

# Vermont Rental Rehab Recovery Program

## Eligibility Application

**Please complete this form and return with requested documentation to:**

Downstreet Housing & Community Development

Attn: Rental Rehab Program

**Email: rentalrehab@downstreet.org | Phone: (802) 476-4493**

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**Complete Application Packet includes the following** (Incomplete applications will be returned):

- 1) Completed Application Form, signed by the Applicants (Property Owners)
- 2) Copy of the Tax Bill and Deed for each property
- 3) Copy of Declaration Page for Proof of Homeowners Insurance on property requesting funding for.
- 4) Standard Lease Agreement
- 5) Completed W-9 form
- 6) Scopes of work and budget for each project
- 7) Copy of Contractor contracts, if available
- 8) Copy of any applicable permits, if available

### Program Overview

- The Re-Housing Recovery Program offers grants up to \$30,000 per unit for repairs needed to bring vacant rental units up to Vermont Rental Housing Health Code guidelines (maximum of 15 units/landlord).
- Property Owner is required to contribute at least a 10% match of the grant per unit.
- Program requires Property Owners to work with the Continuum of Care to attempt to find suitable renters. Priority will be given to Landlords that re-house the homeless in these units.
- Project scope may be reviewed and altered if the property is on or eligible for the State or National Historic Register. Additional compliance is required with the Vermont Rental Housing Code and local ordinances.
- All affected units must be rented at or below HUD Fair Market Rents for the appropriate County for at least five years (published annually) and Landlord must sign and record in the Land Records a Housing Affordability Covenant outlining this.
- **Eligible applicants MUST have the ability to meet the deadline for completion, see below.\***

### Services Provided by Downstreet

- Attend an initial site visit of the property/units with Property Owner
- Review proposed scope of work and budget, help to define and finalize the project
- Verify that all permitting and compliance with local, state, and federal regulations are satisfied
- Confirm construction deadlines are being met and provide progress payments
- Conduct final inspection to ensure all repairs have been completed
- Collect and verify all program documents: pre-work, during-work, post-work as required.

*\*This program has a non-negotiable deadline. All units must be done with construction, occupied (with a Certificate of Occupancy) and all invoices submitted to Downstreet no later than **December 20, 2020**. By missing this deadline, you will assume the remaining payments due to the contractor and/or supplier.*

Initial here that you understand the project has a deadline of December 20, 2020: \_\_\_\_\_



**Downstreet Housing & Community Development**  
Serving Washington, Orange, and Lamoille Counties  
22 Keith Ave., Ste. 100, Barre, VT 05641 • (802) 476-4493  
*Funds provided by the CARES Act and The State of Vermont  
Agency of Commerce and Community Development*



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Information on this form will be used to assess your eligibility for the Re-Housing Recovery Program.

### Section A. Property Owner Information (please list all owners, attach extra sheet if necessary):

Property Owner/Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Co-Owner/Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Best Way to Reach You (circle one): Phone: \_\_\_\_\_ Can you receive texts?  Yes  No

Email: \_\_\_\_\_

What is your current process to screen potential tenants and qualifying factors (i.e. credit and background check, application)? \_\_\_\_\_

Do you have any experience working with the Section 8 program (Y/N)? \_\_\_\_\_

Are you willing to receive referrals for rental applicants from the Continuum of Care (Y/N)? \_\_\_\_\_

Are you willing to accept the Vermont Common Rental Application? \_\_\_\_\_

Are you willing to maintain HUD Fair Market Rents for Rehabbed Units? \_\_\_\_\_

Have you applied, or do you intend to apply, for any other Federal or State funds to be used for this construction project:  Yes  No

If Yes, please list sources: \_\_\_\_\_

### Section B. Property Information:

***If you are applying for one building, complete the information for building one and then proceed to Section C.***

1. Building One Property Address: \_\_\_\_\_

Does this property have a mortgage (Y/N)? \_\_\_\_\_ If yes, are you current on payments (Y/N)? \_\_\_\_\_

Name of Municipality where you pay Property Taxes: \_\_\_\_\_ Are taxes current (Y/N)? \_\_\_\_\_

