



# 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.
3. Be sure that all household members 18 years of age or older sign both the Application Certification and Releases of Information attached.
4. A birth certificate and copy of a social security card must be attached for each household member.
5. Unmarried adults residing together must complete separate applications.
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 email us at [lrsha@vermontel.net](mailto:lrsha@vermontel.net).

Please mail your completed application to:

Springfield Housing Authority  
80 Main St., Springfield, VT 05156

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 – Mountain View Apts.  
 80 Main Street  
 Springfield, Vermont 05156  
 (802) 885-4905



Applications will be returned if not completed in full

REVISED: 04/04/2017

**APPLICATION FOR ADMISSION TO MOUNTAIN VIEW APARTMENTS**

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

**LIST NAME, ADDRESSES AND PHONE NUMBERS OF CURRENT LANDLORD AND PREVIOUS LANDLORDS.** You must provide information for all landlords for the last 10 years. The owner or manager of the property is 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 # \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Phone # \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

3. Name \_\_\_\_\_ 4. Name \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 Phone # \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Phone # \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

Are any members of the household 18 years of age or older and a full-time student? [ ] YES [ ] NO

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.

MEMBERS FULL NAME	RELATION	D.O.B.	PLACE OF BIRTH	AGE	SEX	SOC. SEC. #	Full Time Student ? YES or NO
	SELF						

Does anyone live with you now who is not listed above? [ ] YES [ ] NO IF YES, please explain: \_\_\_\_\_  
 Does anyone live 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 and address of person or agency who certified your handicap or disability: \_\_\_\_\_  
 Name & Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Would you like to identify any special housing needs 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.*

**CREDIT REFERENCES**

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

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 require? \_\_\_\_\_  
Do you wish to move? [ ] YES [ ] NO If YES, why? \_\_\_\_\_  
Are you being evicted? [ ] YES [ ] NO If YES, explain the circumstances: \_\_\_\_\_

Do you owe your current landlord, or any previous 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?: \_\_\_\_\_  
Have you ever lived in a government subsidized unit? (e.g., Public Housing, Section 8, Section 236, or Section 221 (d) (3) subsidized project) [ ] YES [ ] NO If YES, where and what dates? \_\_\_\_\_

Have you ever previously applied for, or lived in, housing owned and/or managed by the Springfield Housing Authority? [ ] YES [ ] NO  
Check one of the following: I am \_\_\_\_\_

- \_\_\_\_\_ a citizen or national of the United States
- \_\_\_\_\_ a noncitizen with eligible immigration status
- \_\_\_\_\_ not contending eligible immigration status.

Please list ALL of the states lived in by any adult member of the household: \_\_\_\_\_

**INCOME INFORMATION**

List all sources of income including but not limited to wages, social security, benefits, pensions, interest, dividends, alimony, unemployment compensation, commissions, etc. for all household members.

Member Name	SOURCE OF INCOME/ TYPE OF INCOME AND COMPLETE MAILING ADDRESS	Monthly Amount
		\$
		\$
		\$

**ASSETS INFORMATION**

List all asset accounts including but not limited to 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 Complete Mailing Address	Interest Rate	Acct # & Type of Acct	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? \$ \_\_\_\_\_

**EXPENSES**

Do you pay 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: \_\_\_\_\_

Is any part of the child care expenses paid for, or reimbursed, by another party? [ ] YES [ ] NO

**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/HANDICAPPED 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: \_\_\_\_\_

**COMMENTS/ADDITIONAL INFORMATION**

For purposes of notice, are you or any member of your household in the military [ ] YES [ ] NO. If you checked yes, please provide an address where you or your household member can be reached. \_\_\_\_\_

Have you or any member of your household been arrested, charged, or convicted of any drug or alcohol related or violent criminal activity in the past 5 years prior to date of this application? [ ] YES [ ] NO If YES, please explain: \_\_\_\_\_

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

Have you or any family member been involved in any legal action in the last five years? [ ] YES [ ] NO If YES, please explain: \_\_\_\_\_

Is any member of your household registered as a sex offender? [ ] YES [ ] NO If you checked yes, which household member(s) and in what State(s) are they registered: \_\_\_\_\_

Has anyone in the household been evicted from public housing or Section 8 housing for any reason including drug or criminal activity? [ ] YES [ ] NO If YES, name of agency and address: \_\_\_\_\_

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

Have you ever been served a Notice to Quit? [ ] YES [ ] NO  
How did you hear about us? \_\_\_\_\_

NOTE: The following information is being requested to comply with equal opportunity requirements and to assure that no discrimination occurs. Your answer is voluntary and will not affect (either positively or negatively) your selection for the program.

1. Race of Head of Household [ ] American Indian or Alaskan Native [ ] Asian [ ] Black or African American [ ] Native Hawaiian or Other Pacific Islander [ ] White
2. Ethnicity of Head of Household [ ] Hispanic [ ] Non Hispanic

APPLICANT CERTIFICATION: I/We certify that the information above, given to the Springfield Housing Authority 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 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.

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

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

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants  
**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**  
This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Call Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Call Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Comment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN) which will be used by HUD to protect disbursement data from fraudulent actions.

**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  
Utility Consumption

**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