

The Springfield Housing Authority does not discriminate on the basis of handicapped status in admission or access to, or treatment or employment in its federally assisted programs and activities. The Springfield Housing Authority supports Equal Housing Opportunity for everyone.



SPRINGFIELD HOUSING AUTHORITY
 80 Main Street
 Springfield, Vermont 05156
 Tel. (802) 885-4905



Applications will be returned if not completed in full

APPLICATION FOR ADMISSION TO THE MAPLES

APPLICANT NAME: _____ APT. #: _____
 CURRENT ADDRESS: _____ CITY, STATE, ZIP CODE: _____
 HOME PHONE #: _____ HEAD WORK #: _____ SPOUSE WORK #: _____

LIST NAME, ADDRESS AND PHONE NUMBERS OF CURRENT LANDLORD AND PREVIOUS LANDLORD. (Must have information from last ten (10) years.)

1. Name _____ Address _____ Phone # _____
 From _____ To _____

2. Name _____ Address _____ Phone # _____
 From _____ To _____

3. Name _____ Address _____ Phone # _____
 From _____ To _____

4. Name _____ Address _____ Phone # _____
 From _____ To _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the Head of Household and all other members who will be living in the assisted unit. Give the relationship of each family member to the Head.

MEMBER'S FULL NAME	RELATION	D.O.B	PLACE OF BIRTH	AGE	SEX	SOC. SEC. #
SELF						

Other names you have used (maiden, married, aliases) _____
 Please list ALL states lived in by any adult member of the household: _____

Do you certify that the unit will serve as your household's primary residence? [] YES [] NO
 Does anyone live with you now who is not listed above? [] YES [] NO If YES, please explain: _____

Do you plan to have anyone living with you in the future who is not listed above? [] YES [] NO If YES, please explain: _____

Do you claim handicapped or disabled status for you or spouse for eligibility purposes? [] YES [] NO
 If YES, name of person or agency who certified your handicap or disability: _____
 Name: _____ Phone #: _____
 Address: _____
 Identify any special housing needs required as a result of the handicap: _____

CREDIT REFERENCES

Name: _____ Phone #: _____
 Address: _____ Current Balance: \$ _____
 Account Number: _____
 Name: _____ Phone #: _____
 Address: _____ Current Balance: \$ _____
 Account Number: _____
 Name: _____ Phone #: _____
 Address: _____ Current Balance: \$ _____
 Account Number: _____
 Do you give permission for us to do a credit check? YES NO

CURRENT HOUSING STATUS

How many people live in your unit now? _____ How many bedrooms do you have? _____
 Do you wish to move? YES NO If YES, why? _____
 Are you being evicted? YES NO If YES, explain the circumstances: _____
 Do you owe the landlord money? YES NO If YES, please explain: _____
 Are you being displaced from your present unit? YES NO If YES, explain the circumstances: _____
 What is your current rent? \$ _____ per _____ (month/week) What utilities do you pay? _____
 Are you now living in a government subsidized unit? (e.g., Public Housing, Section 8, Section 236, or Section 221 (d) (3) subsidized project) YES NO
 Have you ever lived in Public Housing? YES NO If YES, where? _____
 Have you ever participated in the Section 8 Existing Program? YES NO If YES, where and dates: _____

INCOME INFORMATION

List all wages, social security, benefits, pensions, interest, dividends, alimony, unemployment compensation, commissions, etc.

Member Name	SOURCE OF INCOME/TYPE OF INCOME	Monthly Amount

ASSETS INFORMATION

List all checking and savings accounts (including IRA's, Keogh accounts, and Certificates of Deposit) of all household members, including amounts disposed of during the past two years.

Member Name	Bank Name and Address	Interest Rate	Account #	Current Balance

List value of all stocks, bonds, trusts, pension contributions, or other assets: _____
 Do you own a home or other real estate? YES NO If YES, what is the current market value of the asset? _____
 Have you sold or given away real estate or other assets in the past two years? YES NO
 If YES, what is the current market value of the asset? \$ _____

MEDICAL ALLOWANCES (Use additional pages if necessary)

Member Name	Description (Include name and Complete Mailing Address)	Amount	Anticipated Amount for next 12 months.
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

EXPENSES

Do you pay for a care attendant or for any equipment for the handicapped member(s) of the family necessary to permit that person or someone else in the family to work? [] YES [] NO If YES, describe expenses: _____

Do you have Medicare? [] YES [] NO If YES, what is your monthly premium? \$ _____

Do you have any other kind of medical insurance? [] YES [] NO If YES, give policy number and agent's name and address: _____

Do you receive medical assistance through the Welfare department? [] YES [] NO

Do you have any outstanding medical bills on which you are paying? [] YES [] NO

Do you expect to have any medical expenses during the next 12 months? [] YES [] NO If YES, what is the anticipated amount and type of these expenses? _____

