of my apartment, both in connection with the same transaction or collection purposes; to obtain credit reports and other information for other legitimate purposes associated with the account.

Applicant(s):

Windham Housing Trust

Signature #1

Date

Name

Signature #2

Date

Signature

Important: If more than one adult is applying for an apartment; and are not married, a separate credit consent form must be signed below.

CREDIT REPORT CONSENT FORM

I/ We, _____, hereby give my/our consent for
(First, MI, Last Name, Suffix and Spouses)

the Windham Housing Trust and/or its assigned credit bureau to obtain my credit report in connection with my application for an apartment. In the event my rental application is approved, I also give my consent to have Windham Housing Trust and/or its assigned credit bureau to obtain additional credit reports and other information after approval of my apartment, both in connection with the same transaction or collection purposes; to obtain credit reports and other information for other legitimate purposes associated with the account.

Applicant(s):

Windham Housing Trust

Signature #1

Date

Name

Signature #2

Date

Signature

Windham Housing Trust

AUTHORIZATION FOR THE RELEASE OF INFORMATION

ANYONE 18 AND OLDER MUST SIGN "AUTHORIZATION FOR THE RELEASE"

Authorization:

I authorize the release of any information about me or my family (including documentation and other materials) that is pertinent to eligibility for or participation under any of the Windham Housing Trust programs.

Information Covered Inquiries may be made about:

Child Care Expenses
Credit History
Criminal History/Records
Family Composition
Employment and Income

Pensions and Assets
Federal or State Benefits
Tribal or Local Benefits
Unemployment Compensation
Identity and Marital Status

Medical Expenses
Handicap Assistance Expenses
Social Security Numbers
Residences and Rental History

Conditions:

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

If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

YOU DO NOT HAVE TO SIGN THIS IF THE WINDHAM HOUSING TRUST'S NAME DOES NOT APPEAR ON THIS FORM.

Signature

Printed Name

Date

PENALTIES FOR MISUSING THIS CONSENT:

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, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully 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, the PHA or the owner responsible for the unauthorized disclosure or improper use