

REGIONAL AFFORDABLE HOUSING CORPORATION
302 SOUTH STREET, P.O. Box 1247
BENNINGTON, VERMONT 05201
PHONE: (802) 442-8139
FAX: (802) 442-5125



Please complete all required sections. Incomplete applications will result in the application being returned to you.

PRELIMINARY APPLICATION FOR HOUSING
PART I: TO BE COMPLETED BY ALL APPLICANTS

HEAD OF HOUSEHOLD AND CURRENT ADDRESS

| | | | |
|--------------------------|-----------------|-----------------|----------------------------|
| NAME | FIRST | LAST | MIDDLE INITIAL/MAIDEN NAME |
| | | | |
| MAILING ADDRESS | PO BOX / STREET | PHYSICAL | STREET ADDRESS |
| | CITY/TOWN | | CITY/TOWN |
| | STATE/ZIP CODE | | STATE/ZIP CODE |
| E-MAIL ADDRESS | | | |
| TELEPHONE NUMBERS | HOME | WORK | PAGER/CELL PHONE |
| | | | |

HOUSEHOLD COMPOSITION

List all persons who will be living in the household when you receive rental assistance. Use additional sheet if necessary.

| NAME | RELATION | SOCIAL SECURITY # | SEX | AGE | DATE OF BIRTH | PLACE OF BIRTH |
|------|----------|-------------------|-----|-----|---------------|----------------|
| 1 | Head | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |

| | | |
|--------------------------|--------------------------|--|
| YES | NO | Do you expect any additions to the household within the next twelve (12) months? NAME AND RELATIONSHIP: _____ EXPLANATION: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | |

STUDENT INFORMATION

| | |
|--------------------------|--------------------------|
| YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> |

If any adult (18 years of age or older) in the household currently a full-time student, or planning to be one within the next 12 months? If Yes, list the name of the student and the school. *You will need to provide verification from the school*

| |
|---------------------|
| STUDENT NAME |
| |
| |

| |
|-----------------------|
| NAME OF SCHOOL |
| |
| |

INCOME SOURCES

**Employer or other sources of income (Welfare, General Assistance, Social Security, Unemployment, etc)
You must include ALL family members, regardless of age)**

| FAMILY MEMBER NAME | Source (Name of Employer, SS, VA, PATH, etc) | Average Weekly/Monthly Gross Income | ANNUAL INCOME |
|--------------------|---|-------------------------------------|-------------------|
| John | XYZ Corp | \$300.00 per week | \$15,600 per year |
| | | | |
| | | | |
| | | | |
| | | | |

ZERO INCOME VERIFICATION

| | | |
|--------------------------|--------------------------|---|
| YES | NO | Are YOU or any other ADULT family member claiming zero income? If yes, who: |
| <input type="checkbox"/> | <input type="checkbox"/> | |

FAMILY ASSETS

List all assets (checking, savings, IRA, CD, stocks, bonds, real estate, etc) of ALL family members.

| FAMILY MEMBER NAME | BANK NAME | ACCOUNT NUMBER | TYPE OF ACCOUNT | ANNUAL INTEREST RATE | CURRENT BALANCE |
|--------------------|------------------|----------------|-----------------|----------------------|-----------------|
| John | Charter One Bank | 123456 | Savings | 1% | 273.78 |
| | | | | | |
| | | | | | |

DISPOSITION OF ASSETS

| | | |
|--------------------------|--------------------------|---|
| Yes | No | Have you or any family member disposed of or given away any asset(s) for LESS than fair market value within the past two years? If Yes: |
| <input type="checkbox"/> | <input type="checkbox"/> | |

FAMILY MEMBER: _____
AMOUNT: _____
EXPLANATION: _____

PERSONAL REFERENCES

List two (2) personal references, such as clergy, advocate, or counselor.
DO NOT list friends or relatives.

| | | | | | |
|--------------|-------------|--------------|--------------|--------------|-------------|
| NAME | | | NAME | | |
| ADDRESS | | | ADDRESS | | |
| CITY/TOWN | STATE | ZIP CODE | CITY/TOWN | STATE | ZIP CODE |
| PHONE NUMBER | | | PHONE NUMBER | | |
| RELATIONSHIP | YEARS KNOWN | RELATIONSHIP | YEARS KNOWN | RELATIONSHIP | YEARS KNOWN |

CREDIT REFERENCES

List the name and address of companies you currently have or have had an account with in the past, such as utility companies.

| | |
|--|--|
| | |
| | |
| | |

GENERAL INFORMATION

| YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Have you ever filed an application with the Regional Affordable Housing Corporation before? |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Have you ever been a tenant of the Regional Affordable Housing Corporation before? If Yes, where and when: |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Have you ever lived in any other assisted or Public Housing? If Yes, where and when: |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Have you ever participated in a Section 8 Housing Program? If Yes, name the Agency or Property Manager, Dates of Occupancy and Address: <small>AGENCY / PROPERTY MANAGER</small> <small>ADDRESS</small> <small>DATES OF OCCUPANCY</small> |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Are you currently receiving rental assistance from some other subsidized housing provider? If Yes, Name of Agency: |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Have you or any family member ever been charged with or convicted of a crime? If Yes, give details of the crime, when it took place and where? <small>FAMILY MEMBER</small> <small>CRIME</small> <small>WHEN</small> <small>DETAILS</small> <small>WHERE</small> |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Are you currently engaging in the illegal use of a controlled substance? If Yes, which substance: |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Have you ever been charged or convicted of the illegal manufacture or distribution of a controlled substance, including methamphetamine? |

APPLICANT CERTIFICATION

TO BE COMPLETED BY APPLICANTS APPLYING FOR A MANAGED PROPERTY.

