



For Office Use Only
Date/time received

ADDENDUM FOR SUBSIDIZED PROPERTIES

Check each property you want to apply for. ONLY properties you are eligible for will be processed.

Chittenden County: Return to CHT, 88 King Street, Burlington, Vermont 05401

- Allen Canal Apartments (studio, 1 & 3 bedrooms) West Allen Street, Winooski
- Point School Apartments (3 bedroom only) Porters Point Road, Colchester

Grand Isle County: Return to CHT, 88 King Street, Burlington, Vermont 05401

- Round Barn (Senior & Disabled Housing – 1 & 2 bedrooms) Faywood Rd, Grand Isle
- Pine Manor (Senior & Disabled Housing – 1 & 2 bedrooms) Lake St, Alburgh
- Alburg Family Housing (1, 2, 3, & 4 bedrooms) Carle St, Alburgh

Franklin County: Return to CHT, 13 Lake Street, St. Albans, Vermont 05478

- Pleasant St (1 & 2 bedrooms) Pleasant St, Enosburg
- Rail City (2, 3, & 4bedrooms) Lower Weldon St, St. Albans
- Swanton School (Senior & Disabled Housing – 1 bedroom only) Church St, Swanton

INSTRUCTIONS: This application addendum must be accompanied by a Champlain Housing Trust rental housing application. Please answer all questions carefully and completely since this information will be used to determine your eligibility.

Have you completed a Champlain Housing Trust Rental Application? If Yes, please continue. Yes No

Do you also want to be considered for tax credit and market rate apartments? Yes No

HOUSEHOLD COMPOSITION: Complete the following information for each person who will live in your apartment.

#1 First <input style="width: 95%;" type="text"/>	Last <input style="width: 95%;" type="text"/>	Relationship <input style="width: 95%;" type="text"/>
Social Security Number <input style="width: 30%;" type="text"/> <input style="width: 30%;" type="text"/> - <input style="width: 30%;" type="text"/> <input style="width: 30%;" type="text"/>	Birth Date (mm/dd/yyyy) <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>	Sex <input type="radio"/> M <input type="radio"/> F
#2 First <input style="width: 95%;" type="text"/>	Last <input style="width: 95%;" type="text"/>	Relationship <input style="width: 95%;" type="text"/>
Social Security Number <input style="width: 30%;" type="text"/> <input style="width: 30%;" type="text"/> - <input style="width: 30%;" type="text"/> <input style="width: 30%;" type="text"/>	Birth Date (mm/dd/yyyy) <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>	Sex <input type="radio"/> M <input type="radio"/> F
#3 First <input style="width: 95%;" type="text"/>	Last <input style="width: 95%;" type="text"/>	Relationship <input style="width: 95%;" type="text"/>
Social Security Number <input style="width: 30%;" type="text"/> <input style="width: 30%;" type="text"/> - <input style="width: 30%;" type="text"/> <input style="width: 30%;" type="text"/>	Birth Date (mm/dd/yyyy) <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>	Sex <input type="radio"/> M <input type="radio"/> F
#4 First <input style="width: 95%;" type="text"/>	Last <input style="width: 95%;" type="text"/>	Relationship <input style="width: 95%;" type="text"/>
Social Security Number <input style="width: 30%;" type="text"/> <input style="width: 30%;" type="text"/> - <input style="width: 30%;" type="text"/> <input style="width: 30%;" type="text"/>	Birth Date (mm/dd/yyyy) <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>	Sex <input type="radio"/> M <input type="radio"/> F
#5 First <input style="width: 95%;" type="text"/>	Last <input style="width: 95%;" type="text"/>	Relationship <input style="width: 95%;" type="text"/>
Social Security Number <input style="width: 30%;" type="text"/> <input style="width: 30%;" type="text"/> - <input style="width: 30%;" type="text"/> <input style="width: 30%;" type="text"/>	Birth Date (mm/dd/yyyy) <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>	Sex <input type="radio"/> M <input type="radio"/> F

MEDICAL EXPENSES: Complete this section if head of household or co-head is elderly, disabled or handicapped. List only expenses you pay out of pocket. Include health insurance premiums, prescriptions, doctors, dentists, eyeglasses, hearing aids, outstanding medical bills.

Family Member Name <input type="text"/>	Medical Establishment (to whom you paid) <input type="text"/>
Amount Paid \$ <input type="text"/>	Number of Payments <input type="text"/>

Family Member Name <input type="text"/>	Medical Establishment (to whom you paid) <input type="text"/>
Amount Paid \$ <input type="text"/>	Number of Payments <input type="text"/>

