

Pre-Application Cover Sheet

PLEASE COMPLETE ENTIRE PRE-APPLICATION

Answer all yes or no questions. Make sure all sections are completed.

BEFORE SUBMITTING YOUR PRE-APPLICATION, REVIEW THE FOLLOWING:

- Are all names, birthdates, SSN, addresses, & contact information correct for all household members?
- Are full names, *including* middle initials, of all household members listed? If a household member does not have a middle initial, please write N/A.
- Are all sources of income listed for all household members? (employment, reach-up, Social Security, Unemployment, or Other).
- Have you answered all yes or no questions and provided clarification if applicable?
- Make sure all household members over 18 have signed and dated the Pre-Application on page 7.
- Please include any supplemental material you would like to be considered when reviewing & processing your application.

If you are unsure on how to complete a part of the Pre-Application, please contact Sasha Bradford at 802-877-2626 x100 or at sasha@addisonhousingworks.org

Complete Pre-Applications can be submitted by:

- **Mail to:** Addison Housing Works, PO BOX 156 Vergennes, VT 05491
- **E-Mail to** sasha@addisonhousingworks.org
- **Drop Off:** Please use the drop box at 272 Main Street Vergennes, VT
- **FAXED PRE-APPLICATIONS CANNOT BE ACCEPTED**

Pre-Applications with sections or questions left blank will be considered incomplete and will be returned to the applicant via mail.

This will result in a processing delay. Incomplete Pre-Applications that are re-submitted will receive a new date and time stamp. Pre-Applications are processed in the order they are received.

Check all properties and bedroom sizes for which you would like to apply on Page 2

Please see page 3 of cover sheet for an authorization for the release of information(optional)



Apartment Management Division
 272 Main Street - PO BOX 156 - Vergennes, VT 05491
 P: 802-877-2626 | F: 802-877-2627 | TTY: 711
www.addisonhousingworks.org

MIDDLEBURY									
Property	Efficiency	1BR	2BR	3BR	4BR	Rental Subsidy	ADA Unit(s)	Pet Policy	
Addison Housing LP (15 Court St & 11 Seminary St)						Some—must apply w/ VSHA	YES	One cat, indoor at all times or one caged animal - no snakes, no rodents	
Middlebury South Apts. (30 S Village Green)						None		One cat, indoor at all times or one caged animal - no snakes, no rodents	
N Pleasant Housing LP (31, 37 N Pleasant St & 51,53,56 John Graham Ct)						Some—must apply w/ VSHA	YES	One cat, indoor at all times or one caged animal - no snakes, no rodents	
Smith HLP (32 Seminary St. & 76, 78, 88 S Pleasant St.)						Some—must apply w/ VSHA		One cat, indoor at all times or one caged animal - no snakes, no rodents	
Stone Hill Housing LP (428 Court St.)						None		NO PETS ALLOWED	
Otter Creek Housing LP (Pine Meadow) 11 Jackson Ln						Some—must apply w/ VSHA		One cat, indoor at all times or one caged animal - no snakes, no rodents	
Weybridge St Apts. (1-4 Jayne Ct.)						Some—must apply through Coordinated Entry		One pet per household. Dog must be less than 40 lbs. Deposit required for dog.	
VERGENNES									
	Efficiency	1BR	2BR	3BR	4BR				
Addison Housing LP (97-101 Main St., 10 S Water St., & 14 S Maple St.)						Some—must apply w/ VSHA	YES	One cat, indoor at all times or one caged animal - no snakes, no rodents	
Creekview Housing LP (20-36 Hillside Acres)						Some, through AHW	YES	One cat, indoor at all times or one caged animal - no snakes, no rodents	
Smallest City Apts. (206 & 224 Main St)						Yes, through AHW	YES	One cat, indoor at all times or one caged animal - no snakes, no rodents	
Vergennes Community Apts. (45 Armory Ln)						None	YES	One cat, indoor at all times or one caged animal - no snakes, no rodents	
BRISTOL									
		1BR	2BR	3BR					
Bristol Firehouse Apts. (45,47, & 75 Firehouse Dr.)						Some—must apply through Coordinated Entry		One cat, indoor at all times or one caged animal - no snakes, no rodents	
HANCOCK									
	Efficiency	1BR	2BR	3BR	4BR				
Mountain View Apts. (123 VT Rte 125)						Yes, through AHW		One cat, indoor at all times or one caged animal - no snakes, no rodents	
WALTHAM									
			2BR	3BR					
McKnight Lane (7-57 McKnight Lane)						Some—must apply w/ VSHA	YES	One cat, indoor at all times or one caged animal - no snakes, no rodents	
SENIOR & DISABLED HOUSING ONLY									
	Efficiency	1BR	2BR	3BR	4BR				
Pleasant Hills (93 Mountain St) - Bristol						Yes, through AHW	YES	NO PETS ALLOWED	
SENIOR HOUSING ONLY									
Armory Lane (50 Armory Lne) - Vergennes						Some, through AHW	YES	One pet: Dog under 40lbs, or 1 cat always indoors, or 1 caged animal - no snakes, no rodents.	



