DOWNSTREET
Housing & Community Development

22 Keith Ave · Ste 100 Barre, VT 05641
Tel: (802) 476-4493 · Fax: (802) 479-0120
TTY/TTD: (800) 253-0191
Web: www.downstreet.org

Washington & Orange County General Apartment Application

Thank you for contacting Downstreet Housing & Community Development regarding rental availabilities.
The first step in the process is to complete the enclosed application.

Eligibility for an apartment is determined by the information provided in this application. The information will be used to determine if you are eligible for the housing we manage. Downstreet collects third party verification of income and asset sources, and references. Downstreet will process an application when it is third in line on our waiting list for your desired property. If the property is under development or rehabilitation, Downstreet will process your application in order of date received beginning approximately three months prior to occupancy.

INSTRUCTIONS

- ✓ Read this application carefully and provide all necessary information including names, complete mailing addresses, and telephone numbers that apply to the entire household.
- ✓ Completed applications can be submitted by email to applications@downstreet.org or by mail to Downstreet at 22 Keith Ave, Suite 100, Barre VT 05641.
- ✓ Please be aware that if the application is incomplete at submission, it will be returned to you and will not be evaluated until all required information has been submitted.
- ✓ The Consent for Release of Information/Certification of Completion, Criminal Background Release and Credit Release all require all adult household members to sign: make additional copies of such forms as necessary for your individual household.
- ✓ IF YOU NEED TO REQUEST ASSISTANCE IN FILLING OUT THIS APPLICATION CONTACT US AT 802-476-4493.

PRIVACY ACT STATEMENT

Downstreet will comply with the Federal Privacy Act Statement. Any information obtained will not be disclosed outside the Agency except as required and permitted by law. You do not have to give us this information, but, if you do not, your eligibility approval may be delayed or rejected. The Agency is authorized to ask for this information under the programs above, as authorized under the U.S. Housing Act of 1937, as amended, 42 U.S.C., 1437 et.seq., the Housing and Community Development Act of 1981, Public 97-35, 85 Stat., 348, 408. Applicants applying for federally funded programs will be required to sign a Federal Privacy Act Statement as part of the application process.

REASONABLE ACCOMMODATIONS

Downstreet complies with state and federal laws requiring housing providers to make reasonable accommodations or changes to either rules, procedures and housing units or properties, if such changes are necessary to enable a person with a disability to have equal access to and enjoyment of the unit, property, facility or program. Reasonable accommodations will be made during the application process and during an individual's participation in our programs; provided the accommodation does not present an undue financial or administrative burden.

REASONABLE ACCOMMODATIONS CONTINUED…
Any accommodation or change must be necessary for the individual to have equal access and enjoyment of the housing and programs, not just be desirable. Downstreet will consider suggested accommodations from an individual and determine whether the request is reasonable from a financial and administrative point of view. If such accommodation is not reasonable, Downstreet will work with the individual to provide an alternative accommodation that would meet their disability needs.

To request an accommodation, please contact us.
Mail: 22 Keith Ave., Ste. 100, Barre, VT 05641 Telephone: 477-1329

DOWNSTREET EQUAL OPPORTUNITY AND NONDISCRIMINATION POLICY STATEMENT

Downstreet will comply with Title VI of the Civil Rights Act of 1964 and Title VIII of the Civil Rights Act of 1968; Section 504 of the Rehabilitation Act of 1973; Executive Order 11063; Executive Order 13166; Fair Housing Amendments Act of 1988; The Americans With Disabilities Act of 1990; and with the laws of the State of Vermont prohibiting discrimination in public accommodations and in employment practices, and all related rules, regulations and requirements thereunder. Downstreet will not, on account of race, color, creed or religion, national origin, sex, sexual orientation, gender identity, ancestry or place of birth, age, U.S. Military Veteran status, familial status, marital status, disability, or HIV status deny to any person the opportunity to apply for admission, nor deny to an eligible applicant, the opportunity to lease or rent a dwelling unit suitable to its needs. Further, in the selection of tenants, there will be no discrimination against persons otherwise eligible for admission because their income is derived whole or in part from public assistance. Downstreet will not discriminate against selected tenants and discrimination by one tenant against another is unacceptable and will not be condoned. Downstreet Housing & Community Development will not discriminate against any person or group on the basis of disability, in admission or access to, or treatment and employment in, any of Downstreet's facilities, programs and activities, policies, procedures and practices, as and to the extent provided by law.

Downstreet's housing programs shall be administered without regard to and shall not discriminate on the basis of race, color, creed or religion, national origin, sex, sexual orientation, gender identity, ancestry or place of birth, age, U.S. Military Veteran status, familial status, marital status, disability or HIV status. Further, the Downstreet's personnel actions, including but not limited to recruitment, hiring, training, promotion on the basis of merit, are administered without regard to and shall not discriminate on the basis of race, color, creed or religion, national origin, sex, sexual orientation, gender identity, ancestry or place of birth, age, U.S. Military Veteran status, familial status, marital status, disability or HIV status.

