

APPENDIX V - CARES HOUSING VOUCHER REVIEW FORM

The CARES Housing Voucher Program is able to provide voucher assistance *ending in June of 2022*. In order to be considered for an extension of funding, **this review form is to be completed 30 days or more prior to the expiration date listed on your CARES Lease Addendum** and submitted with all required additional documentation. In addition, tenants must be in good standing in their current housing, working to secure a long-term housing subsidy, and *below 50% of Area Median Income* to be considered for an extension.

HEAD OF HOUSEHOLD			
Applicant's full name			
Social Security number	Date of birth	Gender	
Living with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Language you are most comfortable speaking?	Need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Physical Address (Street, City/Town, State, Zip Code)		Email address	
Mailing Address (PO Box/Street, City/Town, State, Zip Code)		Phone:	

OTHER HOUSEHOLD MEMBERS				
Provide details for everyone who will live in the unit with you.				
FULL NAME (FIRST, INITIAL, LAST)	RELATIONSHIP TO YOU	DOB MM/DD/YYYY	MONTHLY GROSS INCOME (FOR ADULTS 18+)	
1.				
2.				
3.				
4.				

Is this a request for CARES Support Services Only (SSO)? Yes No

If yes, please skip to the "Current Housing Status" section on the following page of this form.

VOUCHER EXTENSION CERTIFICATION

Review the questions below regarding extending your CARES voucher beyond the initial 12 month period. Extensions can be granted up to 6 additional months and cannot be granted beyond June 2022. Voucher extension terms must be formally agreed upon by tenant and landlord. Should an extension not be requested, voucher holders will exit the CARES Voucher program at the termination of their current lease.

Will the tenant be requesting an extension of their CARES Voucher? Yes No

Current CARES Housing Voucher End Date: _____

Voucher Extension Request for period: (Circle all that apply):

Sept Oct Nov Dec Jan Feb Mar Apr May June

Extension End Date: _____

Is the tenant in good standing with their current landlord? Yes No

Are there any outstanding lease violations? Yes No

Has tenant's portion of rent been paid up to date? Yes No

If not, how much in rent is outstanding? _____

Is this extension request also a Voucher Transfer Request? Yes No

•If yes, please complete the additional Voucher Transfer Request form (CARES Appendix U) and submit these forms together with all supporting documents to the CARES team.

CURRENT LANDLORD CONTACT INFORMATION

Name of Current Landlord

Contact Email

Landlord Address

Contact Phone

CURRENT HOUSING STATUS

Please describe your current housing status, including but not limited to unit size, affordability, relationship with landlord, and whether your extension request will be for the same unit. If you will not be requesting an extension, please note this here and explain why this is the case.

INCOME & EXPENSES

List the amounts for everyone in the household, including children, for the last 30 days.

MONTHLY INCOME	TOTAL	FIRST NAME(S)	MONTHLY EXPENSES
Job or self-employment	\$		Food (minus 3SquaresVT) \$
Child support/alimony	\$		Healthcare \$
Essential Person	\$		Child care \$
General Assistance	\$		Child support/alimony \$
Reach Up	\$		Credit card/loan payments \$
Social Security Disability	\$		Car payments \$
SSI	\$		Car insurance \$
Unemployment benefits	\$		Vehicle gas \$
Veteran's benefits	\$		Other transportation \$
Other	\$		Phones \$
TOTAL INCOME	\$		Diapers/wipes \$
TOTAL EXPENSES	\$		Toiletries \$
NET INCOME (total income minus total expenses) \$ _____			Laundry/detergent \$
			Entertainment \$
			Other \$

_____ - _____ = _____
TOTAL INCOME - **TOTAL EXPENSES** = **NET INCOME** (must be greater than 30% of Total Income)

Is the applicant's Net Income greater than 30% of their Total Income? Yes No

Would the applicant like to pursue a 100% Voucher Payment? If yes, see "Request for Increase" page

SUSTAINING THE RENT

We encourage all CARES tenants to take the "Sustaining the Rent" class from CVOEO, which can help tenants plan for next steps when their voucher expires.

More information about this can be found at www.cvoeo.org/rentright or email classcoord@cvoeo.org or call 802-660-3455 Ext 205.

There are several other classes listed that may be interesting and/or helpful, such as:

- Tenant Skills • Finding Housing and Getting Ready to Rent • Financial Coaching

Check out these classes from CVOEO's Growing Money Program, as well:

- Spend Smart • Keys to Credit

All classes are currently being held online via Zoom.

REQUEST FOR INCREASE IN RENTAL ASSISTANCE

If requesting an increase in the portion of your rent paid for by your CARES voucher, please choose one of the following reasons for increase (check only one option):

- I am requesting that my rental contribution be re-evaluated based on my current income

Attach documents that verify the income of all adults in your household - in the following order of priority:

1. Third-party documentation (e.g., most recent paystubs or other written verification from employer; federal or state tax return; interest or dividend income statement; payment statement, benefit notice, bank deposit statement or other written verification from income source).
2. If third-party documentation is not available, you may supply a self-declaration of income statement using the CARES Appendix R - Income Self-Certification form, but you must explain why you are doing so below:

- I am requesting that my rental contribution be adjusted because I have experienced financial hardship or added expenses.

- My current rent is _____
- My current household contribution is _____
- My current CARES Voucher contribution is _____
- I would like my future household contribution to be _____

Please **do NOT** change how much rent you are paying your landlord until CVOEO has confirmed the changes with you, your CARES Housing Support Worker and your landlord.

CHECKLIST

Review the list below carefully. Make sure you complete all the required steps and gather the required documents and forms.

- Complete the review form fully.
- Make sure all adults (18+) in the household sign the application.
- Make sure the local CARES Housing support worker signs the application.
- Attach verification of income for all adults in the household, including those with zero income.
- Attach written verification of new lease arrangement/copy of new lease (as applicable).
- Attach a new version of the CARES Lease Addendum (Appendix K) reflecting extension dates.
- If an extension is not requested, please state this on the review form and include verification from the tenant.

SIGNATURES OF ALL ADULTS IN HOUSEHOLD.

We certify that the information in this review form is complete and true to the best of my knowledge and belief.

Head of household: _____ Date: _____

Spouse/co-head: _____ Date: _____

Other adult(s): _____ Date: _____

HOUSING SUPPORT AGENCY/CONTACT		
Name of Local Housing Support Agency		Housing Support Contact Name
Contact Phone	Alternative Phone	Contact Email

HOUSING SUPPORT WORKER. Please check the boxes.

I have reviewed this extension request and budget.

I have verified that the extension dates have been agreed upon by both the landlord and tenant.

I will help the applicant work to increase their income and achieve housing stability after their housing voucher ends.

I agree to act as a contact for the landlord in case any issues arise and that I, or someone from my agency, will respond within 24 hours.

Signature: _____ Date: _____