I/we understand that Regional Affordable Housing Corporation is relying on this information to prove my/our household's eligibility for RAHC housing. I/we understand that my/our occupancy is contingent on meeting income qualifications and the resident selection criteria. I/we certify that the information given on this application is accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements or information is punishable under Federal Law. I/we also understand that false statements or information are grounds for denial of my/our application or termination of my/our Lease.

I/we understand that RAHC is required by law to verify information pertaining to all members of families applying for admission as tenants to the Regional Affordable Housing Corporation (RAHC). I/we understand that RAHC is required to periodically re-examine this information. To comply with this requirement, I/we ask your cooperation in supplying the information requested on the attached. I/we understand that this information will be held in strict confidence for use in determining eligibility status and/or rent of the family.

I/we hereby authorize a credit check, credit reports and other information. I/we hereby authorize a criminal records check.

I/we hereby authorize the Regional Affordable Housing Corporation (RAHC) and its staff to contact any agencies, offices, groups or organizations to obtain any information or materials deemed necessary to determine my/our eligibility for housing.

I/we agree that photocopies of this authorization may be used for the purposes stated above.

Anyone 18 years or older living in the household MUST sign below.

Head of Household Signature

Head of Household Printed Name

Date

Social Security Number

Co-Head of Household Signature

Co-Head of Household Printed Name

Date

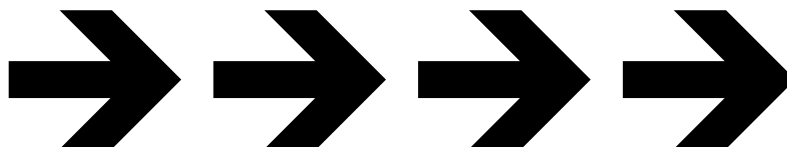
Social Security Number

Co-Head of Household Signature

Co-Head of Household Printed Name

Date

Social Security Number



PLEASE LIST MY APPLICATION ON THE FOLLOWING WAITING LIST(S), WHICH I HAVE INDICATED BELOW:
DEVELOPMENTS WITH ACCESSIBLE UNITS ARE INDICATED WITH AN *.

MANAGED PROPERTIES

ELDERLY/DISABLED DEVELOPMENTS

- CORA B. WHITNEY SENIOR LIVING FACILITY*
- ARLINGTON VILLAGE CENTER HILLSIDE APARTMENTS*

Family Developments in Bennington

- 343-349 SCHOOL STREET
- 119-121 PLEASANT STREET
- 132-142 BENMONT AVENUE*
- 128-130 WEST MAIN STREET*
- 209-211 PARK STREET
- WILLOWS MOBILE HOME PARK
- CARRIGAN LANE/SAFFORD STREET
- 316-318 SAFFORD STREET
- 233 SCHOOL STREET
- 136-142 NORTH STREET
- 501-507 SOUTH STREET
- 810 GAGE STREET
- 302-304 SOUTH STREET
- 120-126 BENMONT AVENUE

Family Developments in Arlington

- BATTENKILL B ROUTE 313*
- ARLINGTON VILLAGE CENTER

Family Developments in Manchester (ON TORREY KNOLL, MANCHESTER CENTER)

- MANCHESTER KNOLL
- MANCHESTER COMMONS

ACCESSIBLE UNIT

- Applicants who require apartments that meet wheelchair accessibility requirements.

Section 8 Project-Based

RAHC has a contract with the Vermont State Housing Authority (VSHA) for project-based Section 8 certificates at this Section 8 location. The subsidy stays with the apartment. If you are interested in this development, you will need to submit an application to the VSHA. RAHC can provide you with a copy of their application.

- 211-215 DEPOT STREET

**→→ ATTACH TO THE APPLICATION COPIES OF ←←
Social Security Cards or
Medical Cards with social security number or
Pay stubs with social security number**

**→→ WE CANNOT PROCESS YOUR APPLICATION WITHOUT 3RD PARTY
VERIFICATION OF SOCIAL SECURITY NUMBERS. ←←**

IF YOU HAVE QUESTIONS, PLEASE CALL 442-8139, EXT 1

\\RECEPTION\G\ADMIN\DOCS\FORMS FOR RAHC HOUSING\PRELIMINARY APPLICATION 05-2006.DOC