



BENNINGTON HOUSING AUTHORITY
22 WILLOWBROOK DRIVE
BENNINGTON, VT 05201
PHONE: (802) 442-8000
FAX: (802) 442-7301
www.benningtonhousingauthority.org



PRELIMINARY APPLICATION FOR HOUSING OR RENTAL ASSISTANCE

INTRODUCTION

The Bennington Housing Authority manages public housing and administers rental assistance programs in the Town of Bennington and surrounding communities within a six-mile radius. Eligibility for these programs varies and is based on income, household composition and, for managed properties, suitability.

Because of limited vacancies and funding, most developments and programs have waiting lists. The length of waiting lists and the time before assistance can be provided varies from program to program. As a general rule, applications are considered in the order they are received. A residency preference is given households living in BHA's area of operation. At times, in order to meet income targeting requirements, BHA may choose only applicants within a certain income range. Additional information regarding waiting lists, income targeting and the residency preference will be provided upon request.

The BHA application process has two steps:

1. This **Preliminary Application** is used to determine initial program eligibility and to place you on the appropriate waiting lists.
2. When your name comes up on the waiting list, you will be asked to complete a **Final Application**, which gives us updated and more complete information. This information is used to determine final program eligibility, suitability and to calculate your portion of the rent. When you complete the Final Application, you will also be required to verify your citizenship status, sign a HUD consent form for Release of Information, a BHA release form for collection of information and a Consent for the Release of Criminal Record Information.

FIVE BEDROOM APARTMENT

PLEASE SEE THE NEXT PAGE FOR IMPORTANT INSTRUCTIONS ON HOW TO COMPLETE THIS APPLICATION AND OTHER IMPORTANT INFORMATION TO PREVENT DELAYS IN THE ACCEPTANCE OF YOUR APPLICATION.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL OR WRITE TO: **BENNINGTON HOUSING AUTHORITY**
22 WILLOWBROOK DRIVE
BENNINGTON, VT 05201
(802) 442-8000

IF YOU NEED TO REQUEST A REASONABLE ACCOMMODATION, SUCH AS NEEDING ASSISTANCE IN COMPLETING THIS APPLICATION, PLEASE CONTACT US.

INSTRUCTIONS

1. Please review the application carefully and answer all questions fully and accurately. If you cannot fit all of the information in the space provided, add additional sheets. False statements or information are grounds for denial of the application or termination of assistance.
2. Indicate whether you are applying for public housing, the Section 8 voucher rental assistance programs or both. You will only be placed on the waiting lists for which you are eligible and that you request.
3. Social Security cards must be provided for all family members.
4. You must complete the HUD-9886 Authorization for the Release of Information/Privacy Act Notice & HUD-52675 Form - Debts Owed to Public Housing Agencies and Terminations. All members, 18 & older must sign a separate form. Contact the office for additional forms.
5. Optional – You have the right to include as part of your application the name, address, telephone number & other relevant information of a family member, friend or social, health, advocacy or other organization for the Housing Authority to contact to help resolve issues that may arise during tenancy or to assist in providing special care or service you may require as a tenant.

YOUR APPLICATION WILL BE RETURNED AND/OR DENIED IF ANY OF THE FOLLOWING APPLY:

- ILLEGIBLE APPLICATIONS: If the Bennington Housing Authority cannot read your application it will be returned to you to be completed again legibly.
- INCOMPLETE APPLICATIONS: The application will be returned to you with the areas marked for additional information. Your application will be considered only when all required information is provided.
- SOCIAL SECURITY CARDS: Failure to provide copies of Social Security cards for each person listed on the application may be cause for the return of the application or a delay in processing. If you have questions about other acceptable proof, please call the number listed on the front of the application.
- OVER-INCOME: You will be considered over-income if your household income is greater than the program requirements and therefore ineligible for further consideration. You may reapply if your income falls below the eligibility limit.
- MONEY OWED: If you have an outstanding debt with the Bennington Housing Authority, another public housing authority or any private landlord as a result of prior participation in any federal housing program, your application will be denied until we have documentation it is paid in full.
- PREVIOUSLY REJECTED: If the Bennington Housing Authority has previously rejected you for assistance, you are not eligible to submit an application until three (3) years have past since the date of that rejection.
- CUSTODY OF DEPENDENTS: If you are including a dependent as part of your household who is a member of another household assisted by the Bennington Housing Authority, you are required to provide documentation showing you are the custodial parent/guardian at least 51% of the time. Acceptable documents are court custody orders, or a notarized statement from the other guardian.
- ROOMMATES: In most cases, all members listed in the household composition must have a family relationship, such as a parent/child relationship, to be considered as a household. Roommates, such as a friend, cannot be considered part of your household. Under certain conditions, two unrelated disabled persons qualify as a family.
- UNDER 18 YEARS OF AGE: Minors are generally not eligible to submit applications for assistance and must wait until their 18th birthday.

