

# Vermont Housing Improvement Program

## VHIP Rehab Rental & New Rental Unit Eligibility Application

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### Program Overview:

- The Vermont Housing Improvement Program (VHIP) offers grants up to \$50,000 per unit for rehabilitation/repairs needed to bring vacant rental units, and to create new rental units in existing, rented buildings, to meet the Vermont Rental Housing Health Code guidelines.
- VHIP Per Unit Funding Caps
  - Up to \$30,000 per unit for 0-1-2 Bedroom Units.
  - Up to \$50,000 per unit for 3+ Bedroom Units
  - Up to \$50,000 per unit for the creation of New Units
- Existing units must be vacant for a minimum of 90 days before the Property Owner can apply to VHIP.
- To be eligible for the program the Property Owner must be current on their property taxes and mortgage payments.
- Property Owner is required to contribute at least a 20% match of the grant funds prior to first grant disbursement. An “in-kind” match or defer match timeline may be approved at the discretion of the Homeownership Center overseeing project management.
- VHIP requires Property Owners to commit to providing housing to households exiting homelessness; households that are working with an immigrant or refugee resettlement program; or low income tenants.
- Property Owners are required to work with a Coordinated Entry Lead Organization or an Immigrant or Refugee Resettlement Program to find suitable renters who have experienced homelessness or displacement. This engagement shall continue at unit turnover for a minimum of 5 years.
- If households meeting these criteria are not available to lease the unit to, the Property Owner may petition the Department of Housing and Community Development (DHCD) to lease the unit to a household with an income equal to or less than 80 percent of the Area Median Income (AMI) for a minimum of 5 years.
- Alternative tenant selection processes may be considered for approval by the Department of Housing and Community Development during the 5-year program covenant timeframe.
- All rehab rental and new units assisted must be rented at or below HUD Fair Market Rents (FMR) for the appropriate County (published annually) or at a rate allowed by a recognized housing assistance voucher for at least five years and up to ten years and Landlord must sign a Housing Affordability Covenant outlining this.
- Grant funds are considered taxable income.
- Project scope may be reviewed and altered if the property is on or eligible for the State or National Historic Register.
- Completed rehab rental and new rental units must comply with the Vermont Rental Housing Health Code and local ordinances.
- **Eligible applicants MUST have the ability to meet the deadline for completion, see below\***



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### Complete Application Packet includes the following:

- 1) Completed VHIP Rehab Rental & New Rental Unit Eligibility Application Form, signed by the Applicants (Property Owners)
- 2) Copy of Property Insurance
- 3) Copy of the Tax Bill and Deed for each property
- 4) Standard Lease Agreement
- 5) Completed W-9 form
- 6) Scopes of work and budget for each project
- 7) Copy of Contractor contracts, if available
- 8) Copy of any applicable permits, if available

### ***Incomplete Application will be returned.***

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***Please complete this eligibility form and return with requested documentation to:***

NeighborWorks of Western Vermont  
Attn: Vermont Housing Improvement Program (VHIP)  
110 Marble Street  
West Rutland, VT 05777  
Email: [mpaskevich@nwwvt.org](mailto:mpaskevich@nwwvt.org) | Phone: 802-797-8610

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### Services Provided by NeighborWorks of Western Vermont (NWWVT)

- 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 progress and final inspection to ensure all rehabilitation/repairs/new rental unit construction has been completed
- Collect and verify all program documents: pre-work, during-work, post-work as required

***\*All units must be done with construction, occupied (with a Certificate of Occupancy) and all invoices submitted to NWWVT no later than 18 months after signing of the grant agreement for the project.***

***By missing this deadline, you will assume the remaining payments due to the contractor and/or supplier.***

Initial here that you understand the project deadline: \_\_\_\_\_

Application submission date: \_\_\_\_\_

Application received by HOC date: \_\_\_\_\_



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Funds provided by ARPA and The State of Vermont Agency of Commerce and Community Development



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Information on this form will be used to assess your eligibility for the Vermont Housing Improvement Program.

