



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

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.
- ✓ 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 the Occupancy Manager: Email: adupuis@downstreet.org
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 Shatney, has been designated as the responsible employee to coordinate activities under this policy. Inquiries or grievances concerning compliance with this policy statement may be addressed to 504 Coordinator – Rachel Shatney, 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).



SELECT PROPERTY/PROPERTIES OF INTEREST AND DESIRED APARTMENT SIZE BELOW.

Refer to this key when choosing the apartment(s) for which you would like to apply:

F: Flat rate rent

S: Subsidized; Rent charged to tenant is 30% of household adjusted income

BARRE CITY						F	S
<input type="checkbox"/> 1 Bromur Street	1	2				✓	
<input type="checkbox"/> Downstreet Apartments - 22 Keith Ave.	1	2				✓	✓
<input type="checkbox"/> Good Neighbors (for homeless) - 81 Elm St.	1	2	3				✓
<input type="checkbox"/> 8 Laurel St.			3			✓	
BRADFORD						F	S
<input type="checkbox"/> Colonial Village - S. Main Street & Pleasant Street	1	2	3				✓
<input type="checkbox"/> Waits River - S. Main St., Pleasant St., Cobblestone Alley	1	2	3			✓	✓
CABOT						F	S
<input type="checkbox"/> Cabot Commons (Elderly) - 36 Glinka Road	1	2				✓	✓
MONTPELIER						F	S
<input type="checkbox"/> 11 Bailey Ave /15 Baldwin St. /37 Barre St.	studio	1	2	3		✓	
<input type="checkbox"/> 39-40 Barre Street	studio	1	2	3		✓	
<input type="checkbox"/> Bianchi Block - 208 Barre Street		1	2			✓	
<input type="checkbox"/> French Block - 32 Main St.	studio	1				✓	
<input type="checkbox"/> North Branch - Elm St./ Barre St./Msgr. Crosby	studio	1	2	3		✓	
<input type="checkbox"/> River Station - 191 Barre St.		1	2	3		✓	
<input type="checkbox"/> Taylor Street Apartments – 1 Taylor St.	studio	1	2			✓	
<input type="checkbox"/> Hebert Farms - 21-23 Hebert Rd.			2	3			✓
<input type="checkbox"/> Hillside Shared Housing Northfield St. Who referred you?	Bedroom Only					referral only	
WAITSFIELD						F	S
<input type="checkbox"/> Evergreen Place (Elderly and/or disabled) - 5308 Main St.		1	2			✓	✓
<input type="checkbox"/> Mad River Meadows (Elderly/Family) - 144 Butcher House Dr.		1	2	3			✓
WARREN						F	S
<input type="checkbox"/> Wheeler Brook - Wheeler Brook Drive		1	2	3		✓	
WATERBURY/WATERBURY CTR.						F	S
<input type="checkbox"/> Green Mountain Seminary - 201 Hollow Rd (Waterbury Ctr.)		1	2			✓	✓
<input type="checkbox"/> South Main Apartments -36 State Dr.		1	2	3		✓	
<input type="checkbox"/> Stimson and Graves (Elderly and /or disabled) - 12 Stowe St.		1	2			✓	✓

PLEASE NOTE

- If you or any household member receives income from the Social Security Administration we must obtain proof of income in order to complete this application. Please submit your Social Security Award letter with this application.
- If you are applying for an apartment with subsidized rent, please submit a copy of your social security card (all members).
- All adults must submit a copy of government issued identification with this application (photo preferred).
- All of Downstreet's multifamily properties are smoke free.
- Downstreet shall make every reasonable accommodation to persons with disabilities.
- Thank you for taking the time to complete this application. Incomplete applications shall be returned to applicant and reviewed only when complete. If an item on the application does not apply, please write N/A.



Common Rental Application for Housing in Vermont

FORM REVISED

MAR 2018

Instructions

(not for tenant-based vouchers)

Please type or print in ink the information requested on this form. Please read through this application carefully. Incomplete or unsigned applications will be returned. Use additional sheets if necessary. Please return completed application to:

FOR OFFICE USE ONLY

Date/time received:

Management company

Agent name

I wish to apply for housing at: (Property name)

Location

FAMILY COMPOSITION

Complete the following information for each person who will live in your apartment. Attach a separate sheet of paper if needed.