Do you have a personal care assistant? [] YES [] NO If YES, give details: _____

**DRUG AND CRIMINAL ACTIVITY
FEDERAL REGULATIONS REQUIRE HOUSING AGENCIES TO QUESTION APPLICANTS AND PARTICIPANTS
CONCERNING DRUG OR VIOLENT CRIMINAL ACTIVITIES**

Have you or any member of your family ever been arrested, charged or convicted of any drug or alcohol related or violent criminal activity? ___ YES ___ NO If yes, explain: _____

Probation or parole officer name: _____ Phone: (____) _____

Is the household member seeking rehabilitation for the above named activity? ___ YES ___ NO If yes, give the name and address of the rehabilitation center: _____

Is any member of your household registered as a sex offender? ___ YES ___ NO

Has anyone in the household been evicted from public housing, Section 8 Housing, or Rural Development properties for any reason, including drug or criminal activity? ___ YES ___ NO If YES, name of agency and address: _____

COMMENTS/ADDITIONAL INFORMATION

Do you have a pet? [] YES [] NO If YES, please give type (dog, cat, etc.): _____

Are you a current resident of Springfield, Vermont? [] YES [] NO

Do you own an automobile? [] YES [] NO If YES, please give Registration Number: _____

Have you ever filed bankruptcy? [] YES [] NO Have you ever been asked to leave your housing unit? [] YES [] NO

APPLICANT CERTIFICATION: I/We certify that the information given to the Springfield Housing Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false or incomplete statements of information are grounds for rejection of my application, termination of housing assistance, and termination of tenancy. Finally, the unit I/We applied for will be my/our permanent address and I/we will not maintain a separate subsidized rental unit anywhere else.

WARNING: SECTION 1001, TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO MATTERS WITHIN ITS JURISDICTION. IF YOU BELIEVE THAT YOU HAVE BEEN DISCRIMINATED AGAINST, YOU MAY CALL THE FAIR HOUSING AND EQUAL OPPORTUNITY NATIONAL TOLL FREE HOT LINE AT 800-424-8590.

Signature of Head: _____ Date: _____

Signature of Spouse: _____ Date: _____

Representative of SHA: _____ Date: _____

Eligible: [] YES [] NO Date Letter sent: _____ By Whom: _____

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 that the Federal Laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, 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: Hispanic or Latino _____ Not Hispanic or Latino _____

Race: (Mark one or more)

1. American Indian/Alaska Native _____
2. Asian _____
3. Black or African American _____
4. Native Hawaiian or Other Pacific Islander _____
5. White _____

Gender: Male _____ Female _____

**SPRINGFIELD HOUSING AUTHORITY -- THE MAPLES
AUTHORIZATION FOR RELEASE OF INFORMATION**

**ALL ADULTS (18 & OVER) LIVING IN THE RENTAL UNIT MUST READ & SIGN
THIS FORM**

PURPOSE

The Springfield Housing Authority (SHA)/The Maples, herein after referred to as "housing authority", may use this authorization, and the information obtained with it, to administer and enforce program rules and policies.

AUTHORIZATION

I/we authorize the release of any information, including documentation and other materials, necessary to verify eligibility for or participation under Rural Development assistance program administered by the housing authority. I/we authorize The Maples/SHA to obtain information about me or my family that is pertinent to the determination of my eligibility for or participation in assisted housing programs, my level of benefits and verification of the true circumstances concerning myself and all members of my household.

I also consent for Rural Development or the PHA to release information from my file about my rental history to credit bureaus, collection agencies, or future landlords. This includes records on my payment history and any violation of my lease or PHA policies.

INQUIRIES MAY BE MADE ABOUT

Child Care Expenses
Handicapped Assistance Expenses
Credit History
Identity and Marital Status
Criminal History and Activity
Law Enforcement Records
Probationary Records
Medical Expenses
Family Composition
Social Security Numbers
Employment, Income, Pensions and Assets
Residences and Rental History
Federal, State, Tribal or Local Benefits
Community Support Assistance

**INDIVIDUALS OR ORGANIZATIONS THAT
MAY RELEASE INFORMATION INCLUDE**

Banks and Other Financial Institutions
Local/State/Federal Courts
Local/State/Federal Law Enforcement Agencies
Credit Bureaus
Employers, Past and Present
Schools and Colleges
Landlords
Local Community Social Service Agencies
Utility Companies
State Welfare Agencies
Providers of:
Alimony, Child Care, Child Support

CONDITIONS

I/we agree that permission to release information for the purposes stated above will remain in effect as long as I/we remain a participant in SHA housing programs or a resident in a SHA rental unit. A new release will be signed each year and whenever there is a change in the adult membership of the household. I/we agree that photocopies of this authorization may be used for the purposes stated above. I/we understand that failure to sign this authorization may be grounds for housing assistance to be denied, delayed or terminated. I/we voluntarily waive all right of recourse and release each such person from liability for providing information to the SHA.

Signature of Head of Household

Print Name

Date

Signature of Spouse

Print Name

Date

Signature of Adult Member

Print Name

Date

Signature of Adult Member

Print Name

Date