### 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: \_\_\_\_\_

Phone: \_\_\_\_\_ Can you receive texts: Yes No

Email: \_\_\_\_\_ Best Way to Reach You: \_\_\_\_\_

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

Do you have any experience working with the Section 8 program? Yes No

Do you agree to receive referrals for rental applicants from the Continuum of Care? Yes No

Do you agree to accept the Vermont Common Rental Application? Yes No

Do you agree to maintain HUD Fair Market Rents for Rehabbed Units? Yes No

### Section B. Rehab Rental Property One Information:

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

Building One Property Address: \_\_\_\_\_

Does this property have a mortgage? Yes No If yes, are you current on payments? Yes No

Name of Municipality where you pay Property Taxes: \_\_\_\_\_ Are taxes current? Yes No

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

\*Total number of units in building: \_\_\_\_\_

\*How many units need repairs? \_\_\_\_\_

\*Are units to be repaired vacant? Yes No

\*How long have units been vacant? \_\_\_\_\_

\*Unit numbers to be repaired: \_\_\_\_\_

\*Number of 0-1-2 BR units to be repaired:

\*Number of 3+ BR units to be repaired: \_\_\_\_\_

Describe code violations and necessary repairs:

Expected start date of construction: \_\_\_\_\_ Expected end date of construction: \_\_\_\_\_

Contractor name (if available/applicable): \_\_\_\_\_

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



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**Section B. Rehab Rental Property Two Information:**

Building Two Property Address: \_\_\_\_\_

Does this property have a mortgage? Yes      No      If yes, are you current on payments? Yes      No

Name of Municipality where you pay Property Taxes: \_\_\_\_\_ Are taxes current? Yes      No

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

Total number of units in building: \_\_\_\_\_ How many units need repairs? \_\_\_\_\_

Are units to be repaired vacant? Yes      No      How long have units been vacant? \_\_\_\_\_

Unit numbers to be repaired: \_\_\_\_\_ Number of 0-1-2 BR units to be repaired: \_\_\_\_\_

Describe code violations and necessary repairs: \_\_\_\_\_  
Number of 3+ BR units to be repaired: \_\_\_\_\_

Expected start date of construction: \_\_\_\_\_ Expected end date of construction: \_\_\_\_\_

Contractor name (if available/applicable): \_\_\_\_\_

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

**If applying for more than 2 Rehab Rental Properties please attach additional form(s)**

**Section B. New Rental Unit One Property Information:**

New Rental Unit One Property Address: \_\_\_\_\_

Does this property have a mortgage? Yes      No      If yes, are you current on payments? Yes      No

Name of Municipality where you pay Property Taxes: \_\_\_\_\_ Are taxes current? Yes      No

Number of existing residential rental units in building: \_\_\_\_\_

**\* Include a copy of the Property Tax Bill and the Deed**

Describe the work that will need to be completed to create this New Rental Unit:

Expected start date of construction: \_\_\_\_\_ Expected end date of construction: \_\_\_\_\_

Contractor name (if available/applicable): \_\_\_\_\_

**★ Attach the Scope of Work and Project Cost Estimate/Budget for New Rental Unit One (include contractor contract, if available)**





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### Section D. Project Deadline

I understand that if my rehabilitation project is not completed and occupied within 18 months of signing the grant agreement that I will forfeit the unspent portion of the grant and agree to repay all program funds awarded to-date. I will be responsible for any unpaid amounts owed to the contractors that I hire. NWWVT or the Vermont Department of Housing and Community Development may seek recovery of funds for incomplete units, or any other violation of the program rules or the Housing Subsidy Covenant to the full extent allowable by law.

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.

#### Applicant:

- Handicapped/Disabled  Veteran  
 Foreign Born  Not applicable

#### Marital Status:

- Married  Not Married  Divorced  
 Widowed  Separated  Civil Union

#### Gender ID:

- Female  Male  
 Non-binary  \_\_\_\_\_  
 Prefer not to answer

#### Ethnicity:

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

#### Applicant Household Type:

- Not married  Married with children  
 Married without children  
 2 or more unrelated adults

Annual Household Income (from all sources):  
\_\_\_\_\_

#### Race:

- White  Black/African American  
 Asian  Native Hawaiian/ Pacific Islander  
 Native American /Alaskan Native  
 Native American /Alaskan Native and White  
 Asian and White  
 Black African American and White  
 Native American /Alaskan Native and Black  
 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

#### Permanent Vermont Resident:

- Yes  No

Number of Household Members (include Dependents): \_\_\_\_\_



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