

APPLICATION FOR HOUSING

Valley Cares Management Use Only:			
Property:	<input type="checkbox"/> AL	<input type="checkbox"/> IL	<input type="checkbox"/> SL
Barrier Free (H/C unit) Requested?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Bedroom Size:	Comments:		
<input type="checkbox"/>	Accepted		
<input type="checkbox"/>	Rejected		

Time/Date Stamp



PO Box 341 Townshend, VT 05353 • (802) 365-7190 • FAX (802) 365-7601
www.valleycares.org

Please complete the following application and return it to Valley Cares, Inc. (VC). All items must be complete in order to determine your eligibility. If an item does not apply to you, please check N/A next to the question. VC does not discriminate on the basis of race, color, sex, age, religion, national origin, family or marital status, disability, sexual orientation, perceived sexual orientation, gender or gender identification. Please note a copy of all household members social security cards will be required prior to admission. * If you do not have a social security card, please attach a copy of an alternative form of identification that would verify your number. Please call us for a list of acceptable substitutions.

Property you are applying for (**Please Circle**): Assisted Living / Independent Living / Supportive Living

Number of bedrooms requested: _____

A. GENERAL INFORMATION

Full Name:	Phone Number:
Address:	E-Mail:

B: FAMILY SUMMARY

List all persons, including yourself, who will be living in the apartment. List the head of household first.

Full Name and middle initial	Relationship to HEAD	Date of Birth	Full Time Student ?	Social Security #	Sex
	HEAD				

Does anyone listed above have a maiden name, or alias? YES NO If yes, please list them below:

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NOTE: FOR THE PURPOSES OF CALCULATING RENT, AN ELDERLY OR DISABLED HOUSEHOLD QUALIFIES FOR A \$400 DEDUCTION FROM ANNUAL INCOME AND MAY QUALIFY FOR A DEDUCTION FOR MEDICAL EXPENSES. FOR INDEPENDENT LIVING ONLY: ANY HOUSEHOLD MAY QUALIFY FOR A \$480 DEDUCTION PER DISABLED ADULT DEPENDENT AND CHILDCARE AND/OR DISABILITY ASSISTANCE EXPENSES.

C: INCOME

Please fill in each section, checking NO next to the items that do not receive.
Please use additional sheets of paper if necessary.

Check if NO <input type="checkbox"/>	Family Member	Source of Income	Name of Income Source	Gross Monthly Amount
		Social Security		\$
		Social Security		\$
		Social Security		\$
Check if NO <input type="checkbox"/>	Family Member	Source of Income	Name of Income Source	Gross Monthly Amount
		SSI Benefits		\$
		SSI Benefits		\$
Check if NO <input type="checkbox"/>	Family Member	Source of Income	Name of Income Source	Gross Monthly Amount
		Pension/Annuities		\$
		Pension/Annuities		\$

INCOME, Continued

Check if NO <input type="checkbox"/>	Family Member	Source of Income	Name of Income Source	Gross Monthly Amount
		VA Benefits		\$
Check if NO <input type="checkbox"/>	Family Member	Source of Income	Name of Income Source	Gross Monthly Amount
		Employment Wages		\$
		Employment Wages		\$
Check if NO <input type="checkbox"/>	Family Member	Source of Income	Name of Income Source	Gross Monthly Amount
		Unemployment Benefits		\$
		Unemployment Benefits		\$
Check if NO <input type="checkbox"/>	Family Member	Source of Income	Name of Income Source	Gross Monthly Amount
		Alimony		\$
		Child Support		\$
		Self Employment		\$
		TANF/PATH/APTD		\$
		Other Income		\$
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Are there any changes in income expected within the next 12 months?			
	If yes, please list family member and explain:			

D: ASSETS

Please fill in each section, checking NO next to the items that you do not have.
Please use additional sheets of paper if necessary.

