

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.



EQUAL HOUSING  
OPPORTUNITY

WESTVIEW TERRACE  
C/O 80 Main Street  
Springfield, Vermont 05156  
Tel. (802) 885-4905



**APPLICATION FOR ADMISSION TO WESTVIEW TERRACE APARTMENTS**

Please answer each question. If any question is left blank, then the application will be rejected. If the questions do not apply, then you must answer no, none, or does not apply. Return to the Westview Office, Westview Terrace, Springfield, Vermont 05156.

APPLICANT NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ APT. #: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

HOMEPHONE #: \_\_\_\_\_ HEAD WORK #: \_\_\_\_\_ SPOUSE WORK #: \_\_\_\_\_

How did you hear about this property? \_\_\_\_\_

Would you like to be put on a waiting list, if housing is currently unavailable? [ ] YES [ ] NO

**HOUSEHOLD COMPOSITION**

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

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

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: \_\_\_\_\_

Would you like to identify any special housing needs as a result of the handicap? \_\_\_\_\_

**INCOME INFORMATION**

Family Member _____	Name of Employer & Complete Mailing Address _____ _____ _____	Telephone No. _____ _____ _____
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List all wages, social security, benefits, pensions, interest, dividends, alimony, unemployment compensation, commissions, etc.

Family Mem. No.	Wages(job)	Welfare	SSI	SSA	Unemployment	Child Support	Pensions	Other
Monthly								
Weekly								
Monthly								
Weekly								
Monthly								
Weekly								
Monthly								
Weekly								

**HOUSING STATUS AND NEEDS**

**LIST NAME, ADDRESSES AND PHONE NUMBERS OF CURRENT LANDLORD AND PREVIOUS LANDLORDS FOR THE PAST 10 YEARS. THE OWNER OR MANAGER OF THE PROPERTY ARE TO BE LISTED AS THE CONTACT PERSON. COMPLETE MAILING ADDRESSES ARE REQUIRED FOR LANDLORDS. IF YOU SHARED THE UNIT WITH SOMEONE, LIST THEM AS ANOTHER MEMBER OF THAT HOUSEHOLD. IF YOU NEED MORE SPACE, YOU MAY USE A SEPARATE PIECE OF PAPER.**

1. Name _____	2. Name _____
Address _____	Address _____
Phone # _____	Phone # _____
Rented From: _____ To: _____	Rented From: _____ To: _____
Monthly Rent \$ _____ Utilities Paid: _____	Monthly Rent \$ _____ Utilities Paid: _____

3. Name _____	4. Name _____
Address _____	Address _____
Phone # _____	Phone # _____
Rented From: _____ To: _____	Rented From: _____ To: _____
Monthly Rent \$ _____ Utilities Paid: _____	Monthly Rent \$ _____ Utilities Paid: _____

How many people live in your unit now? \_\_\_\_\_

Do you expect any changes in your household size or make-up within the next year? [ ] YES [ ] NO If YES, explain: \_\_\_\_\_

How many bedrooms do you currently have? \_\_\_\_\_ How many bedrooms do you need? \_\_\_\_\_

Do you wish to move? [ ] YES [ ] NO If YES, why? \_\_\_\_\_

When do you wish to move? \_\_\_\_\_ If you currently have a lease, when is it up? \_\_\_\_\_

Are you being evicted? [ ] YES [ ] NO If YES, explain the circumstances: \_\_\_\_\_

Are you now, or have you ever been, asked to leave your housing unit? [ ] YES [ ] NO If YES, then please explain: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

If you currently have a Section 8 housing certificate or voucher, how many bedrooms is it for? \_\_\_\_\_  
When did you get it? \_\_\_\_\_

What are your current monthly housing costs?

