



Dear Applicant,

Thank you for inquiring about an apartment rental with the Windham & Windsor Housing Trust (WWHT.) WWHT is a non-profit organization that works to create affordable housing for people with very low, low and moderate incomes. The information requested on the enclosed application ensures that we will be able to receive funding to continue our work.

Completed applications should be returned to WWHT, 68 Birge Street, Brattleboro, VT 05301.

If you need assistance completing the application, please let us know. We'll be happy to help!

The more detailed information you provide, the quicker we are able to process your application. Incomplete applications will not be considered until they are complete and are grounds for denial.

For questions about your application or to report changes you may do so at 802-246-2124 or email us at info@homemattershere.org

Thank you,

WWHT Property Management



Windham & Windsor Housing Trust
68 BIRGE STREET
BRATTLEBORO, VERMONT 05301



Windham & Windsor Housing Trust
24 SCHOOL STREET EXT.
BELLOWS FALLS, VERMONT 05101

WWW.HomeMattersHere.ORG

WWW.HomeMattersHere.ORG

Resident Eligibility Requirements

Applicants must qualify according to applicable income guidelines, household size restrictions and requirements of specific affordability funding programs for WWHT units such as: Tax Credit (Low Income Housing Tax Credit or LIHTC), HOME, VHCB, RD515, or CDBC. Eligibility requirements are disclosed to prospective residents when applying for housing.

Supportive service housing programs may have additional eligibility requirements and require an agency referral to the program.

Applicants must disclose social security numbers and provide proof of the numbers reported. Proof of identity documentation for household members without social security numbers will be determined at the time of processing. All family members who are 18 years of age or older will be required to sign consent and verification forms. All information reported by the family is subject to third party verification.

Full Time Student Eligibility

Full-time students qualify for tax credit (LIHTC) housing under the following conditions:



- They are receiving AFDC/TANF assistance; or
- They were previously in a foster care program under Part B or E of Title IV of the Social Security Act; or
- They are enrolled in a job training program under the Job Training Partnership Act; or
- They are a single parent living with his/her minor children and such parent is not a dependent (as defined in section 152) and whose children are not dependents of another individual other than a parent; or
- They are married and file a joint return.

A full-time student who does not meet one of these criteria is ineligible for apartments funded under the LIHTC program.

Resident Selection Criteria

WWHT will screen prospective applicants according to the following criteria:

1. Verifiable and satisfactory landlord references (other than relative)
2. Personal interview
3. Personal references
4. Criminal record checks for states in which the applicant has resided the last ten years.
5. Public resources which will provide information concerning criminal or drug related history and sex offender registration.
6. Ability to pay rent.
7. Eligibility for specific funding program.
8. Agency referral for supportive service housing program.

Form RENT		Common Rental Application for Housing in Vermont	FORM REVISED
State of Vermont's Housing Community			APRIL 2024

Do you speak or read English?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Do you need an interpreter to complete the application?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If you need language translation or an interpreter, notify the management company.

INSTRUCTIONS (not for tenant-based vouchers)

<i>Please type or print in ink the information requested on this form. Please read through this application carefully. Incomplete or unsigned applications will be returned. Use additional sheets if necessary. Please return completed application to:</i>		FOR OFFICE USE ONLY Date/time received:
Management company (WWT)	Agent name	
Windham and Windsor Housing Trust	Morgan	
I wish to apply for housing at (Property name)	Location	
PEI Housing	59 Frost Street	
Please check the size of the apartment you are interested in:		
<input type="checkbox"/> Efficiency	<input type="checkbox"/> 1-bedroom	<input checked="" type="checkbox"/> 2-bedroom
<input type="checkbox"/> 3-bedroom	<input type="checkbox"/> 4-bedroom	

FAMILY COMPOSITION

Complete the following information for each person who will live in your apartment. Attach a separate sheet of paper if needed.

***The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service and US Department of Housing and Urban Development, that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, familial status, age, disability, marital status, receipt of public assistance, or because a person is a victim of abuse, sexual assault, or stalking are complied with.*

You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants based on visual observation or surname.