First and last name

Social Security number

Relationship

Head of household

Place of birth (city, state)

Birthdate (m/d/y)

Sex

☐ M ☐ F

☐ Other

Will live in unit

☐ Full time

☐ Part time

Marital status ☐ Single

☐ Married

☐ Divorced

☐ Legally separated

☐ Estranged

First and last name

Social Security number

Relationship

Place of Birth (city, state)

Birthdate (m/d/y)

Sex

☐ M ☐ F

☐ Other

Will live in unit

☐ Full time

☐ Part time

Marital status ☐ Single

☐ Married

☐ Divorced

☐ Legally separated

☐ Estranged

First and last name

Social Security number

Relationship

Place of birth (city, state)

Birthdate (m/d/y)

Sex

☐ M ☐ F

☐ Other

Will live in unit

☐ Full time

☐ Part time

Marital status ☐ Single ☐ Married ☐ Divorced ☐ Legally separated ☐ Estranged

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 households members not listed in the Family Composition section?

☐ Yes ☐ No

If "Yes", please explain

What's your current address?

Please list your mailing address, if different

How long have you lived at this address?

How many bedrooms in your present living quarters?

Home phone number

Cellular phone number

Other phone number

Email address

Do you rent?

☐ Yes ☐ No

If "Yes," who's your landlord?

Landlord's phone number

Landlord's address

Do you own your home?

☐ Yes ☐ No

If "Yes," market value

\$

Outstanding mortgage balance

\$

Do you live with others?

☐ Yes ☐ No

If "Yes," explain your living arrangements

Please check the size of the apartment you're interested in:

☐ Efficiency ☐ 1-bedroom ☐ 2-bedroom ☐ 3-bedroom ☐ 4-bedroom

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.

Landlord name

Rental property address

Landlord address

Landlord phone number	Dates you lived there From (m/y): To (m/y):
Landlord name	Rental property address
Landlord address	
Landlord phone number	Dates you lived there From (m/y): To (m/y):
Landlord name	Rental property address
Landlord address	
Landlord phone number	Dates you lived there From (m/y): To (m/y):

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?)

☐ Subsidized ☐ Tax Credit ☐ No

Please list the name of 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.*

Employment income

Applicant name	Employer address, phone, fax	Gross weekly salary \$
Applicant name	Employer address, phone, fax	Gross weekly salary \$

Applicant name	Employer address, phone, fax	Gross weekly salary \$
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Other income

Child support, pension/annuity, Social Security, Reach-up, unemployment, other periodic payments, 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.

Applicant name	Income type	Source address, phone, fax	Gross monthly amount \$
Applicant name	Income type	Source address, phone, fax	Gross monthly amount \$
Applicant name	Income type	Source address, phone, fax	Gross monthly amount \$

ASSETS

Bank accounts

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 \$

Bank/institution	Type of account	Interest rate %	Current balance \$
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IRA/Keogh/Annuity/Pension/Stocks

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 \$
Name of account	# of shares	Share price \$	Cash value \$	Quarterly dividend \$

Bonds/insurance policies

Date of purchase	Current value/cash value \$
Date of purchase	Current value/cash value \$
Date of purchase	Current value/cash value \$

Other assets

Do applicants own real estate other than the home you live in?

☐ Yes ☐ No

If "yes," where is it located?	Market value \$
--------------------------------	--------------------

Mortgage balance \$	Mortgage holder and address
------------------------	-----------------------------

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

\$

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?

☐ Yes ☐ 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.

☐ Yes ☐ No

If "Yes," please describe

Cash value

\$

Received from

How often (i.e. monthly)

Monthly Expenses

Child care

For care that enables you to work or attend school, complete for children 12 and younger

Amount per month assisted

\$

Amount per month unassisted

\$

Medical Expenses

Complete if head of household, co-head or spouse is elderly, disabled or handicapped.

Physicians/health care providers

\$

Medical premiums

\$

Hospitals/other health care facilities

\$

Prescription/non-prescription medicine

\$

Dental

\$

Other

\$

Auxiliary apparatus or handicapped/attendant care

\$

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?

☐ Yes ☐ No

If "Yes", list needed features:

Will you or any member of your household require a live-in attendant?

☐ Yes ☐ 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)

☐ Yes ☐ No

If offered an apartment and I accept, this apartment will serve as my primary residence

☐ Yes ☐ No

Are you displaced due to

Natural disaster?

☐ Yes ☐ No

Other governmental action?

☐ Yes ☐ No

Domestic violence?

