



Cathedral Square
Advancing Healthy Homes, Caring Communities & Positive Aging since 1977



APPLICATION FOR CATHEDRAL SQUARE HOUSING

Please return this completed application to:

Cathedral Square Corporation
412 Farrell Street, Suite 100
So. Burlington, VT 05403

Tel: 802-863-2224
Toll-free: 833-863-2224
Fax: 802-863-6661
TTY/TTD: 1-800-253-0191

...OR you may complete the application online at: www.cathedralsquare.org

Instructions: Please select the properties for which you are applying, then complete the Common Application for Rental Housing in Vermont that follows. Please read this application carefully. Incomplete or unsigned applications will be returned.

ALL APPLICANTS MUST MEET ALL ADMISSIONS CRITERIA FOR THE APARTMENT THEY ARE CHOOSING.

Apartment Types	Market-Rate Apartments:	Income limits sometimes apply. Section 8 vouchers accepted.
	Tax-Credit Apartments:	Income limits apply but caps are higher than those for subsidized homes. Rents are below market rate. Section 8 vouchers accepted.
	Subsidized Apartments:	Income limits apply. Rent is 30% of household income.

Name of Residence	Choose Apt. Type	Notes
B U R L I N G T O N		
Cathedral Square Assisted Living	<input type="checkbox"/> Market Rate <input type="checkbox"/> Subsidized	Service-enriched housing with 24-hour personal care, nursing oversight, medication management, meals and housekeeping. Must be 62 or older or disabled. Medicaid accepted.
Cathedral Square Senior Living	<input type="checkbox"/> Tax Credit <input type="checkbox"/> Subsidized	Must be 62 or older or disabled for a subsidized apartment. Must be 55 or older or disabled for a tax-credit apartment.
Heineberg Senior Housing	<input type="checkbox"/> Market Rate <input type="checkbox"/> Tax Credit	Must be 55 or older.
Juniper House	<input type="checkbox"/> Market Rate <input type="checkbox"/> Tax Credit <input type="checkbox"/> Subsidized*	Must be 55 or older. *Must also apply to Burlington Housing Authority for a subsidized apartment.

McAuley Square	<input type="checkbox"/> Market Rate <input type="checkbox"/> Tax Credit <input type="checkbox"/> Subsidized*	Must be 55 or older. *Must also apply to Burlington Housing Authority for a subsidized apartment.
Monroe Place	<input type="checkbox"/> Subsidized	Service-enriched housing with preference given to individuals participating in Howard Center programs.
Ruggles House	<input type="checkbox"/> Market Rate <input type="checkbox"/> Tax Credit <input type="checkbox"/> Subsidized*	Service-enriched housing with meals and housekeeping. Must be 55 or older. *Must also apply to Burlington Housing Authority for a subsidized apartment.
Thayer House	<input type="checkbox"/> Market Rate <input type="checkbox"/> Tax Credit <input type="checkbox"/> Subsidized*	Must be 55 or older for a market-rate or tax-credit apartment. Must be 62 or older for a subsidized apartment.* *Must also apply to VT State Housing Authority for a subsidized apartment.
Thayer House II	<input type="checkbox"/> Market Rate <input type="checkbox"/> Tax Credit <input type="checkbox"/> Subsidized	Must be 55 or older for a market-rate or tax-credit apartment. Must be 62 or older for a subsidized apartment.
C O L C H E S T E R		
Holy Cross	<input type="checkbox"/> Market Rate <input type="checkbox"/> Tax Credit	Must be 55 or older.
E S S E X & E S S E X J U N C T I O N		
Town Meadow	<input type="checkbox"/> Tax Credit <input type="checkbox"/> Subsidized	Must be 55 or older for a tax-credit apartment. Must be 62 or older for a subsidized apartment.
Whitcomb Terrace	<input type="checkbox"/> Market Rate <input type="checkbox"/> Tax Credit <input type="checkbox"/> Subsidized*	Barrier-free housing for all ages. * Must also apply to VT State Housing Authority for a subsidized apartment.
Whitcomb Woods	<input type="checkbox"/> Subsidized	Must be 62 or older or disabled.
G R A N D I S L E		
Bayview Crossing	<input type="checkbox"/> Market Rate <input type="checkbox"/> Tax Credit <input type="checkbox"/> Subsidized	Must be 55 or older for a market-rate or tax-credit apartment. Must be 62 or older, or 55 to 61 and disabled, for a subsidized apartment.
H I N E S B U R G		
Kelley's Field	<input type="checkbox"/> Subsidized	Must be 62 or older or disabled.
Kelley's Field II	<input type="checkbox"/> Market Rate <input type="checkbox"/> Tax Credit <input type="checkbox"/> Subsidized	Must be 55 or older or disabled.
J E R I C H O		
Jeri Hill	<input type="checkbox"/> Subsidized	Must be 62 or older or disabled.
M I L T O N		
Elm Place	<input type="checkbox"/> Market Rate <input type="checkbox"/> Tax Credit <input type="checkbox"/> Subsidized	Must be 55 or older for a market-rate or tax-credit apartment. Must be 62 or older or disabled for a subsidized apartment.