	Head of Household	Person 2	Person 3	Person 4
First name	Morgan	Morgan Jr		
Middle initial	B	C		
Last name	Gero	Gero		
Relationship	Head of household	Dependent		
Social Security number	000-00-0000	111-11-1111		
Place of birth (city, state)	Brattleboro VT	Keene NH		
Birthdate (mm/dd/yyyy)	01/01/1999	01/01/2025		
Live in unit Full time	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Live in unit Part time	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Marital Status				
Single	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Married				
Divorced				
Legally separated				
Estranged				
Sex **				
Male				
Female	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Other/Intersex				
Ethnicity **				
Hispanic or Latino				
Not Hispanic or Latino	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Race (mark one or more)**				
American Indian/ Alaska native				
Asian				
Black or African-American				
Native Hawaiian or Other Pacific Islander	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Other Race				
White				

Do you have primary custody of all children listed in the Family Composition Section?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Do you expect any additions to the household in the next 12 months?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there any absent household members not listed in the Family Composition section? If "Yes", please explain	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do you live with others? If "Yes", please explain	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

What is your current address? 24 Birge Street Apt #2 Brattleboro, VT 05301	Please list current mailing address, if different PO Box 2 Brattleboro, VT 05302
How long have you lived at this address? 2 Years 0 Months	How many bedrooms in your present home? 2
Home phone number 802-222-8888	Cell phone number
Other phone number	Email address Morgangero@yahoo.com

Do you own your home? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If "Yes", market value \$	Outstanding mortgage balance \$
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Do you rent? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", Landlord's name Mr. Smith	Landlord's phone number 802-111-3333
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Landlord's address & E-mail address 24 Birge Street Apt #1 Brattleboro, VT 05301 Smithol@yahoo.com
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PREVIOUS HOUSING

Fill out this information for all places you have lived in the past five (5) years, not including your present housing. Attach a separate sheet of paper if needed.

Dates From (mm/yy): 2/23 To (mm/yy): 2/24	
Landlord name Mrs. June	Rental property address 30 way Rd Apt #5 Guilford, VT 05301
Landlord address 22 Hop Street Springfield, MA 01026	
Landlord phone number 413-777-8888	Landlord email address Mrs.June@gmail.com

Dates From (mm/yy): <u>2/22</u> To (mm/yy): <u>2/23</u>	
Landlord name <u>Donna Zoom</u>	Rental property address <u>77 Butter Rd Apt # 1</u>
Landlord address <u>77 Butter Rd Apt #2</u> <u>Vernon VT 05354</u>	<u>Vernon, VT 05354</u>
Landlord phone number <u>802-666-6666</u>	Landlord email address <u>DZoom@hotmail.com</u>

Dates From (mm/yy): <u>1/19</u> To (mm/yy): <u>2/22</u>	
Landlord name <u>Bob Lance</u>	Rental property address <u>22 John way Brattuboro, VT</u>
Landlord address <u>26 John way Brattuboro</u> <u>VT 05301</u>	<u>05301</u>
Landlord phone number <u>802-222-8989</u>	Landlord email address <u>Lancebob@hotmail.com</u>

Do you currently live in a subsidized or Tax Credit apartment? For example, do you need to provide income information each year to your landlord? Yes No

Please list all states you have previously lived in
VT, MA, NH

INCOME

Please list all sources of income for each person who will live in your apartment. Be sure to list gross amounts and where the income comes from. Attach a separate sheet of paper, if needed.

Employment income		<input type="checkbox"/> N/A
Applicant Name <u>Morgan Gero</u>	Employer address, phone, email <u>Fedex</u> <u>416 Coachman Rd West Chesterfield</u> <u>800-463-3339 Fedex@gmail.com</u>	Gross weekly salary <u>\$ 500</u>
Applicant Name	Employer address, phone, email	Gross weekly salary \$

Applicant Name	Employer address, phone, email	Gross weekly salary \$
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Applicant Name	Employer address, phone, email	Gross weekly salary \$
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Do you anticipate any changes to your income during the next 12 months? Yes No

Other income

N/A

Child support, pension/annuity, Social Security, public assistance, unemployment, other periodic payments, unearned income, etc. If you receive Social Security, please attach a copy of your award letter with your application. Enter all other sources of income including current gross Social Security monthly amount. If self-employed, provide prior year's taxes with W-2's, 1099's etc. and current financial statement. Attach a separate sheet of paper, if needed.

