

PRELIMINARY APPLICATION FOR HOUSING/ RENTAL ASSISTANCE

INTRODUCTION

The Winooski Housing Authority (WHA) manages Section 8 Project Based housing with properties designated for elderly and disabled families and properties that are for family housing. In addition, WHA Section 8 administers a Section 8 Housing Choice Voucher Program in Winooski and surrounding communities within a six-mile radius. Eligibility for these programs varies and is based on income, household composition and suitability. Due to limited funding and apartment availability, there is a waiting list for all programs.

If you need to request a reasonable accommodation, such as needing assistance in completing this application, please contact our office at 802-655-2360 ext. 21.

The WHA application process has two steps:

1. This Preliminary Application is used to determine initial program eligibility and to place you on the appropriate waiting list.
2. When your name comes up on the waiting list, you will be asked to complete a **Final Application**, which gives us updated and more complete information. This information is used to determine final program eligibility, suitability and to calculate your portion of the rent. When you complete the Final Application, you will also be required to provide a photo ID, verify citizenship status, sign a HUD consent form for Release of Information, and a Consent for Release of Criminal Record Information.

Please Note: You must notify this office of any changes of address or telephone number. Also, notify the office of any change in your family size and income of family members.

Privacy Act Statement

The information provided on this application and tenant files is considered confidential and will be used by the Winooski Housing Authority to determine maximum income for eligibility, recommended unit size, and the family rental amount. It will not be disclosed outside of the Housing Authority except as required or permitted by law.

The Department of Housing and Urban Development (HUD) will be collecting information you give to the Winooski Housing Authority at application or re-examination. HUD will collect the information; the data it will collect includes name, date of birth, sex, Social Security Numbers, income, assets, certain deductible expenses, and rental payment. HUD will use this information to manage and monitor HUD-assisted housing programs. It may also verify whether the information is accurate and complete. HUD may give the information to Federal, State, and local agencies when it will be used for civil, criminal, or regulatory investigations and prosecutions. Other than these uses, HUD will not release the information outside, except as permitted or required by law.

VAWA STATEMENT

The Violence Against Women Reauthorization Act of 2022 provides protections for victims of domestic violence.

Domestic violence, dating violence, sexual assault or stalking is not an appropriate basis to deny program assistance, or denial of admission, if the applicant otherwise qualifies for assistance or admission.

INSTRUCTIONS

Please review the application carefully and answer all questions and sign where required. If all information does not fit in the space provided, add additional sheets. **False statements or information are grounds for denial of the application or termination of assistance.**

Please select the subsidized housing program you are interested in applying for, Senior/Disabled Properties, the Section 8 Housing Choice Voucher, or Family Properties.

We require the following documents along with your completed application:

- **The following forms are required and must be signed by all applicants over the age of (18) eighteen years old. If you require additional forms, please contact our office.**
 - A complete and signed HUD-9886- Authority for Release of Information/Privacy Act notice.
 - A signed HUD-52675 – Debts Owed to Public Housing Agencies and Terminations for
 - A complete and signed HUD-92006 – Supplement to Application for Federally Assisted Housing
- **Copies of Social Security cards for ALL household members**

Your application will be returned and/or denied if any of the following apply:

- **Incomplete Applications:** The application will be returned to you with the areas marked for additional information.
- **Illegible Applications:** If Winooski Housing staff cannot read your application it will be returned to you to be completed again legibly.
- **Over-Income:** You will be considered over-income if your household income is greater than program requirements.
- **Money Owed:** If you have an outstanding debt to the Winooski Housing Authority or any debt as a result of prior participation in a federally subsidized housing program. You must provide documentation that the debt was paid in full before your application will be accepted.
- **Previously Ruled Ineligible:** If you were previously ruled ineligible by the WHA for housing assistance, you are not eligible to re-apply for three (3) years from the date of the ineligibility ruling.

Please Note: If you refuse an apartment for the first time, your name will be moved to the bottom of the waiting list. If you refuse an apartment for the second time, your name will be removed from our waiting list, and you will have to re-apply if you are still interested in housing assistance.

If additional information is requested and it is not returned within 10 business days, your name will be **removed** from our waiting list(s).



WINOOSKI HOUSING AUTHORITY

83 Barlow Street

Winooski, VT 05404

Phone 802-655-2360

Fax 802-655-5540

www.winooskihousing.org

PRELIMINARY APPLICATION FOR HOUSING/RENTAL ASSISTANCE

Please answer carefully and completely since this information will be used to determine initial eligibility. Incomplete applications will be returned.

Please select the programs that you are applying for:

Designated Elderly or Disabled Properties Section 8 Voucher Family Properties

HOUSEHOLD COMPOSITION

List all persons who will be living in the household.