**IF YOU RENT:**

Rent: \$ \_\_\_\_\_

Gas: \$ \_\_\_\_\_

Electric: \$ \_\_\_\_\_

Oil/Wood/Coal: \$ \_\_\_\_\_

**IF YOU OWN:**

Mortgage: \$ \_\_\_\_\_

Taxes: \$ \_\_\_\_\_

Insurance: \$ \_\_\_\_\_

Water/Sewer: \$ \_\_\_\_\_

Gas: \$ \_\_\_\_\_

Electric: \$ \_\_\_\_\_

Oil/Wood/Coal: \$ \_\_\_\_\_

Maintenance: \$ \_\_\_\_\_

What were your heating costs per month last winter? \$ \_\_\_\_\_

**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 cars, stocks, bonds, trusts, pension contributions, or other assets:

Item	Estimated Value

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? \$ \_\_\_\_\_

**EXPENSES**

Do you pay for child care which enables you to or another family member to work or go to school? [ ] YES [ ] NO  
If yes, give name and address of child care provided, weekly cost, and name of family member enabled to work: \_\_\_\_\_

Do you have money available to you for the cost of a security deposit? [ ] YES [ ] NO If NO, then can you get it from family, friends, or other sources? [ ] YES [ ] NO If YES, how much? \$ \_\_\_\_\_

Loans and debts: (Please include installment plans, school loans, car loans, mortgages, and all credit cards)

Owed To: (Name and complete mailing address)	Monthly Payments	Balance
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Have you declared bankruptcy in the last seven years? If so, explain: \_\_\_\_\_

**HANDICAPPED FAMILIES ONLY**

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: \_\_\_\_\_

**ELDERLY AND DISABLED FAMILIES ONLY**

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, anticipated amount, and type of these expenses: \_\_\_\_\_

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

**REFERENCES**

Character References: (Employers, fellow workers, neighbors)

Name	Address	Phone	Relationship
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**FINANCIAL REFERENCES: CREDITORS – ELECTRIC, PHONE, HEATING, CABLE CO.'s etc.**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_  
Account Number: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Current Balance: \$ \_\_\_\_\_

**COMMENTS/ADDITIONAL INFORMATION**

Are you or any member of your family currently serving in the military? [ ] YES [ ] NO

Have you or any member of your family ever been convicted of a crime? [ ] YES [ ] NO If YES, please explain: \_\_\_\_\_

Have you been involved in any legal action during the past two years? [ ] YES [ ] NO If YES, explain: \_\_\_\_\_

Do you own a water bed? [ ] YES [ ] NO

How many full time students in your household? (Please include children): \_\_\_\_\_

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

Do you run, or plan to run, a business from your unit? [ ] YES [ ] NO

Any additional information you think we should consider. (Use additional sheets if needed): \_\_\_\_\_

**APPLICANT CERTIFICATION:** I/We certify that the information given to the Springfield Housing Authority on social security numbers, 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 statements or information are grounds for termination or housing assistance and termination of tenancy. I/We understand that verification may be obtained from any source named in this application. I/We understand that more detailed information about my/our finances, employment, and/or housing situation may be required before my/our eligibility for a particular housing opportunity can be determined. 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.

Signature or Head: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

Representative of WV: \_\_\_\_\_ Date: \_\_\_\_\_

Eligible [ ] YES [ ] NO Date Letter sent: \_\_\_\_\_ By Whom: \_\_\_\_\_



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EQUAL HOUSING  
OPPORTUNITY

SPRINGFIELD HOUSING AUTHORITY  
80 Main Street  
Springfield, Vermont 05156  
Tel. (802) 885-4905-6408



I, \_\_\_\_\_, give the Springfield Housing Authority the right to obtain information about my criminal history from the Vermont Criminal Information Center (VCIC).

I realize I have the right to appeal the results of this record check, if I disagree with the information.

SIGNED: \_\_\_\_\_

NAME: \_\_\_\_\_

ALIASES USED: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CURRENT PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

**SPRINGFIELD HOUSING AUTHORITY  
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), 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 any housing assistance program administered by the housing authority. I/we authorize the housing authority 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 HUD 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





Department of Public Safety  
 Vermont Criminal Information Center  
 103 South Main Street  
 Waterbury, VT 05671-2101

**PUBLIC REQUEST FOR CRIMINAL CONVICTION INFORMATION**

PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY FEE: \$20 PER REQUEST - NO PERSONAL 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
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 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 2056(c), 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	Springfield Housing Authority		Driver's License #	State
Address:	80 Main Street Springfield, Vermont 05156		State	Zip
(802) 885-4905				
Telephone	Date of Birth of Requestor (Mo/Day/Year)		Date (Mo/Day/Year)	
Signature of Requestor	<i>Allyl Hobbs</i>			