Applicant name Morgan Gero	Income type SSA	Source address, phone, email 6401 Security Blvd Baltimore, MD 21235 800-772-1213	Gross monthly amount \$ 1,022.48
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Applicant name	Income type	Source address, phone, email	Gross monthly amount \$
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Applicant name	Income type	Source address, phone, email	Gross monthly amount \$
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Assets

Bank accounts and other cash accounts

N/A

Please list all accounts held by each person who will live in your apartment. Attach a separate sheet of paper, if needed.

Bank/institution	Type of account	Interest rate	Current balance
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Bank/institution <i>Key Bank</i>	Type of account <i>Checking</i>	Interest rate <i>0</i> %	Current balance \$ <i>50.00</i>
Bank/institution	Type of account	Interest rate %	Current balance \$
Peer-to-peer account, eWallet, Direct Express Debit Card and other accounts such as Venmo, Paypal and Bitcoin, etc. <i>PayPal</i>		Type of account	Current balance \$ <i>25.00</i>
Cash on hand <i>\$0</i>			Current balance \$ <i>0</i>

IRA/Keogh/annuity/pension/stocks

N/A

Name of account	# of shares	Share Price \$	Cash value \$	Quarterly dividend \$

Bonds/insurance policies

N/A

Type	Date of purchase	Current value/cash value \$

Other assets

Do you own real estate (other than the home you currently live in)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes", where is it located (address, city, state)	Market value \$	
Mortgage holder and address	Mortgage balance \$	
Is this an income-producing property	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does anyone applying own any other asset not already listed? (Do not include furniture. Do not include motor vehicles used for personal transportation.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If "Yes", please describe	Market value \$
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Have you or any member of the household disposed of, transferred, or otherwise given away any cash, property, or other assets for less than they are worth in the past two (2) years? Yes No

If "Yes", please describe

Cash value \$	Amount received \$	Date disposed of
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Do you or any member of the household receive regular gifts or contributions from any person or organization? Gifts or contributions include cash, non-cash items, bills paid on your behalf, or items paid on your behalf. Yes No

If "Yes", please describe

Cell phone payment

Cash value \$ 45	Received from Mother	Frequency Monthly
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MONTHLY EXPENSES

Child care N/A

For care that enables you to work or attend school, complete for children 12 and younger

Name of provider	Address of provider	Phone number of provider	Email of provider
Amount per month assisted \$		Amount per month unassisted \$	

Medical expenses N/A

Complete if head of household, co-head or spouse is elderly or disabled

Physicians/health care provider name	\$
Medical premiums	\$
Hospitals/other health care facilities	\$
Prescription/non-prescription medicine	\$
Dental	\$
Other	\$
Auxiliary apparatus or attendant care	\$

List names of providers and contact information:

GENERAL INFORMATION

Are you or any member of your family in need of an accessible apartment and/or if handicapped/disabled, requesting a reasonable accommodation to enable you to live in this unit?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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If "Yes", list accommodations needed:

Will you or any member of your household require a live-in attendant?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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Do you have a disability that results in a disability-related need for a reasonable accommodation for an assistance animal?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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Are you requesting an adjustment to income? (This adjustment is available in federally-subsidized rental housing to households in which either the head or co-head is (1) age 62 or older, or (2) under age 62 and disabled)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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If offered an apartment and I accept, this apartment will serve as my sole residence	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Are you displaced due to: Natural disaster	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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Other governmental action	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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Domestic violence	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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Are you currently homeless?	<input type="checkbox"/> Yes (Please complete Appendix 1)	<input checked="" type="checkbox"/> No
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Are you at risk of homelessness?	<input type="checkbox"/> Yes (Please complete Appendix 2)	<input checked="" type="checkbox"/> No
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Are all members of the household citizens of the United States or non-citizens with eligible immigration status?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Is your household comprised entirely of full-time students?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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If "Yes," check all that apply:

All household members are fulltime students, and such students are married and file a joint tax return	<input type="checkbox"/> Yes
The household consists of single parents and their children, and such parents and children are not dependents of another individual	<input type="checkbox"/> Yes

