

HOME FAMILY HOUSING VOUCHER PROGRAM APPLICATION

If we approve your application, we will:

- Help pay your rent for 12 months with a possible extension through June 2024.
- Pay your landlord directly, once a month.
- Review your eligibility at least once a year.

HEAD OF HOUSEHOLD		
Applicant's full name	Email address	
Social Security number	Date of birth	Gender
Living with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Language you are most comfortable speaking?	Need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address (PO Box/Street, City/Town, State, Zip Code)		Which county do you live in?
Home Phone:	Cell Phone:	Work Phone:
Can you get a message or text at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you get a message or text at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you get a message or text at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No

Current Housing Status - Check only one and list the location.

- Place not meant to live in (e.g., car, park, abandoned building): _____
- Emergency shelter: _____
- Motel paid for by ESD General Assistance, charitable organizations or federal/state/local government programs: _____
- Institution (e.g., hospital) where I've lived for 90 days or less AND I lived in an emergency shelter or was unsheltered just before entering that institution.
- DCF Transitional Housing Program

Attach a letter from your Housing Support Worker letter (Appendix E) or [CE-verification-letter-template.docx \(live.com\)](#) to verify your current housing status and Coordinated Entry referral.

CHECKLIST

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

- Complete the application fully.
- Make sure all adults (18+) in the household sign the application.
- Make sure your Housing Support Worker signs the application.
- Make sure to attach your Housing Support Worker' letter verifying your housing status.
- Make sure to attach your Housing Support Worker signed service agreement
- Attach documents that verify your income.

OTHER HOUSEHOLD MEMBERS

Provide details for everyone who will live in the unit with you.

FULL NAME (FIRST, INITIAL, LAST)	RELATIONSHIP TO YOU	GENDER	SOCIAL SECURITY#	DOB MM/DD/YYYY
1.				
2.				
3.				
4.				
5.				
6.				

HOUSING SUPPORT WORKER CONTACT

Name of Organization		Housing Support Contact Name	
Contact Phone	Alternative Phone	Contact Email	

ADDITIONAL INFORMATION

Do you have a housing subsidy from another agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever received rental assistance (e.g., a subsidy or a voucher)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES:	
• From what agency?	
• Why do you no longer have it?	

INCOME & EXPENSES

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

MONTHLY INCOME	FIRST NAME	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

Attach documents that verify your income (e.g., most recent paystubs or other written verification from employer; federal or state tax return; interest or dividend income statement; payment statement, benefit notice, bank deposit statement or other written verification from income source).

SUSTAINING YOUR RENT

We encourage all HOME Voucher tenants to take free financial and tenants' classes 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 classes and resources that may be interesting and/or helpful, such as:

- Tenant Skills
- Finding Housing
- Financial Coaching
- Spend Smart
- Keys to Credit

Recorded videos of Tenant Skills and Finding Housing are available in multiple languages and classes are available live and on-demand online, with interpretation upon request. Most classes are currently being held online via Zoom.

CERTIFICATION & AGREEMENT

Read the statements below carefully. Signing below certifies your agreement with them.

- I lack a fixed, regular and adequate nighttime residence.
- I authorize the Champlain Valley Office of Economic Opportunity to discuss my housing situation and rent with my housing support agency and future landlord.
- I authorize the housing support worker/agency to discuss my housing situation and rent with the Champlain Valley Office of Economic Opportunity and my future landlord.
- I agree to work on increasing my income through employment and/or other benefits & programs.

SIGNATURES OF ALL ADULTS IN HOUSEHOLD. *We certify that the information in this application is complete and true to the best of my knowledge and belief.*

Head of household: _____ Date: _____

Spouse/co-head: _____ Date: _____

Other adult: _____ Date: _____

Other adult: _____ Date: _____

APPLICATION PROCESS

1. Mail your complete application to: CVOEO HOME Voucher, PO Box 1603, Burlington, VT 05402. Or email to home.fhvp@cvoeo.org.
2. If we determine that you are eligible and your application is complete, you'll get a letter pre-approving you for a voucher. The housing support worker will also get a copy.
3. You'll have 60 days to find an apartment that meets the HOME Voucher requirements.
4. Start looking for an apartment and planning for moving costs. Don't sign a lease.

HOUSING SUPPORT WORKER. Please check the boxes.

- I have reviewed this application and budget.
- I have made sure that the application is complete.
- I have read, signed and attached the Housing Support Worker Agreement

- I will contact HOME Voucher Administrator when necessary (such as: when services end or there is a change in Housing Support Worker, if there is anything that threatens housing stability.)

Signature: _____ Date: _____