VERMONT

State of Vermont Agency of Human Services
Department for Children and Families
Office of Economic Opportunity,
280 State Drive Waterbury, VT 05671-1050

Vermont Medicaid
Permanent Supportive Housing
Assistance Program

Community Transition Assistance Application

Participant Name: _____

Address of (new) Housing: _____

Projected Move-in Date: _____ **Date of Request:** _____

Note: H0043 U1, U2, and U4 must be for moving into housing and used within two months of the move-in date.

Expense categories for which CTA is requested:

☐ Security Deposit (H0043 U4) ..... Amount: _____

☐ Move-In Support (H0043 U1) .....Total Amount: _____

Provide cost breakdown (e.g., bed, furnishings, move-in expenses, etc.)

☐ Essential Utilities Setup (H0043 U2) …..... Total Amount: _____

Provide cost breakdown (e.g., deposits, reinstatement payment, arrears, first month)

☐ Pest Eradication (H0043 U3) .....Total Amount: _____

Affirm tenant responsibility and provide cost breakdown (e.g., company fees, associated costs):

Attestation of need:

Example: JD has been approved for an apartment in Rutland that will allow JD to remain close to community resources. JD will use a Housing Choice Voucher and a portion of JD's income (pension) to pay rent on an ongoing basis. As most of JD's income goes to daily needs, JD does not have the money for a security deposit. ***Without financial assistance from CTA****, JD will lose this housing opportunity and remain homeless.*

Have other community or personal resources been exhausted? Please describe. If not, why?

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Is this unit permanently affordable for the participant?

☐ Yes – The participant has a voucher. ..... Specify the kind of voucher: _____
☐ Yes – The participant has sufficient income.

If the participant will pay for their own rent and utilities, please show how that is affordable:

($ _____ + $ _____) / $_____ = _____ %
Monthly rent | Monthly utilities | Monthly income | Percentage

Housing costs should not be more than 40% of the participant's income. If it is greater, please explain how this is affordable.

Has the participant used CTA funds for the chosen category/ies in the past? If yes, when and how much?

Attachments:

☐ HQS or Habitability Checklist
☐ Lease — at least the first page and signature page
☐ Quotes or receipts
☐ Housing Search Plan that indicates need for CTA – only if updated

PSHA Case Manager Name: _____

*Please send this application through **secure** email to the assigned OEO case manager. Include the program manager if the case manager is away or if you are requesting an expedited response.*

FOR OEO USE ONLY BELOW

_____ has been approved for the following CTA Funds:
Participant name

☐ Security Deposit (H0043 U4) ..... Amount: _____
☐ Move-In Support (H0043 U1) .....Total Amount: _____
☐ Essential Utilities Setup (H0043 U2) ..... Total Amount: _____
☐ Pest Eradication (H0043 U3) .....Total Amount: _____

Medicaid ID _____ **Approved Date Range:** _____

OEO Case Manager Signature: _____ **Date**: _____

☐ Sent to PSHA CM and Supervisor ☐ Authorized in MMIS ☐ Input in CTA Budget Tracker