CHECKING ACCOUNTS

Check if NO <input type="checkbox"/>	Family Member	Bank Name	Account #	Balance	Interest Rate
				\$	
				\$	
				\$	

SAVINGS ACCOUNTS/EBT/PRE-PAID DEBIT CARDS

Check if NO <input type="checkbox"/>	Family Member	Bank Name	Account #	Balance	Interest Rate
				\$	
				\$	
				\$	

CERTIFICATES OF DEPOSIT (CD)

Check if NO <input type="checkbox"/>	Family Member	Bank Name	Account #	Balance	Interest Rate
				\$	
				\$	
				\$	
Penalty for early withdrawal? <input type="checkbox"/> YES <input type="checkbox"/> NO					

STOCKS

Check if NO <input type="checkbox"/>	Family Member	Stock Name	# of Shares Owned	Value Per Share	Dividend Rate
				\$	
				\$	
				\$	

BONDS

Check if NO <input type="checkbox"/>	Family Member	Series	Date of Issue	Amount
				\$
				\$
				\$

ASSETS, continued

TRUST ACCOUNTS

Check if NO <input type="checkbox"/>	Family Member	Bank Name	Account #	Balance	Interest Rate
				\$	
				\$	
				\$	
Is this an irrevocable trust? <input type="checkbox"/> YES <input type="checkbox"/> NO					

IRAs

Check if NO <input type="checkbox"/>	Family Member	Bank Name	Account #	Balance	Interest Rate
				\$	
				\$	
				\$	
Penalty for early withdrawal? <input type="checkbox"/> YES <input type="checkbox"/> NO					

ANNUITIES/MUTUAL FUNDS/401K/403b

Check if NO <input type="checkbox"/>	Family Member	Bank Name	Account #	Balance	Interest Rate
				\$	
				\$	
				\$	

WHOLE LIFE POLICIES (NOT TERM LIFE)

Check if NO <input type="checkbox"/>	Family Member	Insurance Name	Account #	Amount
				\$
				\$

REAL ESTATE	1) Do you own any property?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Family Member:
	2) If yes, what type of property is it?		
	3) Where is the location of the property?		
	4) What is the appraised market value?		
	5) Amount of mortgage or outstanding loan?		
	6) Is the property owned jointly?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	7) Do you now rent, or intend to rent this property?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

DISPOSED OF ASSETS	1) Has any member of your household disposed of any asset(s) in the last two years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	2) If yes, what type of asset (e.g. cash, property, bank accounts)?	
	3) Market value when disposed:	\$
	4) Amount disposed for?	\$
	5) Date of transaction?	

E: EXPENSES (COMPLETE ONLY FOR INDEPENDENT LIVING)

Medical Expenses

Complete this section if head or spouse is 62 or older or disabled. Only list out of pocket expenses that are not reimbursed by any other source. Please use additional sheets of paper if necessary.

Check if NO <input type="checkbox"/>	Family Member	Medical Expense	Monthly Expense
		Medicare	\$
<input type="checkbox"/>		Medicare	\$
<input type="checkbox"/>		Health Insurance	\$
<input type="checkbox"/>		Health Insurance	\$

EXPENSES, continued

<input type="checkbox"/>		Pharmacy	Name & Address of Pharmacy	\$
<input type="checkbox"/>		Pharmacy		\$
<input type="checkbox"/>		Pharmacy		\$
			Name & Address of Provider	
		Physician		\$
<input type="checkbox"/>		Physician		\$
<input type="checkbox"/>		Physician		\$
<input type="checkbox"/>		Other		\$

Handicap Assistance Expense

Check if NO	Family Member	Type of Expense	Name & Address of Provider	Weekly Expense
<input type="checkbox"/>				\$
<input type="checkbox"/>				\$

F: PROGRAM INFORMATION

YES NO Is any member of the household a full or part time student? Full Time Part Time

YES NO Has **everyone** in your household (adults and children) been a student for at least 5 months in the current calendar year or; is **everyone** in your household (adults and children) currently a student, or planning to become one within the next 12 months.
If yes, please check the applicable status from the list below:

→ Married and filing a joint tax return
 Receiving Social Security Title IV payments (NHEP, RUFA)
 Participating in a job training program with assistance
 The full-time student is a single parent with minor children who are claimed as dependents on their tax return.
 None of the above.

YES NO Do you require an accessible unit?
 If yes, please explain:

YES NO Have you ever resided in a federally assisted housing complex?
 If yes, when and where?

YES NO Have you or any member of your household ever been evicted?
 If yes, please explain:

YES NO Have you or any member of your household ever received an Eviction Notice or Notice to Quit from any landlord? If yes, please explain:

YES NO Are you legally capable of entering into a lease agreement?
 If no, please explain:

How did you hear about the apartment for which you are applying?