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OPTIONAL AUTHORIZATION FOR THE RELEASE OF INFORMATION

By signing this form, information can be released to and/or discussed with your selected parties. This form is signed voluntarily, and you may make changes at any time. All disclosures made pursuant to this form are valid if they were made before the date of revocation.

I (please print), _____ authorize Addison Housing Works (AHW) to communicate with the following persons or organizations regarding my application and waitlist status.

Name: _____ Telephone #: _____

Relationship to Tenant: _____

E-Mail: _____ Organization: _____ [] N/A

Name: _____ Telephone #: _____

Relationship to Tenant: _____

E-Mail: _____ Organization: _____ [] N/A

DESCRIPTION OF INFORMATION TO BE DISCLOSED:

- Requests for missing information Denial Letters Lease Up Process
 Appeals Process Waitlist Verification Letter

By signing below, I acknowledge that I have read and understand this document, that I have voluntarily given my authorization to Addison Housing Works (AHW) to disclose the information selected above and that I may revoke this Authorization at any time by providing a written notice to AHW. The revocation shall be effective except to the extent that AHW has already used or disclosed information in reliance on the Authorization. I understand that my information may be redisclosed by the authorized person/organization receiving the information, and at that point, the information may no longer be protected under the terms of this agreement. **This consent form will expire one year following the date signed unless revoked by you in writing or upon the happening of an event/condition as listed:**

_____.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Legal Guardian/Personal representative:

Signature: _____ Date: _____

Witnessed by: _____ Date: _____

Pre-Application for Apartment Housing



Apartment Management Division
272 Main Street - PO BOX 156 - Vergennes, VT 05491
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FORM REVISED

April 2024



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.

<i>Please type or print in ink the information requested on this form. Please read through this application carefully. Incomplete or unsigned Pre-Applications will be returned. Use additional sheets if necessary.</i>	FOR OFFICE USE ONLY Date/time received:
Please return completed Pre-Application to:	Addison Housing Works
PO BOX 156	Vergennes, VT 05491

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	<i>Head of household</i>			
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				
Married				
Divorced				
Legally separated				
Estranged				
Sex **				
Male				
Female				
Other/Intersex				
Ethnicity **				
Hispanic or Latino				
Not Hispanic or Latino				
Race (mark one or more)**				
American Indian/ Alaska native				
Asian				
Black or African-American				
Native Hawaiian or Other Pacific Islander				
Other Race				
White				

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 \$
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Do you rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", Landlord's name	Landlord's phone number
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Landlord's address & E-mail 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
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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 \$

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 \$

Do you anticipate any changes to your income during the next 12 months? Yes

No

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	<input type="checkbox"/>	No
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	<input type="checkbox"/>	No
Full-time student formerly in foster care	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

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

Are you on the waiting list for Project Based Voucher apartments? Yes No

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:				

EMERGENCY CONTACTS

Please 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	

**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 5, 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 5, 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.