R I C H M O N D		
Richmond Terrace	<input type="checkbox"/> Subsidized	Must be 62 or older or disabled.
S O U T H B U R L I N G T O N		
Allard Square	<input type="checkbox"/> Market Rate <input type="checkbox"/> Tax Credit <input type="checkbox"/> Subsidized	Must be 55 or older. *Must also apply to Burlington Housing Authority for a subsidized apartment.
Grand Way Commons	<input type="checkbox"/> Tax Credit <input type="checkbox"/> Subsidized	Must be 55 or older for a tax-credit apartments. Must be 62 or older for a subsidized apartment.
South Burlington Community Housing	<input type="checkbox"/> Market Rate <input type="checkbox"/> Subsidized	Service-enriched housing with 24-hour, personal-care assistance provided by UVM Health Network Home Health & Hospice. Must need four hours of personal care per day and be under age 62.
S A I N T A L B A N S		
Four Winds	<input type="checkbox"/> Subsidized	Must be 62 or older or disabled.
Reid Commons	<input type="checkbox"/> Tax Credit <input type="checkbox"/> Subsidized	Must be 55 or older.
S H E L B U R N E		
Wright House	<input type="checkbox"/> Subsidized	Must be 62 or older or disabled.
W I L L I S T O N		
Memory Care at Allen Brook	<input type="checkbox"/> Subsidized	Assisted living specializing in memory care with 24-hour personal care, nursing oversight, medication management, meals and housekeeping. Must be 62 or older or disabled. Medicaid accepted.
Whitney Hill Homestead	<input type="checkbox"/> Market Rate <input type="checkbox"/> Tax Credit <input type="checkbox"/> Subsidized*	Must be 55 or older. Must be 62 or older for a subsidized apartment.* *Must also apply to VT State Housing Authority for a subsidized apartment..

Please note: All Cathedral Square properties are smoke-free.

Pets are allowed; some restrictions apply. Please ask to see our pet policy.



Section 8 vouchers are accepted at all locations that are not already subsidized.

Cathedral Square is a nonprofit organization and an equal-opportunity employer and housing provider. We have provided affordable, service-enriched housing to older adults and people with diverse needs since 1977.

**Our organization and our communities are welcoming and inclusive,
embracing and supporting diversity in all its forms.**

PLEASE CONTACT US AT 802-863-2224 OR EMAIL info@cathedralsquare.org
IF YOU NEED THIS APPLICATION IN ANOTHER LANGUAGE OR FORMAT.



Form RENT		Common Rental Application for Housing in Vermont	FORM REVISED
State of Vermont's Housing Community			SEPTEMBER 2021

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 additional sheets if necessary. Please return completed application to:</i>		FOR OFFICE USE ONLY Date/time received:
Management company CATHEDRAL SQUARE	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 U.S. 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				
Social Security number				
Place of birth (city, state)				
Birthdate (mm/dd/yyyy)				
Will live in unit Full Time	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Will live in unit Part Time	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Marital Status				
	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally separated <input type="checkbox"/> Estranged	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally separated <input type="checkbox"/> Estranged	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally separated <input type="checkbox"/> Estranged	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally separated <input type="checkbox"/> Estranged
Sex				
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/Intersex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/Intersex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/Intersex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/Intersex
Ethnicity				
	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino
Race (mark one or more)				
	<input type="checkbox"/> American Indian/Alaska native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other Race	<input type="checkbox"/> American Indian/Alaska native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other Race	<input type="checkbox"/> American Indian/Alaska native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other Race	<input type="checkbox"/> American Indian/Alaska native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other Race

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 \$	
Do you rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", Landlord's name	Landlord's phone number	
Landlord's address			

PREVIOUS HOUSING

Fill out this information for all places you have lived in the past five (5) years, not including your current housing. Attach a separate sheet of paper if needed.

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

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

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

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? <input type="checkbox"/> Yes <input type="checkbox"/> No
--

Please list all states in which you have previously lived.
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INCOME

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

Employment income		<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 \$
Applicant Name	Employer address, phone, email	Gross weekly salary \$

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

Other income

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

Assets

Bank accounts and other cash accounts

☐ N/A

Please list all accounts held by each person who will live in your apartment. Attach a separate sheet of paper, if needed.

Bank/institution	Type of account	Interest rate %	Current balance \$
Bank/institution	Type of account	Interest rate %	Current balance \$
Bank/institution	Type of account	Interest rate %	Current balance \$
Peer-to-peer account, eWallet, Direct Express Debit Card and other accounts such as Venmo, Paypal and Bitcoin, etc.	Type of account		Current balance \$
Cash on hand			Current balance \$

IRA/Keogh/annuity/pension/stocks

☐ N/A

Name of account	# of shares	Share Price \$	Cash value \$	Quarterly dividend \$
Name of account	# of shares	Share Price \$	Cash value \$	Quarterly dividend \$
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 assets not already listed? (Do not include furniture. Do not include motor vehicles used for personal transportation.)	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<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
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
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
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
If offered an apartment and I accept, this apartment will serve as my sole residence	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you displaced due to:		
Natural disaster	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other governmental action	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Domestic violence	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently homeless?	<input type="checkbox"/> Yes (Please complete Appendix 1)	<input type="checkbox"/> No
Are you at risk of homelessness?	<input type="checkbox"/> Yes (Please complete Appendix 2)	<input type="checkbox"/> No

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
Is your household comprised entirely of full-time students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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	<input type="checkbox"/> No
The household consists of single parents and their children, and such parents and children are not dependents of another individual	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," please explain and give the state and date:		

Do you have any pets? <i>Some properties do not allow pets</i> <input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 you have known for at least one (1) year (not related to the applicant(s))

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

**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 not had a lease, ownership interest 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 the preceding 60 days; and (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers
			<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; and (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.