YES NO Do you or anyone in your household have a Section 8 voucher?
 Housing Authority: _____ Contact Person: _____

YES NO **FOR INDEPENDENT LIVING ONLY:** Will you or anyone in your household require a live-in care attendant?
 Name of Live-in Care Attendant: _____
 Relationship (if any) _____

For each adult household member, list every state that they have ever lived in:

G: HOUSING REFERENCES

Please complete all areas below.

Please list your current address and landlord first, then your 2 other most recent addresses and landlords.

Current Address: ↓		
	Resided here since:	
	Rent Amount:	\$
	Are utilities included?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If, No, how much are utilities per month?	\$
Name and Address of Current Landlord:	Phone Number of current landlord:	
	Are you related to this person?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Additional Info:	

1st Previous Address: ↓		
	Lived there from _____ to _____.	
	Rent Amount:	\$
	Are utilities included?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If, No, how much are utilities per month?	\$
Name and Address of Previous Landlord:	Phone Number of previous landlord:	
	Are you related to this person?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Additional Info:	

2nd Previous Address: ↓		
	Lived there from _____ to _____.	
	Rent Amount:	\$
	Are utilities included?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If, No, how much are utilities per month?	\$
Name and Address of Previous Landlord:	Phone Number of previous landlord:	
	Are you related to this person?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Additional Info:	

H: OTHER INFORMATION

<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have any pets?
	If yes, please describe:

<input type="checkbox"/> YES <input type="checkbox"/> NO	Have YOU or ANY MEMBER of your household ever been arrested or convicted of any felony or any misdemeanor crime? If yes, check the applicable box(es) here > MISDEMEANOR FELONY
	If yes, please explain:

<input type="checkbox"/> YES <input type="checkbox"/> NO	Have YOU or ANY MEMBER of your household ever been arrested or convicted in any incident involving drugs?
	If yes, please explain:

<input type="checkbox"/> YES <input type="checkbox"/> NO	Do YOU or ANY MEMBER of your household currently use illegal drugs or abuse alcohol?
	If yes, please explain:

OTHER INFORMATION, Continued

<input type="checkbox"/> YES <input type="checkbox"/> NO	Are YOU or ANY MEMBER of your household listed on any state sex offender registration program? If yes, please explain:

<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you expect any additions to the household within the next 12 months? If yes, please explain giving name and relationship:

<input type="checkbox"/> YES <input type="checkbox"/> NO	Are there any absent household members that are not listed under the Household Composition on page 1? If yes, please explain giving name and relationship:

<input type="checkbox"/> YES <input type="checkbox"/> NO	Did you have help filling out this application? If yes, may be contact them on your behalf?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Please list name, address, & phone number:	

I: CERTIFICATION

I/We hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. I/We understand that I/we must pay a security deposit prior to occupancy. I/We certify that the housing I/We will occupy will be my/our only residence.

I/We understand that eligibility for housing will be based on either the USDA Rural Development or the Department of Housing and Urban Development's eligibility criteria and Valley Care's Resident Selection Criteria. 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 or landlord references, police records indicating unacceptable or criminal behavior, and/or poor personal interview.

I/We certify that the information given in this application is true to the best of my/our knowledge. I/We understand that any false information is punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy.

Head of Household: _____

Date: _____

Spouse/Co-Tenant: _____

Date: _____

J: RELEASE OF INFORMATION AUTHORIZATION

I/We do hereby authorize Valley Cares, Inc., and its staff to obtain information or materials deemed necessary to determine my/our eligibility for housing, including contacting agencies, offices, groups, or organizations, that may provide information that could substantiate or verify information given in this application; for example landlords, local police departments, welfare agencies, or senior services agencies.

Head of Household: _____

Date: _____

Spouse/Co-Tenant: _____

Date: _____

The information regarding race, ethnicity, and gender solicited on this application is requested in order to assure the Federal Government, acting through Rural Development and HUD that VC complies with the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, sexual orientation, marital status 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.

Race:	(Check one or more)		
	<input type="checkbox"/> American Indian/Alaskan 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
Ethnicity:	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non-Hispanic or Latino	
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	