

VHIP 2.0 Accessibility Program Overview

All VHIP 2.0 guidelines and requirements apply to projects requesting additional funding for accessibility improvements. Please refer to your primary application for guidelines for your project type.

Approved VHIP 2.0 projects are eligible for UP TO an additional \$20,000 per unit that additionally meets either **Visitable, Adaptable, or Accessible** requirements under ADA Standards and the Vermont Access Rules. The amount awarded will be dependent upon the extent of the work proposed, understanding that requirements for accessible are more stringent and costly than visitable.

Visitable, Adaptable, & Accessible VHIP Unit Development Guidelines

The 2010 ADA Standards for Accessible Design are the primary guide for accessible development. The Vermont Access Rules outline the additional or separate Vermont requirements for each type of accessible development. These can be found, along with more information on ADA and Vermont building codes, at the [Fire Safety Division website](https://firesafety.vermont.gov/buildingcode/ada): firesafety.vermont.gov/buildingcode/ada.

A property owner who wishes to create a Visitable/Adaptable/Accessible unit as part of a VHIP project must choose either option for each unit they plan to develop to access guidelines. A VHIP project/property may have a mix of accessible units and standard units as part of their scope of work.

The Homeownership Center will review the proposal to develop Visitable/Adaptable/Accessible units, but is not responsible for developing or assessing that a plan adheres to ADA and Access Rules. Property Owners who are not well-versed in ADA Standards and Vermont Access Rules are expected to include in their work plan hiring an accessibility consultant, architect, structural engineer, or other professional. This contractor will develop plans to ensure the project meets accessibility standards for the proposed unit(s). Units that do not meet the standards at completion will not receive a portion or all of the funding allocated for accessibility improvements.

Awarded funds for accessibility will be disbursed 40% at the midpoint of the project, and 60% upon successful completion of the proposed work.

Tenant Selection Parameters

- Tenant first priority may be at least one individual with a disability who receives or is approved to receive Medicaid-funded home and community-based services or Social Security Disability Income (SSDI)
- All VHIP tenant selection requirements from the chosen application
- All Fair Housing Act requirements apply



Application Rider: Accessibility

Vermont Housing Improvement Program 2.0 (VHIP 2.0)

Application Checklist

Providing all the required information makes your application more competitive and will ensure a timely decision.

Complete Application Packet includes the following:

- Completed VHIP 2.0 Application for applicable project type
- Review/assessment/plan from Accessibility Consultant or other qualified construction professional well versed in Vermont Access Rules
- Scope of work with detailed measurements, drawings, and materials choices, by room or system/element and addressing all accessibility accommodations

Section A. Property Owner/Applicant Information

Property Owner/Applicant Name: _____

Co-Owner/Applicant Name: _____

Mailing Address: _____ City/Town: _____

State: _____ Zip Code: _____ Email Address: _____

Phone Number: _____ Can you receive texts: Yes No

Best way to reach you: _____

Section B. Property Information

Property Address: _____

Total number of units in building: _____ How many units in this VHIP project: _____

How many of these VHIP units are applying for accessibility funding: _____

	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5
Apartment #					
# of Bedrooms					
Accessible/Adaptable/Visitable? (choose)					

	Unit 6	Unit 7	Unit 8	Unit 9	Unit 10
Apartment #					
# of Bedrooms					
Accessible/Adaptable/Visitable? (choose)					





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Describe extended work plan to make unit Visitable, Adaptable, and/or Accessible (attach estimates, drawings, etc. as available):

Estimated Additional Cost to Project to apply VT Access Rules as described above: _____

Expected start date of construction: _____ Expected end date of construction: _____

Accessibility Professional's name: _____

(Accessibility Consultant/Architectural or Engineering Firm/Qualified Contractor with verifiable Accessibility experience)

Accessibility Professional's Phone/email: _____

***Attach the Accessibility assessment and extended work plan, architectural drawings, etc. if any. ***

Section C. Authorization and Acknowledgement

Each of the undersigned attests to the **ORGANIZATION (HOC)** and to the **HOC'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. **HOC** 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 **HOC**, its servicers, successors and assigns, may verify or reverify 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. If the application is approved, the undersigned agrees to watch videos on Fair Housing Laws and Landlord-Tenant Mediation. 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: _____