**★ Please include a copy of the Property Tax Bill and the Deed.**

Total Number of Units in Building: \_\_\_\_\_ How many units need repairs? \_\_\_\_\_

How Many of the Units are vacant? \_\_\_\_\_ Describe code violations and necessary repairs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Expected Start Date of Construction: \_\_\_\_\_ Expected End Date of Construction: \_\_\_\_\_

Contractor Name (if available/applicable): \_\_\_\_\_

Other Notes \_\_\_\_\_

**★ Attach the Scope of Work and Project Cost Estimate/Budget for Building 1 (include contractor contract, if available)**

2. Building Two Property Address: \_\_\_\_\_

Does this property have a mortgage (Y/N)? \_\_\_\_\_ If yes, are you current on payments (Y/N)? \_\_\_\_\_

Name of Municipality where you pay Property Taxes: \_\_\_\_\_ Are taxes current (Y/N)? \_\_\_\_\_

**★ Please include a Copy of the Property Tax Bill and the Deed**

Total Number of Units in Building: \_\_\_\_\_ How many units need repairs? \_\_\_\_\_

How Many of the Units are vacant? \_\_\_\_\_ Describe code violations and necessary repairs: \_\_\_\_\_

Expected Start Date of Construction: \_\_\_\_\_ Expected End Date of Construction: \_\_\_\_\_

Contractor Name (if available/applicable): \_\_\_\_\_

Other Notes \_\_\_\_\_

**★ Attach the Scope of Work and Project Cost Estimate/Budget for Building 2 (include contractor contract, if available)**

*If you are applying for more than two buildings, please include a separate sheet of paper with the requested information*

### Section C. Authorization and Acknowledgement

Each of the undersigned attests to the Downstreet, Inc. (Downstreet) and to Downstreet's actual or potential agents, successors and assigns and agrees and acknowledges that the information provided in this packet is true and correct as of the date set forth opposite my signature and that any intentional or negligent misrepresentation of this information contained in this packet may result in civil liability, including monetary damages, to any person who may suffer any loss due to reliance upon any misrepresentation that I have made on this application, and/or in criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Sec. 1001, et seq. Downstreet and its agents, brokers, insurers, successors, and assigns may continuously rely on the information contained in the packet. Each of the undersigned hereby acknowledges that Downstreet its servicers, successors and assigns, may verify or reverify any information contained in this packet or obtain any information or data relating to the packet, for any legitimate business purpose through any source, including a financial institution, employer, creditor, or any other source listed in this form. Each of the undersigned also understands that this application is for eligibility purposes only, and submitting this form does not constitute a commitment of funds.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### Section D. Project Deadline

I understand that if my rehabilitation project is not completed and occupied by December 20, 2020 that I will forfeit the unspent portion of the grant, and I will be responsible for any unpaid amounts owed to the contractors that I hire.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Demographic Information of Applicant

The following information is required by program funders and will not be sold or shared with any third parties, nor will it have an impact on program eligibility. For business entities, questions should be answered from the perspective of the primary business owner.

#### Applicant:

- Handicapped/Disabled  Veteran  
 Foreign Born

#### Marital Status:

- Married  Single  Divorced  
 Widowed  Separated  Civil Union

#### Gender ID:

- Female  
 Male  
 \_\_\_\_\_  
 Prefer not to answer

#### Ethnicity:

- Hispanic or Latino  Not Hispanic or Latino  
 Prefer not to answer

#### Applicant Household Type:

- Single Adult  Married with children  
 Married without children  
 2 or more unrelated adults

Annual Household Income (from all sources):  
\$ \_\_\_\_\_

#### Race:

- White  
 Black/African American  
 Asian  
 Native Hawaiian/ Pacific Islander  
 American Indian/Alaskan Native  
 American Indian/Alaskan Native and White  
 Asian and White  
 Black African American and White  
 American Indian/Alaskan Native and Black  
 African American  
 Other Multi-Racial \_\_\_\_\_  
 I do not wish to provide this information

Resident of Vermont?  Yes  No

#### Education Level of Applicant:

- No High School Diploma  High School Diploma or equivalent  
 Two Year College degree  
 Bachelor's Degree  Master's Degree  
 Above a Master's Degree

Number of Household Members (include dependents): \_\_\_\_\_



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