

**VT State Housing Authority (VSHA)
COVID-19 Rental Housing Stabilization Program
Tenant Application and Affidavit**

Tenant First Name: _____ Tenant Last Name: _____
Phone number: _____ Email: _____
Rental Address: _____ Unit #: _____
City: _____ State: _____ Zip Code: _____

Number of bedrooms in my rental unit: _____

Mailing Address (if different): _____ Unit #: _____
City: _____ State: _____ Zip Code: _____

Names of all other household members:

#1 First Name: _____ Last Name: _____
#2 First Name: _____ Last Name: _____
#3 First Name: _____ Last Name: _____
#4 First Name: _____ Last Name: _____
#5 First Name: _____ Last Name: _____

1. Landlord name: _____
2. Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone number: _____ Email: _____

3. My unit's monthly rent is \$ _____.
4. The current amount that I owe my landlord is \$ _____.
5. This is the only application for this unit at this time and no other person in my household is applying for the above amount from this or any other program at this time.
6. I affirm there are no violations of the Rental Housing Health Code, or, if there are, that I will grant the landlord access to make repairs within 30 days.

https://www.healthvermont.gov/sites/default/files/REG_Rental_Housing_Code.pdf

Click **HERE** for a list of life safety requirements for rental housing in Vermont

_____ I am checking here because there are life safety problems with my unit.

_____ I am checking here because there are other necessary repairs at my unit.

Use the comment section at the end of this form to list life safety and necessary repairs.

7. I understand VSHA will make payments directly to my landlord. My landlord will accept whichever is less: the actual amount owed or the VSHA Payments Standard per month, and waive the rest, including waiver of late fees. My Landlord agrees not to take any action to evict me for nonpayment of rent for the months of back rent covered by these funds and going forward for an equal number of months. I also understand my landlord will not raise my rent before January 1, 2021, or when my rental agreement ends, whichever is later.

For VSHA use only:

Application number _____ Date payment made _____, amount of payment \$ _____, Group _____.

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I hereby declare that the above information is true and accurate to the best of my knowledge and belief. I authorize the VSHA to verify and investigate such information with my full cooperation at any time. I understand that providing false information on this Affidavit is a Class D crime (17-A MRSA, ch.19), and will subject me to criminal penalties and civil remedies. I am signing this Application and Affidavit by electronically entering my name below or providing a wet signature.

Tenant Signature: _____ Date: _____

Please list life safety issues here:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Please list other necessary repairs here:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Comments:

For VSHA use only:

Application number _____ Date payment made _____, amount of payment \$ _____, Group _____.