



BURLINGTON HOUSING AUTHORITY
65 MAIN STREET
BURLINGTON, VT 05401-8408
PHONE: (802) 864-0538
FAX: (802) 658-1286
www.burlingtonhousing.org



FINAL APPLICATION FOR HOUSING/RENTAL ASSISTANCE

INTRODUCTION

As your name has come up on one or more waiting lists, please complete this Final Application so that we can confirm your eligibility and suitability (where appropriate) for the development(s) or program(s) for which you have applied.

INSTRUCTIONS

The Final Application has two parts:

PART I must be completed by all applicants.

PART II must be completed by applicants who are applying for housing in a development owned or managed by the Burlington Housing Authority. (**Section 8 rental assistance applicants do not need to complete Part II.**)

In addition to completing the application, you need to complete and sign the following forms:

1. Declaration of Citizenship/Immigrant Status
2. BHA Authorization for Release of Information
3. HUD Authorization for Release of Information/Privacy Act Notice
Form 9886 for Section 8 and Public Housing; or
Form 9887 & 9887-A for other Managed Properties

Please review the application carefully and answer all required questions fully and accurately. If you cannot fit all of the information in the space provided, add additional sheets. Incomplete applications will be returned to you. False statements or information are grounds for denial of the application or termination of assistance.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL OR WRITE TO: **BURLINGTON HOUSING AUTHORITY**
65 MAIN STREET
BURLINGTON, VT 05401-8408
(802) 864-0538, EXT 200

IF YOU NEED TO REQUEST A REASONABLE ACCOMMODATION, SUCH AS NEEDING ASSISTANCE IN COMPLETING THIS APPLICATION, PLEASE CONTACT US AT (802) 864-0538.

EQUAL OPPORTUNITY AND NON-DISCRIMINATION STATEMENT

The Burlington Housing Authority (BHA) 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; 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.

The BHA will not on account of race, color, creed, national origin, sex, sexual orientation, place of birth, age, U.S. military veteran status, familial status, marital status or disability, deny to any person the opportunity to apply for admission, nor deny to an eligible applicant the opportunity to lease or rent a dwelling suitable for its needs. Further, in the selection of tenants, there will be no discrimination against persons otherwise eligible for admission because their income is derived in whole or in part from public assistance. BHA will not discriminate against selected tenants, and discrimination by one tenant against another is unacceptable and will not be condoned.

The information regarding race, national origin and sex designation solicited on this application is requested in order to assure the federal government that federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, familial status, age, and handicap 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/national origin and sex of individual applicants on the basis of visual observation or surname.

EFFECTIVE COMMUNICATIONS POLICY

The Burlington Housing Authority is committed to ensuring that its communications with applicants, program participants, employees and members of the public with disabilities is as effective as communications with others.

BHA will furnish appropriate auxiliary aids and services, where necessary, to afford individuals with disabilities, including individuals with hearing or visual disabilities, or individuals with limited English proficiency, an equal opportunity to participate in and enjoy the benefits of the programs and services of the BHA.

Examples of auxiliary aids and services include:

- Staff assistance with the completion of applications
- Telecommunication services or qualified sign language interpreters for persons with hearing impairments
- Large print, brailled, orally delivered or taped materials for persons with visual impairments
- Interpreters or written materials in the appropriate language for persons with limited English proficiency

BHA will give primary consideration to the choice of auxiliary aids and services requested by an individual with a disability or limited English proficiency.

Applicants requesting an auxiliary aid or services should make their request to BHA staff person providing, reviewing or processing the application.

Program participants requesting an auxiliary aid or service should make their request to the Director of Operations (tenants in BHA managed properties) or the Director of Rental Assistance (households receiving BHA rental assistance).

Requests from members of the public requesting an auxiliary aid or services to participate in programs, services or activities of the BHA should make their request to the Director of Operations.

Requests for auxiliary aids or services for public events such as Board meetings, public hearings or other BHA support or sponsored events shall make their request no later than forty-eight (48) hours prior to the event.