Downstreet's 504 Coordinator, Rachel Pearson, has been designated as the responsible employee to coordinate activities under this policy. Inquires or grievances concerning compliance with this policy statement may be addressed to 504 Coordinator – Rachel Pearson, Downstreet Housing & Community Development, 22 Keith Ave., Ste. 100, Barre, VT 05641; 802-476-4493; (TTY) You may also file a housing program grievance with the Vermont Human Rights Commission, 800-416-2010 (Voice and TTY) OR 802-828-2480 (Voice and TTY).
If you have questions regarding your rights as a disabled tenant or need assistance, you may also contact: Vermont Legal Aid, 800-889-2047; Fair Housing Project of the CVOEO, 800-287-7971 OR 802-864-3334; Or Vermont Center for Independent Living, 800-639-1522 (Voice and TTY) or 802-229-0501 (Voice and TTY).

NeighborWorks® CHARTERED MEMBER

EQUAL HOUSING OPPORTUNITY

Downstreet Washington & Orange County General Rental Application

If you would like to receive application materials or to communicate with us in a language other than English, please indicate that here and we will provide interpretation/translation services.

List Property names and apartment #s of the unit(s) that you are applying for:

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 Name				
Last Name				
Relationship				
Social Security Number				
Place of Birth (City, State)				
Birthdate (mm/dd/yyyy)				
Live in Unit Full Time OR Part Time				
Sex: Male/Female/Other				

Marital Status (check the one that applies)				
Single				
Married				
Divorced				
Other				
Ethnicity (check all that apply):				
American Indian / Alaskan 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?	☐ 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

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?
Email address	Phone number

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/Email

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 phone number	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
Please list all states you have previously lived in	

If you do not have rental history, 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

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 $

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

OTHER INCOME

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 $

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 $

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 $	

GENERAL INFORMATION

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
If offered an apartment and I accept, this apartment will serve as my sole residence	☐ Yes	☐ No

Are you displaced due to:

☐ N/A ☐ Natural Disaster ☐ Other government action ☐ Domestic Violence

Are you currently homeless?	☐ Yes	☐ 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 full-time 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)? If "Yes," which public housing authority or authorities?	☐ Yes	☐ No
Have you ever lived in subsidized rental housing? If "Yes," specify the agency and the years in which you lived there:	☐ Yes	☐ No

Is anyone in your household subject to a lifetime registration requirement under a state sex offender registration program? If "Yes," please explain:	☐ Yes	☐ No
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? If "Yes," please explain and give the state and date:	☐ Yes	☐ No
Has anyone in your household ever been charged with or convicted of a crime? If "Yes," please explain and give the state and date:	☐ Yes	☐ No

Do you have any pets? *Some properties do not allow pets* ☐ Yes ☐ No	Type	Number

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	Relationship
Phone number	Email address
Name	Relationship
Phone number	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

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Addendum to Application / Recertification:

Do you anticipate any changes in this income in the next 12 months?

_____ YES. I anticipate my income will change in the next 12 months. (Please list changes and amounts)

_____

_____

_____ NO. I do not anticipate any changes in my income in the next 12 months.

_____
Applicant/Tenant signature

_____
Applicant/Tenant printed name

_____
Date

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Authorization to Release Information

Please Print Name(s) of person(s) requesting services. A release is necessary for **all** members of the household 18 years or older. Make additional copies of this form if needed.

_____ **Social Security #** _____ **D.O.B.** _____

_____ **Social Security #** _____ **D.O.B.** _____

Address: _____ Phone: _____

Address: _____ Phone: _____

This document constitutes my/our consent for the following organization(s) to release information to Downstreet Housing & Community Development to release information to said organizations(s), for the purposes of any/all housing related services. i.e. any/all rental programs, Down Payment and Home Purchase Services, Homebuyer Education/Counseling, Credit, Budget, and Financial Counseling, Foreclosure/Mortgage Delinquency Counseling, Home Rehabilitation and Lending Services:

- ✓ Vermont Criminal Information Center
- ✓ Credit Bureau Services of Vermont (CBC) and Equifax, Experian, and TransUnion to obtain my credit report
- ✓ Banks and/or other lending institutions associated with the transaction(s), to include providing a copy of my HUD-1 Settlement Statement to Downstreet upon the purchase of my home.
- ✓ Attorneys, mediators, and/or title companies associated with the transaction(s)
- ✓ Creditors and/or collections agencies
- ✓ Efficiency Vermont
- ✓ Habitat for Humanity
- ✓ USDA Rural Development (RD)
- ✓ Vermont State Housing Authority
- ✓ Vermont Housing Finance Agency
- ✓ Homeowner's Insurance/Hazard insurance agencies and/or companies
- ✓ Any and all Social Service Agencies to which I am referred
- ✓ Social Security Administration
- ✓ My employer(s) for purposes of verifying employment and income
- ✓ Depositories for purposes of verifying account balances and account history
- ✓ Housing Counselor: Downstreet Housing & Community Development
- ✓ Other:_____

A photographic or carbon copy of this authorization bearing a photographic or carbon copy of the signature (s) of the undersigned may be deemed to be equivalent to the original hereof and may be used as a duplicate original.

Signature: _____ Date: _____

Signature: _____ Date: _____