

APPENDIX V - HOME FAMILY HOUSING VOUCHER ANNUAL REVIEW FORM

In order to be considered for an extension of funding, **this review form is to be completed 30 days or more prior to the expiration date listed on your HOME FAMILY HOUSING VOUCHER Lease Addendum** and submitted with all required additional documentation. In addition, tenants must be in good standing in their current housing, working to sustain long-term housing stability, and below 50% of Area Median Income to be considered for an extension.

HEAD OF HOUSEHOLD	
Participant's full name	
Physical Address (Street, City/Town, State, Zip Code)	Email address
Mailing Address (PO Box/Street, City/Town, State, Zip Code)	Phone:

OTHER HOUSEHOLD MEMBERS				
Provide details for everyone who will live in the unit with you.				
FULL NAME (FIRST, INITIAL, LAST)	RELATIONSHIP TO YOU	DOB MM/DD/YYYY	MONTHLY GROSS INCOME (FOR ADULTS 18+)	
1.				
2.				
3.				
4.				
5.				
6.				

VOUCHER EXTENSION CERTIFICATION

Review the questions below regarding extending your HOME FAMILY HOUSING VOUCHER beyond the initial 12 months period. Extensions can be granted up to June 2024. Voucher extension terms must be formally agreed upon by tenant and landlord. Should an extension not be requested, voucher holders will exit the HOME Family Voucher program at the termination of their current lease.

Will the tenant be requesting an extension of their HOME Family Housing Voucher?

Yes No

Current HOME Family Housing Voucher End Date: _____

Voucher Extension Request for period: (Check all that apply)

January February March April May June

Extension End Date: _____

Is the tenant in good standing with their current landlord? Yes No

Are there any outstanding lease violations? Yes No

Has tenant's portion of rent been paid up to date? Yes No

If not, how much in rent is outstanding? _____

CURRENT LANDLORD CONTACT INFORMATION

Name of Current Landlord

Contact Email

Landlord Address

Contact Phone

CURRENT HOUSING STATUS

Please describe your current housing status, including but not limited to unit size, affordability, relationship with landlord, and whether your extension request will be for the same unit. If you will not be requesting an extension, please note this here and explain why this is the case.

INCOME & EXPENSES

List the amounts for everyone in the household, including children, for the last 30 days.

MONTHLY INCOME	TOTAL	FIRST NAME(S)	MONTHLY EXPENSES
Job or self-employment	\$		Food (minus 3SquaresVT) \$
Child support/alimony	\$		Healthcare \$
Essential Person	\$		Child care \$
General Assistance	\$		Child support/alimony \$
Reach Up	\$		Credit card/loan payments \$
Social Security Disability	\$		Car payments \$
SSI	\$		Car insurance \$
Unemployment benefits	\$		Vehicle gas \$
Veteran's benefits	\$		Other transportation \$
Other	\$		Phones \$
TOTAL INCOME	\$		Diapers/wipes \$
TOTAL EXPENSES	\$		Toiletries \$
NET INCOME (total income minus total expenses) \$ _____			Laundry/detergent \$
			Entertainment \$
			Other \$

_____ - _____ = _____
TOTAL INCOME - **TOTAL EXPENSES** = **NET INCOME** (must be greater than 30% of Total Income)

Is the applicant's Net Income greater than 30% of their Total Income? Yes No

SUSTAINING YOUR RENT

We encourage all HOME FAMILY HOUSING VOUCHER tenants to take the "Sustaining the Rent" class from CVOEO, which can help tenants plan for next steps when their voucher expires.

More information about this can be found at www.cvoeo.org/rentright or email classcoord@cvoeo.org or call 802-660-3455 Ext 205.

There are several other classes listed that may be interesting and/or helpful, such as:

- Tenant Skills
- Finding Housing and
- Getting Ready to Rent
- Financial Coaching

Check out these classes from CVOEO's Growing Money Program, as well:

- Spend Smart
- Keys to Credit

Review the list below carefully. Make sure you complete all the required steps and gather the required documents and forms.

CHECKLIST

- Complete the review form fully.
- Make sure all adults (18+) in the household sign the application.
- Make sure your Housing support worker signs the application.
- Attach verification of income for all adults in the household, including those with zero income.
- Attach written verification of new lease arrangement/copy of new lease (as applicable).
- Attach a new version of the HOME Family Housing Voucher' Lease Addendum (Appendix H) reflecting extension dates.
- If an extension is not requested, please state this on the review form and include verification from the tenant.

SIGNATURES OF ALL ADULTS IN HOUSEHOLD.

We certify that the information in this review form is complete and true to the best of my knowledge and belief.

Head of household: _____ Date: _____

Spouse/co-head: _____ Date: _____

Other adult(s): _____ Date: _____

HOUSING SUPPORT AGENCY/CONTACT

Name of Local Housing Support Agency		Housing Support Worker Name	
Contact Phone	Alternative Phone	Contact Email	

HOUSING SUPPORT WORKER. Please check the boxes.

- I have reviewed this annual review form and budget.
- I have verified that the extension dates have been agreed upon by both the landlord and tenant.
- I will keep on following the terms of my HSW Agreement to help the tenant achieve housing stability after their housing voucher ends.
- I agree to act as a contact for the landlord in case any issues arise and that I, or someone from my agency, will respond within 24 hours.

Signature: _____ Date: _____