



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

Reset Form

Vermont Medicaid
Permanent Supportive Housing
Assistance Program

Community Transition Assistance Application

Participant Name: _____

Address of (new) Housing: _____

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

Expense categories for which CTA is requested:

☐ Security Deposit Amount: _____

☐ Housing Move-In Support Total Amount: _____

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

☐ Essential Utilities Setup Total Amount: _____

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

☐ Pest Eradication..... Total Amount: _____

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

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



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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:

$$\left(\$ \frac{\text{Monthly rent}}{\text{Monthly rent}} + \$ \frac{\text{Monthly utilities}}{\text{Monthly utilities}} \right) / \$ \frac{\text{Monthly income}}{\text{Monthly income}} = \frac{\text{Percentage}}{\text{Percentage}} \%$$

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

Have other community or personal resources been exhausted?

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.

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

Housing Support 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.