



## Rental Application for East Calais General Store Apartments

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Two-bedroom Apartment \$1,300 per month

Three-bedroom Apartment \$1,692 per month

- INCLUDED with rent: water/Sewer, trash/recycling, landscaping, snow removal, washer/dryer hookups in each unit. Off-street parking for one vehicle per household.
- NOT included in rent: electricity and electric heat / hot water, and internet.
- No pets allowed.
- Income restrictions apply.

Form <b>RENT</b>		<b>Common Rental Application for Housing in Vermont</b>	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 <b>additional sheets if necessary.</b> Please return completed application to:</i>		<b>FOR OFFICE USE ONLY</b> Date/time received:
Management company	Agent name	
I wish to apply for housing at (Property name)	Location	
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	<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			
Live in unit Part time	<input type="checkbox"/> Y <input type="checkbox"/> N			
<b>Marital Status</b>				
Single				
Married				
Divorced				
Legally separated				
Estranged				
<b>Sex **</b>				
Male				
Female				
Other/Intersex				
<b>Ethnicity **</b>				
Hispanic or Latino				
Not Hispanic or Latino				
<b>Race (mark one or more)**</b>				
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
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## 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

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

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

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

Please list all states you have previously lived in

## INCOME

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

<b>Employment income</b>		<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 \$
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Applicant Name	Employer address, phone, email	Gross weekly salary \$
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Do you anticipate any changes to your income during the next 12 months?  Yes  No

### Other income

N/A

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

Applicant name	Income type	Source address, phone, email	Gross monthly amount \$
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Applicant name	Income type	Source address, phone, email	Gross monthly amount \$
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Applicant name	Income type	Source address, phone, email	Gross monthly amount \$
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### 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
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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? ( <b>Do not include furniture. Do not include motor vehicles used for personal transportation.</b> )	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If "Yes", please describe	Market value \$
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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
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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
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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
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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
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If offered an apartment and I accept, this apartment will serve as my sole residence	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are you displaced due to: Natural disaster	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Other governmental action	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Domestic violence	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are you currently homeless?	<input type="checkbox"/> Yes (Please complete Appendix 1)	<input type="checkbox"/> No
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Are you at risk of homelessness?	<input type="checkbox"/> Yes (Please complete Appendix 2)	<input type="checkbox"/> No
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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
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Is your household comprised entirely of full-time students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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
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The household consists of single parents and their children, and such parents and children are not dependents of another individual	<input type="checkbox"/> Yes
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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
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?  Yes  No

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

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

Type

Number

All properties have a smoking policy. Would you like a copy of the policy for the property for which you are applying?

Yes

No

Why do you want to move to this property?

# EMERGENCY

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

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

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

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

**PLEASE READ THE FOLLOWING STATEMENT CAREFULLY  
BEFORE SIGNING THIS APPLICATION:**

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

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

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

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

**“I have read and understand this statement.”**

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

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

## APPENDIX 1

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

CRITERIA FOR DEFINING HOMELESS	<input type="checkbox"/> <b>Category 1</b>	Literally Homeless	<p>(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <ul style="list-style-type: none"> <li>(i) Has a primary nighttime residence that is a public or private place not meant for human habitation;</li> <li>(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></li> <li>(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</li> </ul>
	<input type="checkbox"/> <b>Category 2</b>	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"> <li>(i) Residence will be lost within 14 days of the date of application for homeless assistance;</li> <li>(ii) No subsequent residence has been identified; <u>and</u></li> <li>(iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing</li> </ul>
	<input type="checkbox"/> <b>Category 3</b>	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"> <li>(i) Are defined as homeless under the other listed federal statutes;</li> <li>(ii) Have not had a lease, ownership interest in permanent housing during the 60 days prior to the homeless assistance application;</li> <li>(iii) Have experienced persistent instability as measured by two moves or more during the preceding 60 days; and</li> <li>(iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers</li> </ul>
	<input type="checkbox"/> <b>Category 4</b>	Fleeing/ Attempting to Flee DV	<p>(4) Any individual or family who:</p> <ul style="list-style-type: none"> <li>(i) Is fleeing, or is attempting to flee, domestic violence;</li> <li>(ii) Has no other residence; and</li> <li>(iii) Lacks the resources or support networks to obtain other permanent housing</li> </ul>

## 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.

<b>CRITERIA FOR DEFINING HOMELESSNESS</b>	<b>Category 1</b>	Individuals and Families	<p>An individual or family who:</p> <ul style="list-style-type: none"> <li>(i) Has an annual income below <u>30%</u> of median family income for the area; <u>AND</u></li> <li>(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></li> <li>(iii) Meets one of the following conditions: <ul style="list-style-type: none"> <li>(A) Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; <u>OR</u></li> <li>(B) Is living in the home of another because of economic hardship; <u>OR</u></li> <li>(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></li> <li>(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></li> <li>(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></li> <li>(F) Is exiting a publicly funded institution or system of care; <u>OR</u></li> <li>(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</li> </ul> </li> </ul>
	<b>Category 2</b>	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
	<b>Category 3</b>	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.