Applicants or Program Participants with a disability or with limited English proficiency who are not satisfied with BHA's response for an auxiliary aid or services may file a grievance in accordance with the applicable BHA Administrative Policy.

REASONABLE ACCOMMODATION POLICIES AND PROCEDURES

Burlington Housing Authority is committed to ensuring that its policies and procedures do not deny individuals with disabilities the opportunity to participate in, or benefit from BHA's programs, services and activities.

If a person with a disability requires an accommodation, BHA will provide the accommodation unless doing so will result in a fundamental alteration in the nature of the program or an undue financial and administrative burden.

A person with a disability may request a reasonable accommodation at any time during the application process, residency in housing owned or managed by BHA, or participation in the Housing Choice Voucher or other rental programs of the BHA. Requests may be made orally or in writing.

Requests for reasonable accommodations relating to residency in housing owned or managed by BHA should be made to the Director of Operations. Requests for reasonable accommodations related to participation in rental assistance programs should be made to the Director of Rental Assistance Programs.

The decision to approve or deny a request for a reasonable accommodation is made on a case-by-case basis and takes into consideration the disability, the needs of the individuals as well as the nature and requirements of the program or activity in which the individual seeks to participate.

Individuals requesting a reasonable accommodation will be provided with the "Request for Reasonable Accommodation" form. An alternative format will be provided upon request. Individuals may submit their request in writing, orally, or by any other equally effective means of communication.

BHA will request verification of the disability and the accommodation needed from a physician, licensed health professional, professional representing a social service agency or disability agency or clinic identified by the individual requesting the accommodation.

Upon receipt of the verification, BHA will promptly review the request. If additional information or documentation is required, BHA will notify the individual, in writing, of the need for additional information or documentation.

Upon the receipt of all required information and documentation, BHA will promptly advise the individual of the approval or denial of the request. If the request is denied, the individual will be provided information on any appeal rights in accordance with the applicable BHA Administrative Policy.

An applicant or resident may, at any time, exercise their right to appeal a BHA decision through Department of Housing and Urban Development or the U.S. Department of Justice.

Individuals may contact the HUD Boston Fair Housing Hub office at **1-800-827-5005**.

PRIVACY DISCLOSURE

All information in applicant and tenant files is considered to be confidential, except that BHA may disclose information in tenant or applicant files to other public agencies, utility companies or non-profit organizations in furtherance of the operations or business of BHA. BHA may also disclose information relating to the tenancy of former BHA tenants and program participants to landlords who are seeking references and to credit bureaus. Medical information and information concerning a disability of any tenant or applicant will not be disclosed by BHA to any person or organization without a written release from the tenant or applicant in question.

Except for disclosure of information to landlords seeking references and to credit bureaus, any tenant or applicant who wishes to limit disclosure of information by BHA as provided above must notify the Executive Director of his/her wishes in writing.

BHA will keep all information received involving domestic violence, dating violence, sexual assault or stalking confidential, unless the victim requests or consents in writing to disclosure, the information is required in an eviction proceeding or disclosure is otherwise allowed by law. In addition, BHA will comply with the provisions of confidentiality laws and regulations that apply to BHA.

**AFTER YOU HAVE COMPLETED THIS APPLICATION, KEEP THESE
INTRODUCTORY PAGES FOR FUTURE REFERENCE.**

**Notice of Interpretation Services**

Other languages available upon request.

English

If you do not speak or read English, we will arrange interpretation services at no charge. Tell the person helping you that you need an interpreter.

Arabic

إن كنت لا تتكلم اللغة الإنجليزية أو تقرؤها، سنقوم بالترتيبات لتقديم خدمات الترجمة الشفهية دون مقابل لك. أخبر الشخص الذي يقدم لك المساعدة بأنك بحاجة إلى مترجم شفهي.

Bosnian

Ako ne znate govoriti ili čitati engleski jezik, besplatno ćemo vam osigurati uslugu tumača. Kažite osobi koja vam pomaže da trebate tumača.

