



Housing Advocacy

Mobile Home Program

CVOEO Mobile Home Program

Park Flooding Recovery Assistance Fund (FRAF)

Application Form

Please return the completed and signed form and all supporting documents to CVOEO MHP via:

- Email to: mhp@cvoeo.org
- Mail to: CVOEO MHP, PO box 1603, Burlington VT 05402
- Fax to: (802) 859 3462

Section 1: Verification of Vermont Residency and Flooding Impact

- The mobile home is located in a registered park and is my primary residence: Yes No
 - Please provide one of the following documents: Utility bill, lease agreement, letter from the park management, or other form of verification.
- The mobile home was impacted by the July 2023 flooding: Yes No
 - Please provide one of the following documents: A condemnation letter, photographs of flood damage, insurance claims related to the flood, news reports, or other form of verification.

Section 2: Applicant Details

Full Name:	
Date of Birth (DOB):	

Section 3: Contact Information

Mobile Home Residential Address:	
Park Name:	
<u>Current</u> Mailing Address (if different):	
Phone Number(s):	
Email Address(s):	
Preferred Contact Method:	<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Mail

Section 4: Household Details

1. How many total members are in your household? _____
2. Do you have children under 6 years old? Yes No
3. Please provide the following details for each member:

Full Name	Relation to Applicant	DOB	Race	Chronic Disease (Y/N)	Disability (Y/N)	Hispanic (Y/N)

Section 5: Housing Stability Status

1. What is the status of your home's condition:
 - Damaged but not condemned
 - Total loss/condemned
2. Please select your current housing status:
 - Still living in home
 - Temporarily housed, if yes, Start Date _____ End date: _____

What is your current physical address? _____

- Homeless/displaced
- Other (please explain) _____

Section 6: Use of funds

1. What do you plan on using these funds on (check all that apply):

- Groceries (food, water, etc.)
 - Housing costs (hotel, lot rent, etc.)
 - Other (please explain) _____
 - Bills
 - Medication/Health-related costs
-

Section 7: Method of Payment

We will mail your check to the listed mailing address you provide in Section 1 of this application. If you need to receive your check in person or at a different address, please respond below:

1. Delivery at: _____
2. Pick up at CVOEO office
255 South Champlain Street, Burlington, VT 05401 | 8:30 am to 4 pm, Mon – Thurs, except holidays

Section 8: Consent and Certification

I certify that the information I have provided is true and accurate to the best of my knowledge. I understand that providing false information may result in disqualification from FRAF assistance and reimbursement of disbursed funds.

Signature (Head): _____ Date: _____

Signature (other adult): _____ Date: _____

By signing this application, you are consenting to a verification check of the details provided above. CVOEO Mobile Home Program staff may contact you for additional information or clarification. In certain circumstances, where there is demonstrated exceptional need, we reserve the right to adjust the assistance amount as necessary, ensuring we can provide the most effective support.

Please note: For any help with language interpretation or translation, please contact our team at **802-660-3455 ext. 204.**

We are here to support you.

The Mobile Home Program Team

For Office use Only*****

Service Provider's Certification Declaration:

I, _____, hereby confirm that the above details are accurate to the best of my knowledge. By signing below, I verify that the applicant meets the stated eligibility criteria for the Park Flooding Recovery Assistance Fund (FRAF).

Signature: _____ Date: _____