22 Keith Avenue, Suite 100  
Barre, Vermont 05641  
Downstreet.org • (802) 476-4493

**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)

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

\_\_\_\_\_  
Applicant/Tenant signature

\_\_\_\_\_  
Applicant/Tenant printed name

\_\_\_\_\_  
Date





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

## 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:

- ✓ 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: \_\_\_\_\_



Updated on 6/15/2016



Department of Public Safety  
**Vermont Crime Information Center**  
 103 South Main Street  
 Waterbury, VT 05671-2101

\* Downstreet will pay the \$30 fee  
 for this criminal background check

**PUBLIC REQUEST FOR CRIMINAL CONVICTION INFORMATION**

**PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY FEE: \$30 PER REQUEST - NO PERSONAL/BUSINESS CHECKS Reply will be mailed in 5 – 7 working days - A SELF ADDRESSED, STAMPED, RETURN ENVELOPE IS REQUIRED TO FACILITATE RETURN OF YOUR REQUEST**

**WE ARE A VULNERABLE POPULATIONS AGENCY. OUR AGENCY CODE IS:**

**NAME TO BE CHECKED: TYPE OR PRINT LEGIBLY**

<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE INITIAL</b>
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<b>DATE OF BIRTH (REQUIRED)</b> Month / Day / Year	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<b>SOCIAL SECURITY NUMBER (OPTIONAL)</b>
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**ALIAS NAMES (IF APPLICABLE)**

<b>PURPOSE OF REQUEST: (CHECK ONE)</b>	<input type="checkbox"/> PERSONAL REVIEW	<input type="checkbox"/> FOREIGN TRAVEL/ IMMIGRATION	<input type="checkbox"/> MILITARY
	<input type="checkbox"/> ADOPTION	<input type="checkbox"/> CIVIL COURT PROCEEDING	<input type="checkbox"/> PARDON
	<input type="checkbox"/> CHILD CUSTODY	<input type="checkbox"/> LICENSING	
	<input type="checkbox"/> EMPLOYMENT	<input checked="" type="checkbox"/> HOUSING	
	<input type="checkbox"/> OTHER: INDICATE REASON FOR REQUEST IF OTHER THAN OPTIONS ABOVE		

**ACCESS TO CRIMINAL CONVICTION INFORMATION TERMS AND CONDITIONS**

The following information is **REQUIRED** in order to successfully process your request.  
 Requestor **MUST** initial each line, fill out requestor information and sign below.

In accordance with Title 20, Chapter 117, Section 2056c, which governs the release of criminal conviction information to the public, I understand:

- \_\_\_\_\_ Alteration or modification of any report received as a result of this request is strictly prohibited by law.
- \_\_\_\_\_ Disclosure of the contents of this criminal conviction report to anyone other than the subject of the record or properly designated employees of any agency with a documented need to know the contents of the record is prohibited.
- \_\_\_\_\_ No person entitled to receive a criminal conviction record shall require an applicant to obtain, submit personally or pay for a copy of his or her criminal conviction record.

**REQUESTOR INFORMATION**

<b>Name</b> Downstreet Housing & Community Development		<b>Street Address</b> 22 Keith Ave., Ste. 100	
<b>City</b> Barre	<b>State</b> VT	<b>Zip</b> 05641	<b>Telephone Number</b> (802) 476-4493
<b>Signature of Requestor</b>		<b>Date (Mo/Day/Year)</b>	



Department of Public Safety  
**Vermont Crime Information Center**  
 103 South Main Street  
 Waterbury, VT 05671-2101

\* Downstreet will pay the \$30 fee  
 for this criminal background check

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**NAME TO BE CHECKED: TYPE OR PRINT LEGIBLY**

<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE INITIAL</b>
------------------	-------------------	-----------------------

<b>DATE OF BIRTH (REQUIRED)</b> Month / Day / Year	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<b>SOCIAL SECURITY NUMBER (OPTIONAL)</b>
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**ALIAS NAMES (IF APPLICABLE)**

<b>PURPOSE OF REQUEST: (CHECK ONE)</b>	<input type="checkbox"/> PERSONAL REVIEW	<input type="checkbox"/> FOREIGN TRAVEL/ IMMIGRATION	<input type="checkbox"/> MILITARY
	<input type="checkbox"/> ADOPTION	<input type="checkbox"/> CIVIL COURT PROCEEDING	<input type="checkbox"/> PARDON
	<input type="checkbox"/> CHILD CUSTODY	<input type="checkbox"/> LICENSING	
	<input type="checkbox"/> EMPLOYMENT	<input checked="" type="checkbox"/> HOUSING	
	<input type="checkbox"/> OTHER: INDICATE REASON FOR REQUEST IF OTHER THAN OPTIONS ABOVE		

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 Requestor **MUST** initial each line, fill out requestor information and sign below.

In accordance with Title 20, Chapter 117, Section 2056c, which governs the release of criminal conviction information to the public, I understand:

- \_\_\_\_\_ Alteration or modification of any report received as a result of this request is strictly prohibited by law.
- \_\_\_\_\_ Disclosure of the contents of this criminal conviction report to anyone other than the subject of the record or properly designated employees of any agency with a documented need to know the contents of the record is prohibited.
- \_\_\_\_\_ No person entitled to receive a criminal conviction record shall require an applicant to obtain, submit personally or pay for a copy of his or her criminal conviction record.

**REQUESTOR INFORMATION**

<b>Name</b> Downstreet Housing & Community Development	<b>Street Address</b> 22 Keith Ave., Ste. 100		
<b>City</b> Barre	<b>State</b> VT	<b>Zip</b> 05641	<b>Telephone Number</b> (802) 476-4493
<b>Signature of Requestor</b>		<b>Date (Mo/Day/Year)</b>	

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.