Anyone who knowingly commits fraud by providing false statements or information with the intent to deceive in order to receive or continue to receive assistance under one of the programs administered by the Bennington Housing Authority will be subject to denial of his/her application or the termination of assistance. The Bennington Housing Authority is required by federal law to investigate all allegations of fraud. BHA is also required to report instances of fraud to state and federal authorities for further investigation and possible prosecution.

EQUAL OPPORTUNITY AND NON-DISCRIMINATION STATEMENT

The Bennington Housing Authority (BHA) will comply with Title VI of the Civil Rights Act of 1964 and Title VIII of the Civil Rights Act of 1968; Section 504 of the Rehabilitation Act of 1973; Executive Order 11063; Fair Housing Amendments Act of 1988; The Americans with Disabilities Act of 1990; and with the laws of the State of Vermont prohibiting discrimination in public accommodations and in employment practices, and all related rules, regulations and requirements thereunder.

BHA will not on account of race, color, creed, national origin, sex, sexual orientation, place of birth, age, U.S. military veteran status, familial status, marital status, disability, gender identity or gender related characteristics, deny to any person the opportunity to apply for admission, nor deny to an eligible applicant the opportunity to lease or rent a dwelling suitable for its needs. Further, in the selection of tenants, there will be no discrimination against persons otherwise eligible for admission because their income is derived in whole or in part from public assistance. BHA will not discriminate against selected tenants, and discrimination by one tenant against another is unacceptable and will not be condoned.

The information regarding race, national origin and sex designation solicited on this application is requested in order to assure the federal government that federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, familial status, age, and handicap 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, we are required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

EFFECTIVE COMMUNICATIONS POLICY

The Bennington Housing Authority is committed to ensuring that its communications with applicants, program participants, employees and members of the public with disabilities is as effective as communications with others.

BHA will furnish appropriate auxiliary aids and services, where necessary, to afford individuals with disabilities, including individuals with hearing or visual disabilities, or individuals with limited English proficiency, an equal opportunity to participate in and enjoy the benefits of the programs and services of the BHA.

Examples of auxiliary aids and services include:

- Staff assistance with the completion of applications
- Telecommunication services or qualified sign language interpreters for persons with hearing impairments
- Large print, brailled, orally delivered or taped materials for persons with visual impairments
- Interpreters or written materials in the appropriate language for persons with limited English proficiency

BHA will give primary consideration to the choice of auxiliary aids and services requested by an individual with a disability or limited English proficiency.

Applicants requesting an auxiliary aid or services should make their request to BHA staff person providing, reviewing or processing the application.

Program participants requesting an auxiliary aid or service should make their request to the Executive director.

Requests from members of the public requesting an auxiliary aid or services to participate in programs, services or activities of the BHA should make their request to the Executive Director.

Requests for auxiliary aids or services for public events such as Board meetings, public hearings or other BHA support or sponsored events shall make their request no later than forty-eight (48) hours prior to the event.

Applicants or Program participants with a disability or with limited English proficiency who are not satisfied with BHA's response for an auxiliary aid or services may file a grievance in accordance with the applicable BHA Administrative Policy.

REASONABLE ACCOMMODATION POLICIES AND PROCEDURES

Bennington Housing Authority is committed to ensuring that its policies and procedures do not deny individuals with disabilities the opportunity to participate in, or benefit from BHA's programs, services and activities.

If a person with a disability requires an accommodation, BHA will provide the accommodation unless doing so will result in a fundamental alteration in the nature of the program or an undue financial and administrative burden.

A person with a disability may request a reasonable accommodation at any time during the application process, residency in housing owned by BHA, or participation in the Housing Choice Voucher program. Requests may be made orally or in writing.

Requests for reasonable accommodations relating to residency in housing owned or managed by BHA should be made to the Executive Director. Requests for reasonable accommodations related to participation in rental assistance programs should be made to the Executive Director.

The decision to approve or deny a request for a reasonable accommodation is made on a case-by-case basis and takes into consideration the disability, the needs of the individuals as well as the nature and requirements of the program or activity in which the individual seeks to participate.