General Information

Are you applying for status as an "Elderly Household"? Defined as the tenant or co-tenant is 62 or older, handicapped or disabled. <i>If yes, once verified, you will be eligible for a \$400 deduction and medical deductions for expenses paid out of pocket. Please realize that your eligibility must be verified.</i>	<input type="radio"/> Yes <input type="radio"/> No
Do you have child care expenses for children age 12 and under which enable you or another household member to work or attend school?	<input type="radio"/> Yes <input type="radio"/> No
Are all members of the household citizens of the United States or non-citizens with eligible immigration status?	<input type="radio"/> Yes <input type="radio"/> No
Do you have Handicapped/Attendant Care expenses for family members which enable a family member (including the handicapped family member) to work?	<input type="radio"/> Yes <input type="radio"/> No
Do you have expenses from wheelchairs, ramps, or special equipment for the blind that would enable the handicapped person to work?	<input type="radio"/> Yes <input type="radio"/> No
Are you displaced due to	
Natural disaster?	<input type="radio"/> Yes <input type="radio"/> No
Other governmental action?	<input type="radio"/> Yes <input type="radio"/> No
Domestic violence?	<input type="radio"/> Yes <input type="radio"/> No
Are any members of the household veterans of the US Armed Services?	<input type="radio"/> Yes <input type="radio"/> No
If yes, please provide names and branches of service. <input type="text"/>	
Are you currently living in subsidized housing?	<input type="radio"/> Yes <input type="radio"/> No
Have you ever resided in a Project financed and/or subsidized by the Government?	<input type="radio"/> Yes <input type="radio"/> No
If yes, please provide name and address. <input type="text"/>	
Have you ever been evicted from Public Housing or any other Federal Housing Program?	<input type="radio"/> Yes <input type="radio"/> No
If yes, please describe where, when and the reasons. <input type="text"/>	
Are you currently using illegal drugs?	<input type="radio"/> Yes <input type="radio"/> No
Have you ever been convicted of sale, distribution, or possession of illegal drugs?	<input type="radio"/> Yes <input type="radio"/> No

**PLEASE READ THE FOLLOWING STATEMENT CAREFULLY
BEFORE SIGNING THIS APPLICATION:**

Certification

I hereby certify that I do/will not maintain a separate subsidized rental unit in another location. I further certify that this will be my/our permanent residence. I understand I must pay a security deposit for this apartment. I understand that my eligibility for housing will be based on Rural Housing Service and/or Section 8 income limits and by Champlain Housing Trust selection criteria. I certify that all information in this application is true to the best of my knowledge and I understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

Authorization

I understand that the information contained in this application will be used to determine my eligibility for housing. I grant consent for the management to make any and all inquiries to verify the information, with rental, criminal and credit screening services, and to contact previous and current landlords or other sources for credit, and verification of other information which may be released to appropriate Federal, State or Local agencies.

I authorize management to obtain one or more "credit and consumer reports" as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

In the event my application is approved, I also give my consent to have Champlain Housing Trust and/or its assigned credit bureau to obtain additional credit reports and other information after approval of my credit, both in connection with the same Transaction or an extension of credit; to obtain credit reports, criminal background checks and other information for account review purposes and other legitimate purposes associated with the account.

Furthermore, I understand that providing any false or misleading information will make me ineligible for rental assistance and may result in prosecution by the United States Government. Therefore, I certify that all of the above information is true and complete to the best of my knowledge and belief.

ALL MEMBERS OF THE HOUSEHOLD (18 YEARS AND OLDER) MUST SIGN THIS APPLICATION.

Signature – Head of Household <input style="width:95%;" type="text"/>	Print Name <input style="width:95%;" type="text"/>	Date <input style="width:95%;" type="text"/>
Head of Household Phone Number <input style="width:95%;" type="text"/>		Head of Household Email Address <input style="width:95%;" type="text"/>
Signature – Other Adult Household Member <input style="width:95%;" type="text"/>	Print Name <input style="width:95%;" type="text"/>	Date <input style="width:95%;" type="text"/>
Signature – Other Adult Household Member <input style="width:95%;" type="text"/>	Print Name <input style="width:95%;" type="text"/>	Date <input style="width:95%;" type="text"/>
Signature – Other Adult Household Member <input style="width:95%;" type="text"/>	Print Name <input style="width:95%;" type="text"/>	Date <input style="width:95%;" type="text"/>

Submit Your Completed and Signed Application:

IN PERSON: Drop off your completed application at our Burlington or St. Albans Office
 BY MAIL: 88 King St., Burlington VT, 05401 or 13 Lake Street, St. Albans, VT 05478
 EMAIL: email the application to applications@champlainhousingtrust.org
 FAX: 802-862-5054, Burlington or 802-527-2373, St. Albans

Champlain Housing Trust does not discriminate on the basis of any protected status, including disability, in the admission of or access to, or treatment or employment in its programs and activities. Champlain Housing Trust provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. Champlain Housing Trust also provides people whose primary language isn't English and as a result have limited English proficiency the opportunity to request free language assistance in order to apply to or participate in its programs and activities. Josie Curtin coordinates Champlain Housing Trust compliance with all nondiscrimination requirements, including Section 504. Contact her with any questions or concerns relating to Champlain Housing Trust compliance with nondiscrimination requirements: Telephone (802) 862-6244 or Champlain Housing Trust, 88 King Street, Burlington, VT 05401