At least one member of the household receives assistance under Title IV of the Social Security Act (i.e. TANF assistance)	<input type="checkbox"/> Yes
At least one member of the household is enrolled in and a job training program receiving assistance under the Job Training Partnership Act or similar federal, state, or local laws	<input type="checkbox"/> Yes
Full-time student formerly in foster care	<input type="checkbox"/> Yes
Have you or any member of your household been a full-time student in the past year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the Head of household plan to enroll as a full-time student in the upcoming year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes", please list all schools attended:	
Do you currently have a Section 8 Housing Choice Voucher (HCV)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," which public housing authority or authorities?	
If "No," are you on the waiting list for a Section 8 HCV?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever lived in subsidized rental housing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," specify the agency and the years in which you lived there:	
Are you currently residing in a Project Based Voucher apartment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is anyone in your household subject to a lifetime registration requirement under a state sex offender registration program?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," please explain:	
Have you or any member of the household ever committed fraud in a federally-assisted housing program or have been requested to repay money for knowingly misrepresenting information for such a housing program?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," please explain and give the state and date:	
Has anyone in your household ever been charged with or convicted of a crime?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," please explain and give the state and date:	
Has anyone in your household ever been charged with or convicted of illegal manufacture or distribution of a controlled substance?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," please explain and give the state and date:	

Is anyone in your household currently engaging in the illegal use of a controlled substance?

Yes No

If "Yes," please explain and give the state and date:

Do you have any pets? *Some properties do not allow pets*

Yes No

Type

Number

<blank>

Do you have any service animals?

Yes No

Type

Number

<blank>

Do you have any emotional support animals?

Yes No

Type

Number

<blank>

All properties have a smoking policy. Would you like a copy of the policy for the property for which you are applying?

Yes No

Why do you want to move to this property?

Looking to be closer to my employment

EMERGENCY

Please provide the name of any family or friends you would like involved in this application process. Please also list any family or friends we may contact if we are unable to reach you.

Name Bob Gero	Address (Street, city/town, state) 20 Low Lane Brattleboro, VT
Phone number 802-800-0000	Relationship Father
Email address Bgero@yahoo.com	
Name	Address (Street, city/town, state)
Phone number	Relationship
Email address	
Name	Address (Street, city/town, state)
Phone number	Relationship
Email address	

Please provide three (3) character references who have known ALL adult applicants for at least one (1) year. References may not be related to the applicant(s).

Name Nancy Lou	Phone number & E-mail address 800-270-0088 Nlou@yahoo.com
Name Joe Smith	Phone number & E-mail address 413-222-1111 Smith2@gmail.com
Name Kate Johnson	Phone number & E-mail address 603-333-2222 k52@hotmail.com

**PLEASE READ THE FOLLOWING STATEMENT CAREFULLY
BEFORE SIGNING THIS APPLICATION:**


I/we certify that the information given on household composition, income, net family assets, allowances and deductions, as well as all other information provided is accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable by federal law with fines up to \$10,000 or imprisonment for up to 5 years. I/we understand that false statements or information are grounds for termination of housing assistance, termination of tenancy and/or retroactive rent increases.

My/Our signature(s) below constitute(s) my/our consent to have the MANAGEMENT COMPANY conduct a background check, including verification of the information contained herein. I/we hereby expressly consent to the release of information by prior landlords, employers, credit bureaus/references, criminal information centers, Vermont Adult Abuse Registry, and/or the Vermont Child Protection Registry, and other individuals or entities with information relevant to the information provided herein to representatives of the MANAGEMENT COMPANY processing this application and performing the background check as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d). I also consent to release wage matching data to RHS and the MANAGEMENT COMPANY.

I/We understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to, poor credit, landlord references, police records indicating unacceptable criminal behavior, and/or poor personal interview.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.

"I have read and understand this statement."

Signature – Head of household 	Date 2/2/26
Signature – Other adult household member	Date
Signature – Other adult household member	Date
Signature – Other adult household member	Date

**ALL APPLICANTS MUST BE INCOME ELIGIBLE AND MEET ALL
ADMISSIONS CRITERIA FOR THEIR PROSPECTIVE APARTMENT**



TENANT RELEASE AND CONSENT

I/We, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application or recertification. I/We authorized release of information without liability to the owner/manager of the apartment community listed below, and/or the state housing development agency or it's service provider.

