Vermont Re-Housing Recovery Program
Eligibility Application

Please complete this form and return with requested documentation to:
NeighborWorks of Western Vermont
Attn: Rental Rehab Program
110 Marble Street
West Rutland, VT 05777
Email: cjackson@nwwvt.org • Phone: (802) 236-0972

Complete Application Packet includes the following (Incomplete Applications will be returned):
1) Completed Application Form, signed by the Applicants (Property Owners)
2) Copy of the Tax Bill and Deed for each property
3) Standard Lease Agreement
4) Completed W-9 form, see attached
5) Scopes of work and budget for each project
6) Copy of Contractor contracts, if available
7) Copy of any applicable permits, if available
8) Proof of property insurance

Program Overview
• The Re-Housing Recovery Program offers grants up to $30,000 per unit for repairs needed to bring vacant rental units up to Vermont Rental Housing Health Code guidelines (maximum of 15 units/landlord)
• Property Owner is required to contribute at least a 10% match of the grant per unit.
• Property requires Property Owners to work with the Continuum of Care to attempt to find suitable renters. Priority will be given to Landlords that re-house the homeless in vacant units.
• Project scope may be reviewed and altered if the property is on or eligible for the State or National Historic Register. Additional compliance is required with the Vermont Rental Housing Code and local ordinances.
• All affected units must be rented at or below HUD Fair Market Rents for the appropriate County for at least five years (published annually) and Landlord must sign a Housing Affordability Covenant outlining this.
• Eligible applicants MUST have the ability to meet the deadline for completion, see below*

Services Provided by NeighborWorks of Western
• Attend an initial site visit of the property/units with Property Owner
• Review proposed scope of work and budget, help to define and finalize the project
• Verify that all permitting and compliance with local, state, and federal regulations are satisfied
• Confirm construction deadlines are being met and provide progress payments
• Conduct final inspection to ensure all repairs have been completed
• Collect and verify all program documents: pre-work, during-work, post-work as required.

*This program has a non-negotiable deadline. All units must be done with construction, occupied (with a Certificate of Occupancy) and all invoices submitted to NeighborWorks of Western VT no later than December 20, 2020. By missing this deadline, you will assume the remaining payments due to the contractor/supplier.

Initial here that you understand the project has a deadline of December 20, 2020: _______________

Information on this form will be used to assess your eligibility for the Re-Housing Recovery Program.
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Section A. Property Owner Information (please list all owners, attach extra sheet if necessary):

Property Owner/Applicant Name: ____________________________ Date of Birth: ____________________

Co-Owner/Applicant Name: ____________________________ Date of Birth: ____________________

Mailing Address: ____________________________________________

City/Town: ____________________________ State: ____________ Zip Code: ____________

Best Way to Reach You (circle one): Phone: ____________________________ Can you receive texts (Y/N) ______

Email: ____________________________

What is your current process to screen potential tenants and qualifying factors (i.e. credit and background check, application)? ____________________________

Describe your past experience with working with a Continuum of Care, the Coordinated Entry process, and renting to Section 8 voucher recipients: ____________________________

Are you willing to receive referrals for rental applicants from the Continuum of Care (Y/N)? ____________

Are you willing to accept the Vermont Common Rental Application? ____________________________

Are you willing to maintain HUD Fair Market Rents for Rehabbed Units? ____________________________

Have you applied, or do you intend to apply, for any other Federal or State funds to be used for this construction project (Y/N)? ____________ If (Y), please list sources: ____________________________

Section B. Property Information:

If you are applying for one building, complete the information for building one and then proceed to Section C.

