



## **MOBILE HOME PARK APPLICATION**

Thank you for your interest in the mobile home parks owned by the Housing Trust of Rutland County (HTRC).

### **Instructions:**

- Read this application carefully and fill out each section that applies to you or a member of your household.
- Provide as much information as possible.
- If you cannot fit all information in the space provided, add additional sheets as necessary.
- The Consent for Release of Information/Certification of Completion, criminal background release and credit release require all adult household members to sign: please make additional copies of such forms as necessary for your household.

### **Privacy Statement:**

The HTRC will comply with the Federal Privacy Act Statement. Any information obtained will not be disclosed to an outside agency except as required and permitted by law. You do not have to give us this information; but if you do not, your eligibility approval may be delayed or rejected.

### **Reasonable Accommodations:**

The HTRC complies with the state and federal laws requiring housing providers to make reasonable accommodations or changes to rules, procedures and housing units or properties if such changes are necessary to enable a person with a disability to have equal access to and enjoyment of the unit, property, facility, or program.

Reasonable accommodations will be made during the application process and during an individual's participation in our programs provided accommodation does not present an undue financial or administrative burden. Any accommodation or change must be necessary for the individual to have equal access and enjoyment of the housing and programs, not just be desirable.

To request an accommodation, please contact the HTRC:

Mail: Housing Trust of Rutland County, 27 Wales Street, Suite 201, Rutland, VT 05701

Telephone: (802) 775-3139



**PART 1 - HOME INFORMATION**

1. Do you certify that this will be your household's primary residence and that you will not maintain a separate residence in another location:  YES  NO

**2. LOT INFORMATION**

Name of Park \_\_\_\_\_ Lot # \_\_\_\_\_ Name of Current Tenant/Seller \_\_\_\_\_  
 Tuckerville  Mussey Street  Haven Meadows

**3. ACTION REQUESTED**

Own Do you own or rent the land it is on:  YES  NO  
What year is the mobile home manufactured: \_\_\_\_\_  
Length of home: \_\_\_\_\_ Width of home: \_\_\_\_\_  
What is the make of the mobile home: \_\_\_\_\_

PURCHASING  Existing home on lot  Paying cash for the home  
 New home to be placed on lot  Financing the home  
 Used home to be placed on lot  
Financial Lender: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
Loan Amount: \_\_\_\_\_  
Monthly Payment (include taxes & insurance) \_\_\_\_\_

JOINING AN EXISTING HOUSEHOLD \_\_\_\_\_

Do you have any special housing needs:  YES  NO  
If Yes, please explain: \_\_\_\_\_

**4. PETS**

Type	Breed	Weight	Last Shots
<input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Caged Animal:	_____	_____	_____
<input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Caged Animal:	_____	_____	_____
<input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Caged Animal:	_____	_____	_____

**5. VEHICLES**

Year	Make	Model	Color	License Plate
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

How did you hear about the Housing Trust of Rutland County? (Check One)  
Community Partner/Business Craigslist Facebook HTRC Website Newspaper Previous Applicant  
Previous Resident Resident Referral Lawn Sign Walk-in Word of Mouth Other

**PART 2 - APPLICANT INFORMATION**

NAME	First	Last	Middle Initial	Maiden Name
MAILING ADDRESS	PO Box / Street		City / Town	State / Zip Code
PHYSICAL ADDRESS	Street		City/Town	State / Zip Code
TELEPHONE NUMBERS	Home	Cell	Work	
EMAIL ADDRESS	_____			

How did you hear about the Housing Trust of Rutland County: \_\_\_\_\_

Would you like to be put on a waiting list, if a mobile home lot is currently unavailable:  YES  NO

Are you currently or have you recently taken advantage of any community-based training or education program such as Reach-Up, Adult Basic Education, Continuing Education, or others:  YES  NO

If Yes, please explain: \_\_\_\_\_

**PART 3 - HOUSEHOLD COMPOSITION** Please list all household members, including yourself

Names of Household Members	Relationship to Head of Household	Social Security #	DOB	Age	Gender
	<b>HEAD</b>				
_____					
_____					
_____					

Do you expect any changes in your household size within the next year:  YES  NO

If Yes, please explain: \_\_\_\_\_

## PART 4 - INCOME

**EMPLOYMENT INFORMATION:** List all full and part-time employment for all members of the household.

Name	Employer	Address	Supervisor	Phone	Rate/ Hour	Hours/ Week
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**OTHER INCOME:** List income from: Welfare, Reach Up, General Assistance, Social Security, SSI, Pensions, Workers Comp, Unemployment Comp, Child Support, or Alimony.

Name	Source of Income	Case Worker	Amount	Check One
				<input type="checkbox"/> Week
				<input type="checkbox"/> Month
				<input type="checkbox"/> Year
				<input type="checkbox"/> Week
				<input type="checkbox"/> Month
				<input type="checkbox"/> Year
				<input type="checkbox"/> Week
				<input type="checkbox"/> Month
				<input type="checkbox"/> Year

Total Annual Income before taxes: \_\_\_\_\_

**ASSETS:** List all assets (checking, savings, certificate of deposit, money market, IRA, KEOUGH, annuity, pension) for household.

Name	Type of Account	Acct. Number	Bank
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**OTHER ASSETS:** Please list any other assets you own below (real estate, stocks, bonds, etc.)

