

# Pre-Application for Family Unification Voucher



Vermont State Housing Authority  
 Pre-Application for Rental Assistance  
 1 Prospect St. Montpelier VT 05602



Phone: (802) 828-1991 • Message: 1-800-820-5119 • TTY: 1-800-798-3118

## HEAD OF HOUSEHOLD INFORMATION

Full name:		Email:	
Physical address (street, town/city, state & zip code):			
Mailing address (if different from above):			
Home phone:		Cell phone:	
Social Security number:		Date of birth:	
Work phone:		Gender:	
Are you living with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you speak English? <input type="checkbox"/> Yes - well <input type="checkbox"/> Yes - not well <input type="checkbox"/> No - not at all	Do you speak a language other than English at home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which one(s):	
Have you ever served in the U.S. Armed Service <i>(Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard or Reserves)?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, do you give VSHA permission to share your name with the Veterans Administration Medical Center? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race/ethnicity (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			

**Warning:** Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000; imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

## HOUSEHOLD INFORMATION

Gross annual household income ( <i>before tax income for all household members for the year</i> ): \$ <b>REQUIRED: include income above even if it's zero.</b>		Name of spouse or co-head of household:	
<b>Provide details below for all people who will live in the unit, except the head of household:</b>			
Full name:	Relationship to head:	Gender:	Date of birth:
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## SIGNATURES OF ALL ADULTS

_____ Head of Household	_____ Date	_____ Spouse, Co-head, Other Adult	_____ Date
_____ Other Adult	_____ Date	_____ Other Adult	_____ Date
_____ Other Adult	_____ Date	_____ Other Adult	_____ Date