Chinese

如果您不懂英语，我们可以为您安排免费翻译服务。请告诉协助您的人员您需要一位翻译员。

French

Si vous ne pouvez pas parler ou lire en anglais, nous arrangerons un service d'interprétation gratuit. Dites à la personne qui vous aide que vous avez besoin d'un interprète.

Romanian

Dacă nu vorbiți și nu înțelegeți limba engleză, noi vă vom pune la dispoziție gratuit serviciile unui interpret. Spuneți persoanei care vă ajută că aveți nevoie de interpret.

Russian

Если Вы не говорите или не читаете по-английски, мы бесплатно предоставим Вам услуги устного перевода. Сообщите тому, кто Вам помогает, что Вам необходим переводчик.

Spanish

Si usted no habla o lee inglés, nosotros le proporcionaremos servicios de interpretación sin ningún costo para usted. Dígale a la persona que le está ayudando que necesita un intérprete.

Swahili

Endapo huwezi kuzungumza au kusoma Kiingereza, tutaandaa huduma za tafsiri bila malipo yoyote. Mwambie mtu anayekusaidia kuwa unahitaji mkalimani.

Vietnamese

Neáu quý vị vô không nòii hoac ñoïc ñöôïc tieáng Anh, chuùng toài seõ saép xeáp ñieã coù dòch vui thoàng dòch cho quý vị vô mieãn phí. Haõy cho ngöôøi giuùp quý vị vô bieát laø quý vị vô caàn moät thoàng dòch vieân.



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FINAL
APPLICATION FOR HOUSING/RENTAL ASSISTANCE

Please complete all required sections. Incomplete applications will result in the application being returned to you.

PART I: TO BE COMPLETED BY ALL APPLICANTS

HEAD OF HOUSEHOLD AND CURRENT ADDRESS

NAME	FIRST	LAST		MIDDLE INITIAL/MAIDEN NAME
	PO BOX / STREET		PHYSICAL ADDRESS	STREET ADDRESS
MAILING ADDRESS	CITY/TOWN			CITY/TOWN
	STATE/ZIP CODE			STATE/ZIP CODE
	E-MAIL ADDRESS			
TELEPHONE NUMBERS	HOME	WORK	PAGER/CELL PHONE	

HOUSEHOLD COMPOSITION

List all persons who will be living in the household when you receive rental assistance. Use additional sheet if necessary.

NAME	RELATION	SOCIAL SECURITY #	SEX	AGE	DATE OF BIRTH	PLACE OF BIRTH
1	Head					
2						
3						
4						
5						
6						

YES No

Do you expect any additions to the household within the next twelve (12) months?

NAME AND RELATIONSHIP: _____

EXPLANATION: _____

Do you have full custody of your child(ren)?

EXPLANATION: _____

Are there any absent household members who, under normal circumstances, would live with you, such as a family member away in military duty?

EXPLANATION: _____

MEDICAL EXPENSES

If you are elderly and/or disabled and pay all or part of your medical expenses, you may be entitled to an allowance to offset your portion of the rent. Please list the pharmacies, doctors, dentists, hospitals, medical equipment suppliers and insurance providers which *you* must make payment to (which is not reimbursed by insurance), so we can verify your out of pocket expenses.

DOCTORS, DENTISTS AND HOSPITALS			
PHARMACIES			
MEDICAL EQUIPMENT SUPPLIERS			
HEALTH / MEDICAL INSURANCE		PREMIUM	MTHLY/QTRLY/YEARLY
LIFELINE EMERGENCY RESPONSE			

CHILD CARE EXPENSES

List both your weekly out of pocket costs and the amount provided from other sources. Other sources can include SRS, welfare, or a parent not part of the household.

