



# Springfield Housing Authority

80 Main Street, Springfield, Vermont 05156  
Voice: (802) 885-4905 Fax: (802) 885-5857  
TDD/TTY: 1-800-545-1833 Ext. 865  
[www.springfieldhousingauthorityvt.org](http://www.springfieldhousingauthorityvt.org)

## INSTRUCTIONS FOR COMPLETING THE APPLICATION

Thank you for your interest in obtaining housing at one of our properties. The following instructions, if followed properly, will ensure timely processing of your application and will prevent delays.

1. Please print clearly, in black or blue ink.
2. All questions must be answered. Incomplete applications will be returned. If a question does not apply to you, feel free to provide an explanation or enter "no" or "none" in the space provided.
3. All household members that are 18 years of age or older are required to be screened for a criminal record check. Enclosed is the form for Vermont. Please complete one criminal record check form for each household member age 18 or over. (Print additional copies as necessary).
4. Be sure that all household members 18 years of age or older sign both the Application Certification and Releases of Information attached.
5. Proof of age (Birth Certificate, Driver's License, State or Federal ID) and a copy of a Social Security Card must be attached for each household member.
6. If you are claiming a Springfield/North Springfield, VT resident preference, please provide proof of residency or employment.

**ALL APPLICANTS MUST SUCCESSFULLY PASS A CREDIT AND CRIMINAL BACKGROUND CHECK FOR ADMISSION.**

Please call our office at (802) 885-4905 if you have any questions, or you may e-mail us at [lrsha@vermontel.net](mailto:lrsha@vermontel.net).

Please mail your completed application to:

Springfield Housing Authority  
80 Main St. Springfield, VT 05156



SHA does not discriminate on the basis of race, color, sex, age, religion, national origin, family or marital status, disability, or sexual orientation. The Springfield Housing Authority supports Equal Housing Opportunity for everyone.

APPLICATION FOR ADMISSION TO THE ELLIS APARTMENTS

APPLICANT NAME \_\_\_\_\_ APT. NUMBER \_\_\_\_\_
CURRENT ADDRESS \_\_\_\_\_
CITY, STATE, ZIP CODE \_\_\_\_\_
HOME PHONE # \_\_\_\_\_ HEAD WORK # \_\_\_\_\_ SPOUSE WORK # \_\_\_\_\_

LIST NAMES, ADDRESSES AND PHONE NUMBERS OF CURRENT LANDLORD AND PREVIOUS LANDLORD (Include COMPLETE mailing addresses. Must have information from the last ten years)

1. Name \_\_\_\_\_ 2. Name \_\_\_\_\_
Address \_\_\_\_\_ Address \_\_\_\_\_
Phone # \_\_\_\_\_ Phone # \_\_\_\_\_
Dates: From \_\_\_\_\_ To \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_
3. Name \_\_\_\_\_ 4. Name \_\_\_\_\_
Address \_\_\_\_\_ Address \_\_\_\_\_
Phone # \_\_\_\_\_ Phone # \_\_\_\_\_
Dates: From \_\_\_\_\_ To \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_
Attach additional pages if necessary.

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.

Table with 7 columns: NO., HOUSEHOLD MEMBER (LEGAL NAMES), RELATIONSHIP, BIRTH PLACE, SEX (M/F), BIRTH DATE, SOCIAL SECURITY NUMBER, LEGAL CITIZEN? (Y/N). Row 1: 1, Head of Household, Head of Household.

Have you or any adult members ever used any name(s) or social security number(s) other than the one you are currently using? YES NO If yes, please explain:
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:

THE FOLLOWING INFORMATION IS VOLUNTARY AND MUST BE ASKED OF ALL APPLICANTS (IMPORTANT)

Do you claim handicapped or disabled status for eligibility purposes? YES NO
If yes, name of person or agency who certified your handicap or disability:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_
Would you like to identify any special housing needs required as a result of the handicap? \_\_\_\_\_

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.





**EXPENSES**

Do you pay for child care which enables you, or another family member, to work or go to school?  YES  NO

If yes, give name and address of child care provider, weekly cost, and the 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, 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: (Complete name & address)	Monthly Payment Amount	Balance:

Have you declared bankruptcy in the past 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, please 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 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, please give anticipated amount and type of these expenses: \_\_\_\_\_

\_\_\_\_\_

**FINANCIAL REFERENCES (CREDITORS - ELECTRIC, PHONE, HEATING, CABLE, ETC.):**

1. Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Current Balance \_\_\_\_\_  
Account Number \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Current Balance \_\_\_\_\_  
Account Number \_\_\_\_\_

3. Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Current Balance \_\_\_\_\_  
Account Number \_\_\_\_\_

**COMMENTS / ADDITIONAL INFORMATION**

Have you, or any member of your household, ever been arrested or convicted of any felony or any misdemeanor crime?  
\_\_\_\_ YES \_\_\_\_ NO If yes, explain: \_\_\_\_\_

Have you or any member of your household ever been arrested or convicted in any incident involving drugs?  
\_\_\_\_ YES \_\_\_\_ NO If yes, explain: \_\_\_\_\_

Do you, or any member of your household, currently use illegal drugs or abuse alcohol? \_\_\_\_ YES \_\_\_\_ NO  
If yes, explain: \_\_\_\_\_

Are you, or any member of your household, listed on any state, federal, or local, sex offender registration program?  
\_\_\_\_ YES \_\_\_\_ NO If yes, explain: \_\_\_\_\_

Do you expect any additions to the household within the next 12 months? \_\_\_\_ YES \_\_\_\_ NO  
If yes, explain giving name and relationship: \_\_\_\_\_

Do you have primary physical custody of all children listed under the Household Composition on page 1?  
\_\_\_\_ YES \_\_\_\_ NO If NO, explain: \_\_\_\_\_

Are there any absent household members that are not listed under the Household Composition on page 1?  
\_\_\_\_ YES \_\_\_\_ NO If yes, explain giving name and relationship: \_\_\_\_\_

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  
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 run, or plan to run a business from your unit? \_\_\_\_ YES \_\_\_\_ NO

YES _____ NO _____	<p>Has <u>everyone</u> in your household (adults and children) been a student for at least 5 months in the current calendar year, is <u>everyone</u> in your household (adults and children) currently a student, or planning to become one within the next 12 months.  <u>If yes</u>, please check the applicable status from the list below:</p> <p> <input type="checkbox"/> Married and filing a joint tax return  <input type="checkbox"/> Receiving Social Security Title IV payments (NHFP, RUFPA)  <input type="checkbox"/> Participating in a job training program with assistance  <input type="checkbox"/> The full-time student is a single parent with minor children who are claimed as dependents on their tax return  <input type="checkbox"/> None of the above.         </p>
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Any additional information you think we should consider (use additional sheets if needed): \_\_\_\_\_

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**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 deduction is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements of information are punishable under Federal Law. I/We understand that verification may be obtained from any source named in the 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 elsewhere.

Signature of Head: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse / Co-Head: \_\_\_\_\_ Date: \_\_\_\_\_

Representative of SHA: \_\_\_\_\_ Date: \_\_\_\_\_

Eligible \_\_\_\_\_ YES \_\_\_\_\_ NO Date Letter Sent: \_\_\_\_\_ By Whom: \_\_\_\_\_

**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.

**INQUIRES 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