



Application for Assistance for Transitional Housing

201G-TH

Applicant full name: _____ SSN: _____

Date of Birth (mm/dd/yyyy): _____ Telephone: (____) _____ Town you live in: _____

Mailing address: _____ Email: _____

Applicant Gender	Applicant Race	Applicant Ethnicity
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary	<input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino

List all adults in the household.

First Name	Last Name	Date of Birth	SSN

Do you have a live-in caretaker who is not otherwise part of your household? Please list them here.

First Name	Last Name

List any children in the household.

First Name	Last Name	Date of Birth	SSN

Is your income below 80% of the Area Median Income? Yes No

Do you currently have a court-ordered eviction? Yes No

Income: List the amounts *anyone (including children)* in your household received in the last 30 days.

Income type	Amount received	Received by which household member
Wages from jobs <i>(Copies of paystubs for the last 30 days are required)</i>	\$	
Child support	\$	
SSI	\$	
Social Security Disability	\$	
Unemployment	\$	
Other: _____	\$	

➤ **Continued on the next page**

All Adults in the Household Must Sign the Application

I certify that the information in this application is complete and true to the best of my knowledge and belief. I realize that failure to give true and complete information regarding this application could lead to a fine or imprisonment or both. I understand it is my responsibility to provide verification the department needs to make an eligibility decision.

I authorize the department to pursue information it needs to determine my eligibility.

I authorize the Department for Children and Families to share information about the number of months of Emergency Rental Assistance I have received with the owner or manager of the hotel/motel where I am being housed.

I authorize the Department for Children and Families to share my name, date of birth, and other identifying information with the Coordinated Entry Partnership and Housing Navigation Service providers for the purpose of securing help with housing.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

By checking this box and signing below, I agree that:

- At least one member of my household has experienced some financial hardship due, directly or indirectly, to the COVID-19 pandemic. This includes qualifying for unemployment or experiencing the loss of income, significant increased expenses, or an inability to find or keep a job due to the COVID-19 pandemic.
- My household is at risk of housing instability, or of becoming homeless.
- My household has been displaced from our primary residence or is unable to secure permanent housing, resulting in housing in a motel as the only option.
- My income and financial resources as stated in this application, and all supporting documentation, is true and accurate to the best of my knowledge
- My household has not applied for and/or received any other federal funding to cover the expenses applied for under this program. The assistance provided through this program should not be applied to costs that have been or will be reimbursed under any other federal assistance.
- I understand that the Department for Children and Families will maintain my records and financial documents sufficient to support compliance with the Emergency Rental Assistance Program regulations for a minimum period of five (5) years after all funds have been expended or returned to Treasury.
- I understand that the Department for Children and Families may share the information on this application with other Vermont state agencies, and other Vermont agencies can share information with the Department for Children and Families for the purpose of verifying my household’s eligibility for this or another award related to the COVID-19 pandemic.
- My household will repay the award or portion of the award to the Department for Children and Families if: any funds received were issued in error; are based on incorrect representations made to the Department for Children and Families; or any costs forming the basis of an award under this program are covered by other federal funds. I agree that the final determination of whether there has been a duplication of benefits and the amount to be repaid, if any, will be made by the Department for Children and Families.
- To the best of my knowledge, I am not presently debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in Federal programs, or programs supported in whole or in part by Federal funds.
- I understand that, if Federal guidance on the regulations of the Emergency Rental Assistance Program change, it may change the terms of this award.
- The information provided in this application is true and accurate to the best of my knowledge.

PLEASE SIGN HERE – Unsigned applications will be denied

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____