CHILD CARE PROVIDER	NAME AND ADDRESS	YOUR WEEKLY COST:
		SRS PAYMENT:

STUDENT INFORMATION

YES NO

 If any adult (18 years of age or older) in the household currently a full-time student, or planning to be one within the next 12 months? If Yes, list the name of the student and the school.
You will need to provide verification from the school

STUDENT NAME

NAME OF SCHOOL

GENERAL INFORMATION

YES NO

- a. Have you ever filed an application with the Burlington Housing Authority before?
- b. Have you ever been a tenant of the Burlington Housing Authority before? If Yes, where and when:

- c. Have you ever lived in any other assisted or Public Housing? If Yes, where and when:

- d. Have you ever participated in a Section 8 Housing Program? If Yes, name the Agency or Property Manager, Dates of Occupancy and Address:

AGENCY / PROPERTY MANAGER	ADDRESS
DATES OF OCCUPANCY	

- e. Are you currently receiving rental assistance from some other subsidized housing provider? If Yes, Name of Agency:

- f. Are you currently without housing? If Yes, Explain:

- g. Do you want to move? Explain:

- h. Have you or any family member ever been charged with or convicted of a crime? If Yes, give details of the crime, when it took place and where?

FAMILY MEMBER	CRIME
WHEN	DETAILS
WHERE	

- i. Are you currently engaging in the illegal use of a controlled substance? If Yes, which substance:

- j. Have you ever been charged or convicted of the illegal manufacture or distribution of a controlled substance, including methamphetamine?

EMERGENCY CONTACT

IF POSSIBLE, LIST SOMEONE IN THE AREA WHO IS NOT PART OF YOUR HOUSEHOLD

	NAME	RELATIONSHIP
	ADDRESS	
	TOWN/CITY	STATE ZIP CODE
	PHONE NUMBER	

TO BE COMPLETED BY APPLICANTS APPLYING FOR SECTION 8 RENTAL ASSISTANCE ONLY

APPLICANT CERTIFICATION

I certify that the information given on this application is accurate and complete to the best of my knowledge and belief. I understand that false statements or information is punishable under Federal Law. I also understand that false statements or information are grounds for denial of my application or termination of my assistance.

Head of Household

Date

Co-Head of Household

Date

Other Adult

Date

Other Adult

Date

APPLICANTS APPLYING FOR A MANAGED PROPERTY CONTINUE ON THE NEXT PAGE.



PART II: TO BE COMPLETED BY MANAGED PROPERTY APPLICANTS ONLY

FIRST NAME	LAST NAME	MAIDEN/MIDDLE INITIAL
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HOUSING HISTORY

List all places you have lived over the past FIVE years, starting with the most recent. Include the name and address of the landlord/owner. If you lived with family or friends, please list that information as well. Please use additional sheets, if necessary.

	LANDLORD NAME AND ADDRESS	YOUR ADDRESS	DATES OF OCCUPANCY
1.			
2.			
3.			
4.			
5.			

<input type="checkbox"/>	<input type="checkbox"/>	Have you experienced any problems in the past in your ability to pay rent or your ability to respect the rights and property of others? If Yes, Explain:
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been evicted from an apartment for any reason? If Yes, Explain:
<input type="checkbox"/>	<input type="checkbox"/>	Do you own any pets? If so, what kind and how many?

APPLICANT CERTIFICATION

TO BE COMPLETED BY APPLICANTS APPLYING FOR A MANAGED PROPERTY. APPLICANTS APPLYING FOR SECTION 8 RENTAL ASSISTANCE COMPLETE THE APPLICANT CERTIFICATION ON PAGE 7.

I understand that the Burlington Housing Authority is relying on this information to prove my household's eligibility for HUD subsidized housing. I understand that my occupancy is contingent on meeting income qualifications and the resident selection criteria. I certify that the information given on this application is accurate and complete to the best of my knowledge and belief. I understand that false statements or information is punishable under Federal Law. I also understand that false statements or information are grounds for denial of my application or termination of my assistance and/or Lease.

I also authorize the Burlington Housing Authority and/or its assigned credit bureau to obtain my credit report in connection with my application for housing. In the event that my application is approved, I also give my consent to have BHA, and/or its assigned credit bureau, obtain additional credit reports and other information after approval of my credit, both in connection with the same transaction or an extension of credit; to obtain credit reports and other information for account review purposes and other legitimate purposes associated with the account.

Head of Household

Date

Co-Head of Household

Date

Other Adult

Date

Other Adult

Date