**SECURITY DEPOSIT:** Do you have money for security deposit; equaling one month's rent or is it available to you from family, friends, or other sources:  YES  NO

If Yes, how much: \_\_\_\_\_

If No, please explain how you will pay the security deposit: \_\_\_\_\_

Part of the application process is the need to verify all sources of income that you want us to include in calculations of a debt to income ratio. This is used to determine whether you can afford to lease a lot in the park. This part of the processing will be faster if you include, with your application, independent verifications of income such as:

- Paystubs for the prior three months
- Annual benefit letter for Social Security, SSI and/or SSDI
- Proof of benefits for pensions and retirements
- Proof of payment for other sources of income such as annuities, child support, alimony, etc...

## PART 5 - CURRENT HOUSING SITUATION

How long have you lived at your current address:

Do you currently have a lease:  YES  NO

If Yes, when does it expire: \_\_\_\_\_

Do you currently have a Section 8 subsidy:  YES  NO

If Yes, how many bedrooms is it for: \_\_\_\_\_

If Yes, in what year and month was your Section 8 subsidy issued to you: \_\_\_\_\_

Please explain why you desire to leave your current address: \_\_\_\_\_

By what date do you wish to leave: \_\_\_\_\_

Please explain why you hope to move here: \_\_\_\_\_

**CURRENT HOUSING COSTS:** Please write your monthly expenses below:

If you Rent

Rent \_\_\_\_\_  
 Gas \_\_\_\_\_  
 Electric \_\_\_\_\_  
 Oil/Wood/Coal \_\_\_\_\_

If you Own

Mortgage \_\_\_\_\_  
 Taxes \_\_\_\_\_  
 Insurance \_\_\_\_\_  
 Water/Sewer \_\_\_\_\_  
 Gas \_\_\_\_\_  
 Electric \_\_\_\_\_  
 Oil/Wood/Coal \_\_\_\_\_  
 Maintenance \_\_\_\_\_

**PART 6 - HOUSING HISTORY & REFERENCES**

**Housing History:** Please list three (3) landlords. If you have not had three landlords, please provide a written statement as to where you have resided the last five (5) years.

1. Dates of  
Address: \_\_\_\_\_ Occupancy: From: \_\_\_\_\_ To: CURRENT  
Amount monthly: \$ \_\_\_\_\_ What utilities are included: \_\_\_\_\_  
Name of Landlord: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Landlord Address: \_\_\_\_\_  
Would this landlord give you a good reference:  YES  NO  
If No, please explain: \_\_\_\_\_

2. Dates of  
Address: \_\_\_\_\_ Occupancy: From: \_\_\_\_\_ To: \_\_\_\_\_  
Amount monthly: \$ \_\_\_\_\_ What utilities are included: \_\_\_\_\_  
Name of Landlord: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Landlord Address: \_\_\_\_\_  
Would this landlord give you a good reference:  YES  NO  
If No, please explain: \_\_\_\_\_

3. Dates of  
Address: \_\_\_\_\_ Occupancy: From: \_\_\_\_\_ To: \_\_\_\_\_  
Amount monthly: \$ \_\_\_\_\_ What utilities are included: \_\_\_\_\_  
Name of Landlord: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Landlord Address: \_\_\_\_\_  
Would this landlord give you a good reference:  YES  NO  
If No, please explain: \_\_\_\_\_

Have you ever lived in subsidized housing:  YES  NO  
If Yes, when: From: \_\_\_\_\_ To: \_\_\_\_\_  
If Yes, where: \_\_\_\_\_

**Personal References:** Please list three (3) references (employers, co-workers, neighbors, business-or-school-related acquaintances - **not relatives**)

Name	Address	Phone	Connection

**PART 7 - GENERAL BACKGROUND QUESTIONS**

- YES NO Have you or any member of the household ever:  
  Committed any fraud in a federally-assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs?  
If Yes, please explain and include State and dates:
- Been arrested or convicted of a drug-related crime?  
If Yes, please explain and include State(s) and dates:
- Been arrested or convicted for participating in a violent crime?  
If Yes, please explain and include State(s) and dates:
- Been convicted of a crime (other than one listed above)?  
If Yes, please explain and include State(s) and dates:
- Been subject to the lifetime sex offender registration program?  
If Yes, please provide name and State(s)
- Been evicted from housing or have an eviction pending?  
If Yes, please provide dates, names of landlords, or housing authorities:
- Abuse alcohol?
- Been asked to leave a housing unit or not had a lease renewed?  
If Yes, please explain:

**PART 8 - CONSENT FOR RELEASE OF INFORMATION/CERTIFICATION OF COMPLETION**

Your signature below authorizes the Housing Trust of Rutland County to obtain any information that is pertinent to eligibility and suitability for residency at the mobile home park to which you have applied and certifies that the information listed on this application is complete and true to the best of your knowledge. Furthermore, you understand that providing false or misleading information will make you ineligible for housing with the HTRC.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Other Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Other Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your signature below gives consent to have the Housing Trust of Rutland County to obtain your credit report in connection with the application for credit.

In the event your application is approved, You also give your consent to have the Housing Trust of Rutland County to obtain additional credit reports and other information after approval of your application in connection with the same transaction for purposes of reviewing the application; for purposes of taking collection action on the application; or for other legitimate purposes associated with the application.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Other Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Other Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_







**GENERAL RELEASE**

I hereby authorize the Housing Trust of Rutland County and its staff to contact any, but not limited to, all agencies, offices, employers, landlords, banks or other financial institutions, credit bureaus, the Social Security Administration and law enforcement agencies to obtain any information or materials which it deems necessary to verify information supplied by me, the Applicant/Tenant, to determine my eligibility for a rental unit.

I certify that all of the information provided is true and complete to the best of my knowledge.

I agree that photocopies of this authorization may be used for the purposes stated above.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, national origin, religion, sex, familial status and handicap. Federal laws also prohibit discrimination on the basis of age.