1. Building One Property Address: ____________________________

Does this property have a mortgage (Y/N)? ____________ If yes, are you current on payments (Y/N)? ____________

Name of Municipality where you pay Property Taxes: ____________________________ Are taxes current (Y/N)? ______

★Include a copy of the Property Tax Bill and the Deed

Total Number of Units in Building: ____________ How many units need repairs? ____________________________

How Many of the Units are vacant? ____________ How long have they been vacant? ____________________________

Describe code violations and necessary repairs: ____________________________

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Expected Start Date of Construction: ____________________ Expected End Date of Construction: ________________

Contractor Name (if available/applicable): ________________________________________________________________

Other Notes:________________________________________________________________________________________

★ Attach the Scope of Work and Project Cost Estimate/Budget for Building 1 (include contractor contract, if available)

2. Building Two Property Address:_____________________________________________________________________

Does this property have a mortgage (Y/N)? __________ If yes, are you current on payments (Y/N)? __________ 

Name of Municipality where you pay Property Taxes: ________________________________________________ Are taxes current (Y/N)? __________

★Include a Copy of the Property Tax Bill and the Deed

Total Number of Units in Building: ______________ How many units need repairs? __________________________

How Many of the Units are vacant? ______________ How long have they been vacant? ______________________

Describe code violations and necessary repairs: ____________________________________________________________

Expected Start Date of Construction: ____________________ Expected End Date of Construction: ________________

Contractor Name (if available/applicable): ________________________________________________________________

Other Notes:________________________________________________________________________________________

★ Attach the Scope of Work and Project Cost Estimate/Budget for Building 2 (include contractor contract, if available)

If you are applying for more than two buildings, please include a separate sheet of paper with the requested information.

Section C. Authorization and Acknowledgement

Each of the undersigned attests to NeighborWorks of Western Vermont (“NWWVT”) and to NWWVT’s actual or potential agents, successors and assigns and agrees and acknowledges that the information provided in this packet is true and correct as of the date set forth opposite my signature and that any intentional or negligent misrepresentation of this information contained in this packet may result in civil liability, including monetary damages, to any person who may suffer any loss due to reliance upon any misrepresentation that I have made on this application, and/or in criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Sec. 1001, et seq. NWWVT and its agents, brokers, insurers, successors, and assigns may continuously rely on the information contained in the packet. Each of the undersigned hereby acknowledges that NWWVT its servicers, successors and assigns, may verify or re-verify any information contained in this packet or obtain any information or data relating to the packet, for any legitimate business purpose through any source, including a financial institution, employer, creditor, or any other source listed in this form. Each of the undersigned also understands that this application is for eligibility purposes only, and submitting this form does not constitute a commitment of funds.

Applicant Signature:_________________________________________________________ Date: ________________________

Co-Applicant Signature:_______________________________________________________ Date: ________________________

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Section D. Project Deadline

I understand that if my rehabilitation project is not completed and occupied by **December 20, 2020** that I will forfeit the unspent portion of the grant, and I will be responsible for any unpaid amounts owed to the contractors that I hire.

Applicant Signature:_________________________________________________ Date: __________________________

Co-Applicant Signature:_________________________________________________ Date: __________________________

**Demographic Information of Applicant**
The following information is required by program funders and will not be sold or shared with any third parties, nor will it have an impact on program eligibility.

**Vermont Residency:**

☐ Yes
☐ No

**Applicant:**

☐ Handicapped/Disabled ☐ Veteran
☐ Foreign Born ☐ Active military

**Marital Status:**

☐ Married ☐ Single ☐ Divorced
☐ Widowed ☐ Separated ☐ Civil Union

**Gender ID:**

☐ Female
☐ Male
☐ ________
☐ Prefer not to answer

**Ethnicity:**

☐ Hispanic or Latino ☐ Not Hispanic or Latino
☐ Prefer not to answer

**Race:**

☐ White
☐ Black/African American
☐ Asian
☐ Native Hawaiian/ Pacific Islander
☐ American Indian/Alaskan Native
☐ American Indian/Alaskan Native and White
☐ Asian and White
☐ Black African American and White
☐ American Indian/Alaskan Native and Black
☐ African American
☐ Other Multi-Racial ___________________
☐ I do not wish to provide this information

**Education Level of Applicant:**

☐ No High School Diploma ☐ High School Diploma or equivalent ☐ Two Year College degree
☐ Bachelor’s Degree ☐ Master’s Degree
☐ Above a Master’s Degree

**Number of Household Members (include dependents):**__________________________

**Annual Household Income (from all sources):**______________________________