	First Name	Last Name	Family Relationship	Gender M/F	SSN	Date of Birth (mm/dd/yyyy)
1			Head of Household			
2						
3						
4						
5						
6						
7						
8						

PLEASE CHECK ALL THAT APPLY TO HEAD OF HOUSEHOLD AND SPOUSE

(for statistical purposes only)

Race White Black American Indian/Alaska Native Asian or Pacific Islander Other

Ethnicity Hispanic or Latino Non-Hispanic or Latino

CONTACT INFORMATION

Mailing Address

Phone Number

Email Address

Street			
Address Line #			
City/Town			
State/Zip Code			



Do you speak English? Yes No If No, what is your primary language? _____

If you do not speak English, do you have an English-speaking contact? If yes, please provide the contact's name and phone number:

CONTACT NAME _____

CONTACT PHONE NUMBER _____

Applicants and Clients of WHA have a right to free interpreter services. Please let us know if you require interpreter services.

INCOME INFORMATION

All income sources: Employer, Self-employment, Unemployment, Social Security, Pension, Reach Up, General Assistance, etc. You **must** include all family members income regardless of age.

Family Member	Source of Income (Wages, SS, Reach Up, etc.)	Weekly/Monthly Gross	Annual Gross

GENERAL INFORMATION

Have you ever been a client or tenant of Winooski Housing Authority before? Yes No

If yes: When _____ Where _____

Have you or any family member ever participated in a Federal Subsidy Housing Program before? Yes No

If yes: When _____ Where _____

Have you ever used a name other than the one you are using now? Yes No

What name: _____

Do you owe any money to a public housing authority or private landlord as a result of prior participation in a federal housing program? Yes No

If yes: Name of Housing Provider _____

Has anyone in your household ever been evicted from Public or Subsidized Housing for violent or drug-related activity? Yes No

If yes: Who _____ When _____

Has anyone in your household been engaged in the use, sale, manufacture, or distribution of controlled substances including methamphetamine? Yes No

If yes: Who _____ When _____

Has anyone in your household ever been charged or convicted of a crime? Yes No

If yes: Who _____ When _____
What Crime _____ Where _____

Are you or anyone in your household subject to a lifetime sex offender registry in any State?

Yes No

If yes: Who _____

Are any members of the household currently enrolled in an institution of higher education? Yes No

If yes: Who _____ Where _____

OPTIONAL DISABILITY DECLARATION: PROGRAM OPTIONS FOR PERSONS WITH DISABILITIES

If you or a family member is disabled and qualifies for one or more of the following program options, please indicate below by checking box.

Final determination of eligibility will require documentation of the disability and the need.

Accessible Apartment

Would you or a family member benefit by living in an apartment designed to accommodate a wheelchair user?

Live-In-Aide

Will anyone in your apartment require a live-in care attendant?

Name of Purposed Live-in Aide _____ Relationship (if any) _____

Vouchers for Non-Elderly Disabled Households

Are you or a family member a non-elderly (under 62) disabled individual?

Name of Disabled Family Member _____ Age of family member _____

PREFERENCES

Winooski Housing Authority offers preferences. Verification of eligibility must be provided.

Non-Elderly Disabled Households

Name of Disabled Family Member _____ Age of family member _____

Applies to Senior Developments Only

Age 62 or older Yes No

Applies to Housing Choice Voucher Program only

Applicants with income at 30% of the area median income or below.

- Who are at risk of experiencing homelessness or housing instability.
- Who are paying more than 40% of their gross household income for rent and utilities.

If one or more individuals within the household can demonstrate a risk of experiencing homelessness or housing instability by providing, (i) a past due utility bill or rent notice or eviction notice, (ii) documentation of rental amount, utility bills proof of household income. **Documentation must be provided.** Yes No

APPLICANT CERTIFICATION

I/We certify that the information given on household composition, income, and net family assets, as well as all other information provided is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable by Federal Law with fines up to \$10,000 or imprisonment for up to five (5) years. I/We understand that false statements or information are grounds for termination of housing assistance, termination of tenancy and/or retroactive rent increases.

My (our) signature(s) below constitutes my (our) **EXPRESS WRITTEN CONSENT** authorizing the Winooski Housing Authority to conduct a background check, including verification of information contained herein. I/We hereby expressly consent to the release of information by current or prior Landlords, Public Housing Authorities, employers, credit bureaus/references, criminal information centers, and other individuals or entities with information relevant to the information provided herein to representatives of the Housing Authority processing this Application and performing the background check. I/We also agree that if I/we are admitted to housing, the Winooski Housing Authority may conduct an interim background check using sources named above, if deemed necessary.

WARNING Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to matters within its jurisdiction. Any attempt to obtain public housing, any rent subsidy or rent by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such an attempt, is a crime.

I have read and fully understand the above statements.

Signature of Head of Household

Date

Signature of Spouse/or Cohead of Household

Date

Signature of other Adult Household Member

Date

NOTE: A COMPLETE APPLICATION MUST INCLUDE:

- ❖ Copies of Social Security Cards for **ALL family members**
- ❖ A complete and signed HUD-9886- Authority for Release of Information/Privacy Act notice for **each family member 18 and older**
- ❖ A signed HUD-52675 – Debts Owed to Public Housing Agencies and Terminations for **each family member 18 and older**
- ❖ A complete and signed HUD-92006 – Supplement to Application for Federally Assisted Housing