

STATEWIDE CARES HOUSING VOUCHER APPLICATION

If we approve your application, we will:

- Help pay your rent for up to 12 months.
- Pay your landlord directly, once a month.
- Review your eligibility at least once a year.

HEAD OF HOUSEHOLD		
Applicant's full name		Email address
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
Mailing Address (PO Box/Street, City/Town, State, Zip Code)		Which county do you live in?
Home Phone:	Cell Phone:	Work Phone:
Can you get a message or text at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you get a message or text at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you get a message or text at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No

Current Housing Status - Check only one and list the location.

- Place not meant to live in (e.g., car, park, abandoned building): _____
- Emergency shelter: _____
- Motel paid for by ESD General Assistance: _____
- Institution (e.g., hospital) where I've lived for 90 days or less _____
AND I lived in an emergency shelter or was unsheltered just before entering that institution.

Attach a document that verifies your housing status — in the following order of priority:

1. Third-party documentation (e.g., a HMIS record of your stay in an emergency shelter or a letter from Economic Services verifying a motel stay).
2. CARES Housing Voucher staff observation (e.g., a letter that provides the dates and location of your current housing status and is signed/certified by staff).
3. Your self-declaration and certification. The CARES Housing support worker must certify and document the efforts you made to get other documents first.

CHECKLIST

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

- Complete the application fully.
- Make sure all adults in the household sign the application.
- Make sure the local Cares Housing support worker signs the application.
- Attach a document that verifies your housing status.
- Attach documents that verify your income.
- Attach a Coordinated Entry Verification letter.

OTHER HOUSEHOLD MEMBERS				
Provide details for everyone who will live in the unit with you.				
FULL NAME (FIRST, INITIAL, LAST)	RELATIONSHIP TO YOU	GENDER	SOCIAL SECURITY#	DOB MM/DD/YYYY
1.				
2.				
3.				
4.				
5.				
6.				

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

ADDITIONAL INFORMATION	
Do you have a housing subsidy from another agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever received rental assistance (e.g., a subsidy or a voucher)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES:	
• From what agency?	
• Why do you no longer have it?	

INCOME & EXPENSES

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

MONTHLY INCOME	FIRST NAME	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 \$

Attach documents that verify your income — 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, but you must explain why you are doing so below:

CERTIFICATION & AGREEMENT

Read the statements below carefully. Signing below certifies your agreement with them.

- I lack a fixed, regular and adequate nighttime residence.
- I authorize the Champlain Valley Office of Economic Opportunity to discuss my housing situation and rent with my housing support agency and future landlord.
- I authorize the housing support agency to discuss my housing situation and rent with the Champlain Valley Office of Economic Opportunity and my future landlord.
- I agree to meet with my housing support worker at least once a month, work on a plan for housing after my CARES Housing Voucher ends, meet with my worker in person and allow visits in my home. *All visits will be scheduled jointly and take place following Vermont Department of Health guidelines. Other meetings may happen by phone or online.*
- I agree to work on increasing my income through employment and/or other benefits & programs.

SIGNATURES OF ALL ADULTS IN HOUSEHOLD

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

Head of household: _____ Date: _____

Spouse/co-head: _____ Date: _____

Other adult: _____ Date: _____

APPLICATION PROCESS

1. Mail your complete application to: Cares Housing Voucher, PO Box 1603, Burlington, VT 05402. Or go to <https://dcf.vermont.gov/oeo/CARES> for instructions on how to submit it online.
2. If we determine that you are eligible and your application is complete, you'll get a letter pre-approving you for a voucher. The housing support worker will also get a copy.
3. You'll have 60 days to find an apartment that meets the CARES requirements.
4. Start looking for an apartment and planning for moving costs. Don't sign a lease.

HOUSING SUPPORT WORKER

- I have reviewed this application and budget.
- I will meet with the applicant at least once a month in person (in their home if possible).
- I will help the applicant work to increase their income and achieve housing stability after their housing voucher ends.
- I will help the applicant access education and build tenancy and money skills.
- 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: _____