☐ Yes ☐ No

Are you currently homeless?

☐ Yes (Please complete Appendix 1) ☐ No

Are you at risk of homelessness?

☐ Yes (Please complete Appendix 2) ☐ No

Are all members of the household citizens of the United States or non-citizens with eligible immigration status?

☐ Yes ☐ No

Have you or any member of your household been a full-time student in the past year or plan to enroll as a full-time student in the upcoming year?

☐ Yes ☐ No

If "Yes," please list all schools attended.

Is your household comprised entirely of full-time students?

☐ Yes ☐ No

If "Yes," check all that apply:

☐ All household members are fulltime students, and such students are married and file a joint tax return

☐ The household consists of single parents and their children, and such parents and children are not dependents of another individual

- ☐ At least one member of the household receives assistance under Title IV of the Social Security Act (i.e. TANF assistance)
- ☐ 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
- ☐ Full-time student formerly in foster care

Do you currently have a Section 8 Housing Choice Voucher (HCV)?

☐ Yes ☐ No

If "No," are you on the waiting list for a Section 8 HCV?

☐ Yes ☐ No

If "Yes," which public housing authority or authorities?

Has anyone in your household ever been charged with or convicted of a crime, including but not limited to illegal manufacture or distribution of a controlled substance?

☐ Yes ☐ No

If "Yes," please explain

Is anyone in your household subject to a lifetime registration requirement under a state sex offender registration program?

☐ Yes ☐ No

If "Yes," please explain

Do you have any pets?*	Type	Number
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Do you or any members of your household smoke?*

☐ Yes ☐ No

Why do you want to move to this property?

**Some properties do not allow pets **Some properties do not allow smoking*

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

Please provide three (3) character references who you have known for at least one (1) year (not related)

Name	Phone number
Name	Phone number
Name	Phone number

**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

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, familial status, age, and disability 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 on the basis of visual observation or surname:

Ethnicity

☐ Not Hispanic or Latino

☐ Hispanic or Latino

Race (Mark one or more)

☐ American Indian/Alaska native

☐ Asian

☐ White

☐ Black or African-American

☐ Native Hawaiian or other Pacific Islander

☐ Multi-racial

☐ Other race

Sex

☐ Male

☐ Female

☐ Other

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

APPENDIX 1

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

CRITERIA FOR DEFINING HOMELESS	<input type="checkbox"/> Category 1	Literally Homeless	<p>(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <ul style="list-style-type: none"> (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); <u>or</u> (iii) Is exiting an institution where (s)he has resided for 90 days or less <u>and</u> who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
	<input type="checkbox"/> Category 2	Imminent Risk of Homelessness	<p>(2) Individual or family who will imminently lose their primary nighttime residence, provided that:</p> <ul style="list-style-type: none"> (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; <u>and</u> (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing
	<input type="checkbox"/> Category 3	Homeless under other Federal statutes	<p>(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:</p> <ul style="list-style-type: none"> (i) Are defined as homeless under the other listed federal statutes; (ii) Have an agreement 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 in the preceding 60 days; <u>and</u> (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; <u>and</u> (iii) Lacks the resources or support networks to obtain other permanent housing

APPENDIX 2

If you answered "yes" that you are at risk of homelessness on Page 7 of the Common Rental Application for Housing in Vermont, please confirm that your household falls into one of the three categories below:

☐ Yes, my household falls into one of these categories.

CRITERIA FOR DEFINING HOMELESSNESS	Category 1	Individuals and Families	<p>An individual or family who:</p> <ul style="list-style-type: none"> (i) Has an annual income below <u>30%</u> of median family income for the area; <u>AND</u> (ii) Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the "homeless" definition; <u>AND</u> (iii) Meets one of the following conditions: <ul style="list-style-type: none"> (A) Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; <u>OR</u> (B) Is living in the home of another because of economic hardship; <u>OR</u> (C) Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; <u>OR</u> (D) Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; <u>OR</u> (E) Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; <u>OR</u> (F) Is exiting a publicly funded institution or system of care; <u>OR</u> (G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved Con Plan
	Category 2	Unaccompanied Children and Youth	A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute
	Category 3	Families with Children and Youth	An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her.



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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:

- ✓ 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: _____



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

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

ALIAS NAMES (IF APPLICABLE)

PURPOSE OF REQUEST: (CHECK ONE)	<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

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



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

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

PURPOSE OF REQUEST: (CHECK ONE)	<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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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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.