INFORMATION COVERED

I/We understand that the previous or current information regarding we/us may be needed. Verifications and inquires that may be requested include but are not limited to: personal identity, student status, employment income, assets, and medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- Past and Present Employers, Welfare Agencies, Veterans Administration, Support and Alimony Providers, State Unemployment Agencies, Retirement Systems, Educational Institutions, Social Security Administration, Medical Providers, Banks/Financial Institutions, Previous Landlords, Child Care Providers, Public Housing Agencies

CONDITIONS

I/We agree that a photocopy of the authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand that I/We have a right to review this file and correct any information that is incorrect.

SIGNATURES

[Signature]
Applicant/Resident

Morgan Gero
(Print Name)

2/2/26
Date

Co/Applicant/Resident

(Print Name)

Date

Adult Member

(Print Name)

Date

Adult Member

(Print Name)

Date

APPENDIX 1

If you indicated "yes" that you are currently homeless on Page 7 of the Common Rental Application for Housing in Vermont, check one box to describe your household:

CRITERIA FOR DEFINING HOMELESS	<input type="checkbox"/> Category 1	Literally Homeless	<p>(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <ul style="list-style-type: none"> (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); <u>or</u> (iii) Is exiting an institution where (s)he has resided for 90 days or less <u>and</u> who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
	<input type="checkbox"/> Category 2	Imminent Risk of Homelessness	<p>(2) Individual or family who will imminently lose their primary nighttime residence, provided that:</p> <ul style="list-style-type: none"> (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; <u>and</u> (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing
	<input type="checkbox"/> Category 3	Homeless under other Federal statutes	<p>(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:</p> <ul style="list-style-type: none"> (i) Are defined as homeless under the other listed federal statutes; (ii) Have not had a lease, ownership interest in permanent housing during the 60 days prior to the homeless assistance application; (iii) Have experienced persistent instability as measured by two moves or more during the preceding 60 days; and (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers
	<input type="checkbox"/> Category 4	Fleeing/ Attempting to Flee DV	<p>(4) Any individual or family who:</p> <ul style="list-style-type: none"> (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; and (iii) Lacks the resources or support networks to obtain other permanent housing

APPENDIX 2

If you answered "yes" that you are at risk of homelessness on Page 7 of the Common Rental Application for Housing in Vermont, please confirm that your household falls into one of the three categories below:

Yes, my household falls into one of these categories.

CRITERIA FOR DEFINING HOMELESSNESS	Category 1	Individuals and Families	<p>An individual or family who:</p> <ul style="list-style-type: none"> (i) Has an annual income below <u>30%</u> of median family income for the area; <u>AND</u> (ii) Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the "homeless" definition; <u>AND</u> (iii) Meets one of the following conditions: <ul style="list-style-type: none"> (A) Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; <u>OR</u> (B) Is living in the home of another because of economic hardship; <u>OR</u> (C) Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; <u>OR</u> (D) Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; <u>OR</u> (E) Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; <u>OR</u> (F) Is exiting a publicly funded institution or system of care; <u>OR</u> (G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved Con Plan
	Category 2	Unaccompanied Children and Youth	A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute
	Category 3	Families with Children and Youth	An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her.



WWHT Supplemental Application Questionnaire

(Fill in all that apply. Mark those that don't apply "NA"- do not leave any blank spaces)

How long have you lived at your present address 2 yrs

What are your current housing costs? Rent/mortgage \$1,200 Electric \$200 Heat \$150
Trash removal \$0 Snow Removal \$0 Other \$0

Your TOTAL household gross income per month \$2,000

Please check the size of the apartment you're interested in:

SRO Efficiency 1-Bedroom 2-Bedroom 3-Bedroom 4-Bedroom

Do you own a vehicle that requires a parking space? Yes No

Please explain why you wish to leave your current residence would like to be closer to my place of employment

What date do you wish to move in 3/1/26

Do you have a lease? Yes No If Yes, when does it expire/renew 2/1/26

Are you a veteran Yes No Branch _____

Are you a US Citizen Yes No

Do you have pets Yes No Type of pet _____

What organizations or agencies are you or anyone in your house working with:

Organization WPC contact person Brenda Phone 888-2222

Organization _____ contact person _____ Phone _____

Do you expect changes in your household in the next year? Yes No

If Yes, what changes? _____

Please include with this application the following for each adult applicant:

**Last 10 Paystubs, Unemployment compensation letter, Social Security Benefit letter
Reach Up Benefit statement, Child Support order, Other income (alimony, retirement,
pension, annuity)**

For **each adult applicant** be sure to include three landlord and three personal references with your application.