Individuals requesting a reasonable accommodation will be provided with the "Request for Reasonable Accommodation" form. An alternative format will be provided upon request. Individuals may submit their request in writing, orally, or by any other equally effective means of communication.

BHA will request verification of the disability and the accommodation needed from a physician, licensed health professional, professional representing a social service agency or disability agency or clinic identified by the individual requesting the accommodation.

Upon receipt of the verification, BHA will promptly review the request. If additional information or documentation is required, BHA will notify the individual, in writing, of the need for additional information or documentation.

Upon the receipt of all required information and documentation, BHA will promptly advise the individual of the approval or denial of the request. If the request is denied, the individual will be provided information on any appeal rights in accordance with the applicable BHA Administrative Policy.

An applicant or resident may, at any time, exercise their right to appeal a BHA decision through Department of Housing and Urban Development or the U.S. Department of Justice.

Individuals may contact the HUD Boston Fair Housing Hub office at **1-800-827-5005**.

PRIVACY DISCLOSURE

All information in applicant and tenant files is considered to be confidential, except that BHA may disclose information in tenant or applicant files to HUD, other public agencies, utility companies or non-profit organizations in furtherance of the operations or business of BHA. BHA may also disclose information relating to the tenancy of former BHA tenants and program participants to landlords who are seeking references and to credit bureaus. Medical information and information concerning a disability of any tenant or applicant will not be disclosed by BHA to any person or organization without a written release from the tenant or applicant in question.

Except for disclosure of information to landlords seeking references and to credit bureaus, any tenant or applicant who wishes to limit disclosure of information by BHA as provided above must notify the Executive Director of his/her wishes in writing.

BHA will keep all information received involving domestic violence, dating violence, sexual assault or stalking confidential, unless the victim requests or consents in writing to disclosure, the information is required in an eviction proceeding or disclosure is otherwise allowed by law. In addition, BHA will comply with the provisions of confidentiality laws and regulations that apply to BHA.

VAWA STATEMENT

The Violence Against Women Reauthorization Act of 2013 provides protections for victims of domestic violence.

An applicant who is or has been the victim of domestic violence, dating violence, sexual assault or stalking is not an appropriate basis on which to deny program assistance or for denial of admission if the applicant otherwise qualifies for assistance or admission.

**AFTER YOU HAVE COMPLETED THIS APPLICATION, KEEP THESE INTRODUCTORY PAGES
FOR FUTURE REFERENCE.**

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PRELIMINARY APPLICATION FOR HOUSING/RENTAL ASSISTANCE

PUBLIC HOUSING

SECTION 8 RENTAL ASSISTANCE

- **MIXED POPULATION (ELDERLY (62+) OR DISABLED)**
- **GENERAL OCCUPANCY (FAMILY)**
- **ACCESSIBLE APARTMENT**

Please complete this entire application. Incomplete applications will result in the application being returned to you.

HEAD OF HOUSEHOLD

HEAD OF HOUSEHOLD			
NAME	FIRST	LAST	MIDDLE INITIAL/MAIDEN NAME
MAILING ADDRESS	PO BOX / STREET	P H Y S I C A L A D D R E S S	STREET ADDRESS
	CITY/TOWN		CITY/TOWN
	STATE/ZIP CODE		STATE/ZIP CODE
TELEPHONE NUMBERS	HOME	WORK	PAGER/CELL PHONE
E-MAIL ADDRESS	@		
EMERGENCY CONTACT	NAME	ADDRESS	TELEPHONE

HOUSEHOLD COMPOSITION

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

NAME	RELATION	SOCIAL SECURITY #	SEX	AGE	DATE OF BIRTH	PLACE OF BIRTH
1	Head					
2						
3						

4						
5						
6						

Do you expect any change in your current family size? Yes No

If Yes, please explain: _____

PLEASE CHECK ALL THAT APPLY TO THE HEAD OF HOUSEHOLD OR SPOUSE: (For statistical purposes only)

RACE OF THE HEAD OF HOUSEHOLD OR SPOUSE

- White Black
 American Indian / Native Alaskan Asian / Pacific Islander
 Native Hawaiian

ETHNICITY OF THE HEAD OF HOUSEHOLD

- Hispanic or Latino Not-Hispanic or Latino

Yes No

Do you speak English? If No, what is your primary language? _____

Do you read English? _____

If you do not speak English, do you have an English speaking contact? If Yes, please provide the contact's name and phone number:

CONTACT NAME

CONTACT PHONE NUMBER

INCOME SOURCES

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

MEMBER NUMBER	SOURCE (NAME OF EMPLOYER, SS, VA, REACH-UP, ETC.)	AVERAGE WEEKLY/MONTHLY GROSS INCOME	ANNUAL INCOME

FAMILY ASSETS

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

MEMBER NUMBER	BANK NAME	TYPE OF ACCOUNT	ACCOUNT NUMBER	CURRENT BALANCE	CURRENT INTEREST RATE

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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:

FAMILY MEMBER: _____

AMOUNT: _____

EXPLANATION: _____

GENERAL INFORMATION

Yes No

 a Have you ever filed an application with the Bennington Housing Authority before?

 b Have you ever been a tenant of the Bennington Housing Authority before? If Yes, where and when:

 c Have you ever lived in any other assisted or Public Housing? If Yes, where and when:

 d Have you ever participated in a Section 8 Housing Program? If Yes, name the Agency or Property Manager, Dates of Occupancy and Address:

AGENCY / PROPERTY MANAGER

ADDRESS

DATES OF OCCUPANCY

 e Are you currently receiving rental assistance from some other subsidized housing provider? If Yes, Name of Agency:

 f Are you currently without housing? If Yes, Explain:

 g 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?

FAMILY MEMBER

CRIME

WHEN

DETAILS

		WHERE	
<input type="checkbox"/>	<input type="checkbox"/>	h.	Are you or any family member subject to a lifetime sex offender registration requirement in any state? If Yes, which member & where?
<input type="checkbox"/>	<input type="checkbox"/>	i.	Are you currently engaging in the illegal use of a controlled substance? If Yes, which substance:
<input type="checkbox"/>	<input type="checkbox"/>	j.	Have you ever been charged or convicted of the illegal manufacture or distribution of a controlled substance, including methamphetamine?

EMERGENCY CONTACT

IF POSSIBLE, LIST SOMEONE IN THE AREA WHO IS NOT PART OF YOUR HOUSEHOLD

NAME	RELATIONSHIP
ADDRESS	
TOWN/CITY	STATE ZIP CODE
PHONE NUMBER	

CHILD CARE EXPENSES

List both your weekly out of pocket costs and the amount provided from other sources. Other sources can include SRS, welfare, or a parent not part of the household.

CHILD CARE PROVIDER	NAME AND ADDRESS	YOUR WEEKLY COST:
		OTHER SOURCES PAYMENT:

STUDENT INFORMATION

Yes No

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

PREVIOUS LANDLORD INFORMATION

List the contact information for your three previous landlords.

(Complete ONLY if you have previously lived in federally assisted housing)

NAME AND ADDRESS	YOUR ADDRESS
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OPTIONAL DISABILITY DECLARATION

There are certain housing program benefits that are available to families who have a family member who is a person with a disability. If you think you or any family member qualifies and you would like to be considered for these benefits, please indicate below:

YES

Disabled? Who: _____

Would you or a family member benefit by living in an apartment designed to accommodate a wheelchair user?

Will you or anyone in your household require a live-in care attendant?

NAME OF LIVE-IN ATTENDANT

RELATIONSHIP (IF ANY):

 Name of health care provider to verify: _____

APPLICANT CERTIFICATION

I certify that the information given on this application is accurate and complete to the best of my knowledge and belief. I understand that false statements or information is punishable under Federal Law. I also understand that false statements or information are grounds for denial of my application or termination of my assistance and/or Lease.

I authorize the Bennington Housing Authority to request and obtain information from third party sources relevant and necessary for the processing of my application for federally assistance housing, including determination of my eligibility for the waiting list of the programs(s) for which I am applying. This includes, but is not limited to, information from the HUD Enterprise income Verification (EIV) system and information from the other Public Housing Authorities regarding my previous participant in federally assisted housing.

 Head of Household

 Date

 Co-Head of Household

 Date

 Other Adult

 Date

 Other Adult

 Date

Name of person completing form if other than applicant (please print)

Name of Agency/Phone Number

NOTE: A complete application must include:

- ✓ **A complete, accurate and signed Preliminary Application**
- ✓ **Copies of Social Security cards for all family members**
- ✓ **A complete and signed HUD-9886 – Authority for Release of Information/Privacy Act notice for each adult family member.**
- ✓ **A signed HUD-52675 – Debts Owed to Public Housing Agencies and Terminations – for each adult family member.**
- ✓ **A complete and signed HUD-92006 – Supplement to Application for Federally Assisted Housing for the household (*Optional*)**