



Lamoille Housing Partnership, Inc.

(802) 888-5714

PO Box 637, 65 Portland Street, Morrisville, VT 05661

FAX 888-7304

APPLYING FOR:

Hill & Main (Johnson) _____

Draper (Morrisville) _____



Equal Housing Opportunity

INSTRUCTIONS: Please type or print, in ink, the information requested on this form. If you need more space, please attach a separate piece of paper. Please answer all questions carefully and completely since this information will be used to determine your eligibility.

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

NAME	RELATIONSHIP	SOCIAL SECURITY #	SEX	DATE OF BIRTH	AGE
	Head of Household				

- Is any member of the household a full-time student? _____ Yes _____ No
- What is your present address? _____
What is your mailing address? _____
- What is your telephone number? _____ Is this a message phone? _____ Yes _____ No
- What is your E-mail Address? _____
- If you rent, who is your present landlord? (Name, address and phone number)

- Do you: (Check those which apply)
Own your home _____ Rent _____ Live with others _____ Who? _____
Other living arrangements _____ Explain: _____

7. Previous Housing - Fill out the information for all places you have lived in the past 5 years, not including your present housing. Attach separate sheet of paper if needed:

ADDRESS	DATES RENTED	LANDLORD'S NAME, PHONE NUMBER & ADDRESS
	TO	
	TO	
	TO	

8. Please list ALL employment of all adult family members:

	OCCUPATION	EMPLOYER NAME & ADDRESS
HEAD OF HOUSEHOLD		
CO-HEAD OF HOUSEHOLD		
OTHER		
OTHER		

9. INCOME: Please list ALL sources of gross income for each member of your family. Please list whether these are W(weekly), B (Bi-weekly) or M (Monthly).

	HEAD OF HOUSEHOLD	CO-HEAD OF HOUSEHOLD	OTHER	OTHER	HOW OFTEN (W, B OR M)
EMPLOYMENT	\$				
SELF EMPLOYMENT					
CHILD SUPPORT					
PENSION/ANNUITY					
SOCIAL SECURITY					
SSI					
ANFC					
OTHER					

10. Have you ever lived in subsidized housing? _____ Yes _____ No
11. Would you or anyone in your household benefit from the features of a handicapped accessible unit?
 _____ Yes _____ No
12. Has anyone in your household ever been convicted of a crime or are there any pending criminal charges against you, including but not limited to illegal manufacture or distribution of a controlled substance? _____ Yes _____ No
 If you answered yes, please explain: _____
13. Have you ever been evicted or have any eviction proceedings ever commenced against you? _____ Yes _____ No
 If yes, please explain: _____
14. Does anyone in your household have any pets? _____ Yes _____ No
 If yes, please describe the pets: _____
 Some properties do not allow pets. Would you be willing to give up your pet if you are offered an apartment?
 _____ Yes _____ No
15. Why do you want to move to this property? _____

16. REFERENCES: Please provide three (3) references (NOT RELATIVES):

NAME	ADDRESS	PHONE NUMBER

17. Do you own real estate? _____ Yes _____ No If yes, please specify and submit verification:
 Address: _____ Value: \$ _____ Remaining Mortgage Amount: \$ _____

18. BANKING ACCOUNTS:

FAMILY MEMBER	TYPE OF ACCOUNT	ACCOUNT NUMBER	INTEREST RATE %	BALANCE	BANK NAME
				\$	
				\$	
				\$	

19. STOCK/BONDS/SAVINGS BONDS:

FAMILY MEMBER	TYPE OF ACCOUNT	ACCOUNT NUMBER	INTEREST RATE %	BALANCE	BANK NAME
				\$	
				\$	
				\$	

20. Does anyone in your household own any other assets not already listed (DO NOT INCLUDE FURNITURE AND OR VEHICLES USED FOR PERSONAL TRANSPORTATION)? Yes No
If yes, Please describe: _____
Value: \$ _____

21. Has anyone in your household disposed, transformed, or given away any assets for less than what they were worth during the past two years? Yes No
If yes, please describe: _____

Please print out a copy of your credit report and attach it to the application. You may receive a free copy of your credit report at <https://www.annualcreditreport.com>.

Please return completed application to:

**Lamoille Housing Partnership
P.O. Box 637
Morrisville, VT 05661
Phone: 802-888-5714
Fax: 802-888-7304**

Please be sure that all addresses on application are current mailing addresses. Thank you.

“The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, gender identity, gender-related characteristics 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. However, if you choose not to furnish it, the owner is required to note the race, ethnicity and sex of individual applicants on the basis of visual observation or surname.”

Ethnicity:	Race: (Mark one or more)
<input type="checkbox"/> Hispanic or Latino	1. American Indian/Alaska Native _____
<input type="checkbox"/> Not Hispanic or Latino	2. Asian _____
	3. Black or African American _____
	4. White _____
	5. Native Hawaiian or Other Pacific Islander _____
Gender: Male	
Female	

GENERAL RELEASE FORM

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS AUTHORIZATION FOR RELEASE OF INFORMATION:

Lamoille Housing Partnership is required to verify all information pertaining to all members of families applying for admissions as tenants. We are required to re-examine and independently certify this information on an annual basis.

I/WE understand that the information contained in this application will be used to determine my eligibility for housing. I authorize Lamoille Housing Partnership or its agent to make any and all inquiries to verify the information, with rental 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/We authorize Lamoille Housing Partnership or its agent to obtain Credit Report(s) for every adult household member to be used as an aide in determining my/our eligibility status for housing, and for any future reason whatsoever.

I/We hereby authorize any individual, agency, business, financial institution, office, group, or organization to release to Lamoille Housing Partnership or its agent any information or material contained in or derived from this application.

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

All adult members of the household must sign completed application for processing (18 years of age or older)

Date

Head of Household

Date

Co-Head of Household

Date

Adult Member of Household