How did you hear about us?			
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Radio	<input type="checkbox"/> Craigslist	
<input type="checkbox"/> Facebook		<input type="checkbox"/> Friend/Family	
<input checked="" type="checkbox"/> Current Tenant	Other _____		

[Signature] 2/2/26
Signature Date
Morgan Gero
Print Name

WWHT Income and Assets Check List

Please note that all documentation must be most recent information with dates.

No screen shots please

- Possible sources of income-
 - Job paystubs (weekly 8 most recent paystubs, bi-weekly 5 most recent paystubs)
 - SS/SSI/SSDI (Most recent award letter)
 - State Assistance (Reach Up)
 - Alimony
 - Seasonal or sporadic work
 - Self-employment- Previous tax year Schedule C
 - Child support
 - Spousal support
 - Unemployment benefits
 - Workers' comp
 - Severance pay
 - Pension
 - Retirement accounts
 - Real estate income

- Assets- All open bank accounts most recent statements even with a \$0 balance. Including Cash-App, PayPal, Venmo, Chime etc.
 - Most recent bank statements *Key Bank & PayPal*
 - Direct Express provide a photo of card (front and back) and ATM statement showing balance.
 - CD's
 - Stocks
 - Mutual fund
 - 401Ks
 - Annuity
 - Pension
 - Trusts
 - Life insurance Not Term
 - Real estate

- If you have a pet, we require a \$300 pet deposit upon signing your lease along with all proofs of up-to-date vaccines, immunization, and spayed/neutered documentation.

EMPLOYEE
 Oliver Foster
 123 W. Front St.
 Boise, ID 83702

PAY PERIOD
 Period Beginning: 3/19/2020
 Period Ending: 3/25/2020
 Pay Date: 3/27/2020
 Total Hours: 20.00

BENEFITS	Used	Available
Sick	5.0	90.00
Vacation	5.0	99.00

NET PAY: \$428.08

MEMO:

PAY	Hours	Rate	Current	YTD
Regular Pay	5.00	25.00	125.00	125.00
CA Meal Break	5.00	50.00	250.00	250.00
Sick Pay	5.00	25.00	125.00	125.00
Vacation Pay	5.00	25.00	125.00	125.00

DEDUCTIONS	Current	YTD
Taxable Medical Ins	10.00	10.00
Pre tax Medical	62.50	62.50

TAXES	Current	YTD
Federal Income Tax	54.93	54.93
Social Security	34.88	34.88
Medicare	8.16	8.16
ID Income Tax	26.45	26.45

SUMMARY	Current	YTD
Total Pay	\$625.00	\$625.00
Taxes	\$124.42	\$124.42
Deductions	\$72.50	\$72.50

NET PAY: \$428.08

**Social Security Administration
Supplemental Security Income
Notice of Planned Action**

(FO Address)
(City/State/ZIP code)
Phone: 555-1213
Date: July 10, 1993
Social Security Number:
XXX-XX-XXXX

Name
Street Address
City/State/ZIP code

We are writing to tell you about a change in your Supplemental Security Income payments. We are only changing your payments for future months. The rest of this letter will tell you more about this change.

Your Payments Will Be Changed As Follows:

We will stop your payments beginning August 1993.

Why Your Payments Changed

We asked you earlier to give us information that we need to pay you SSI. Since you have not done this, we will stop your SSI in August 1993.

You still have time to keep your SSI, but we must hear from you right away. We will help you get any information that we need.

Information About Medicaid

For information about any change in your Medicaid eligibility caused by this action, you should get in touch with the local social services office.

Things To Remember

- o This decision refers only to your claim for SSI payments. This determination replaces all previous determinations.
- o If we stop your SSI and you do not become eligible again before August 1, 1994, you will have to file a new application to get SSI.



FIRST BANK OF WIKI
 1425 JAMES ST, PO BOX 4000
 VICTORIA BC V8X 3X4 1-800-555-5555

CHEQUING ACCOUNT STATEMENT
 Page : 1 of 1

—
 JOHN JONES
 1843 DUNDAS ST W APT 27
 —
 TORONTO ON M6K 1V2

Statement period	Account No.
2003-10-09 to 2003-11-08	00005-123-456-7

Date	Description	Ref.	Withdrawals	Deposits	Balance
2003-10-08	Previous balance				0.55
2003-10-14	Payroll Deposit - HOTEL			694.81	695.36
2003-10-14	Web Bill Payment - MASTERCARD	9685	200.00		495.36
2003-10-16	ATM Withdrawal - INTERAC	3980	21.25		474.11
2003-10-16	Fees - Interac		1.50		472.61
2003-10-20	Interac Purchase - ELECTRONICS	1975	2.99		469.62
2003-10-21	Web Bill Payment - AMEX	3314	300.00		169.62
2003-10-22	ATM Withdrawal - FIRST BANK	0064	100.00		69.62
2003-10-23	Interac Purchase - SUPERMARKET	1559	29.08		40.54
2003-10-24	Interac Refund - ELECTRONICS	1975		2.99	43.53
2003-10-27	Telephone Bill Payment - VISA	2475	6.77		36.76
2003-10-28	Payroll Deposit - HOTEL			694.81	731.57
2003-10-30	Web Funds Transfer - From SAVINGS	2620		50.00	781.57
2003-11-03	Pre-Auth. Payment - INSURANCE		33.55		748.02
2003-11-03	Cheque No. - 409		100.00		648.02
2003-11-06	Mortgage Payment		710.49		-82.47
2003-11-07	Fees - Overdraft		5.00		-67.47
2003-11-08	Fees - Monthly		5.00		-72.47
	*** Totals ***		1,515.63	1,442.61	

ACCOUNT STATEMENTS

Mr John Doe

Statement Period PayPal Account ID

Feb 1, 2020 - Feb 29, 2020 john@gmail.com



This document contains a view of all PayPal account activity

PAYPAL ACCOUNT

ACCOUNT ACTIVITY

DATE	DESCRIPTION	CURRENCY	AMOUNT	FEES	TOTAL*
02/01/20	Deposit in Paypal ID(S39439283)	USD	432.65	2.65	435.30
02/04/20	Deposit in Paypal ID(S39439283)	USD	633.46	3.34	636.80
02/07/20	Transfer to solul2323 ID(S39538294)	USD	-235.15	1.53	-236.68
02/09/20	Transfer to solul2323 ID(765437485)	USD	-132.65	0.45	-133.45
02/14/20	Deposit in Paypal ID(736284753)	USD	\$45.37	4.34	\$49.71
02/19/20	Transfer to solul2323 ID(765437485)	USD	-353.65	2.93	-356.58
02/24/20	Transfer to Sima45734 ID(765437763)	USD	-143.78	0.63	-144.41
02/25/20	Transfer to kanyeS3492 ID(765437456)	USD	-123.45	0.34	-123.79
02/27/20	Deposit in Paypal ID(736269464)	USD	785.46	3.74	789.20
02/28/20	Deposit in Paypal ID(736286436)	USD	632.48	3.97	636.45
Total Amount					2,353.55

*For each transaction in your Account Activity, the Total equals the amount sent or received, plus or minus any Fees.

To report an unauthorized transaction or other error concerning your debit card, Direct inquiries to: call (402-938-3614), fax (303-395-2855) or write to us (PayPal Debit Card Department, P.O. Box 45950, Omaha, NE 68145-0950).

To report an unauthorized transaction or other error NOT involving your debit card, Direct inquiries to: call (402-938-3614) or write to us (Admin. Error Resolution Department, P.O. Box 45950, Omaha, NE 68145-0950).

You must notify us no later than 60 days after the unauthorized transaction or other error FIRST appears in your account statement. We will extend the 60-day time period if a good reason, such as a hospital stay, prevented you from notifying us within 60 days. Once you notify us of a suspected error, we will investigate your complaint or question within 10 business days. If we need more time, we may take up to 45 days to complete our investigation (or up to 90 days for point of sale or foreign related transactions). If we decide that we need more time to complete our investigation, we will provisionally credit your account for the amount of the suspected error. You will receive the provisional credit within 10 business days of the date we received your notice.

To cancel a pre-authorized or recurring payment or determine whether a pre-authorized or recurring transfer has been made, call us at 1-877-896-6383 (please note that only calls pertaining to pre-authorized or recurring payments will be accepted at this number).