



Top Quality Apartments Priced To Fit Your Budget

We strive to keep your rental cost to between 30-40% of your gross household income.

4 steps to a better apartment:

STEP 1

Tell us about your family. Upon returning your completed application, please remember to submit proof of social security numbers for everyone who will be living with you. Examples include social security cards, pay stubs listing social security numbers, or unexpired identification cards issued by a government agency.

STEP 2

Tell us about your current and past living arrangements. In this section, we take into account present and past housing over a five year period.

STEP 3

Tell us about your income. Please list all sources of income for each person who will be living with you. As a non-profit that provides affordable housing, we are required to evaluate whether potential residents qualify based on income. In addition, knowing about your financial situation enables us to match you up with an apartment that fits your budget as closely as possible.

STEP 4

Sign the application. Everyone aged 18 and older who will be living with you will need to sign the completed application. We will contact you as soon as we have processed your application and we thank you for considering Shires Housing. We look forward to matching you with an apartment that fits your budget!

The Shires Housing Advantage

Top Quality Apartments

We take pride in the quality of Shires Housing apartments. Upon entering any of our available apartments, you will immediately notice that we strive for charm, cleanliness, and an inviting atmosphere. In addition, we will even inspect the apartment at least once per year to ensure that everything is in good working order.

On Call Maintenance

We know that repairs may be necessary from time to time and we guarantee that all minor repairs will be completed in a timely manner. An *emergency* may arise and if it does, simply contact us day or night. With Shires Housing's experienced staff, you can rest assured that we will help you in a timely fashion to ensure your comfort.

Quiet Enjoyment of Your Housing

Not only do you deserve the best quality housing possible, you also have the right to enjoy it! Our Renters Handbook includes a code of conduct which ensures that you will be able to enjoy your apartment to its fullest knowing your neighbors wish the same.

Application Inside

You Deserve A Great Place To Live!

Shires Housing

307 North Street, P.O. Box 1247 • Bennington, VT 05201

Phone: 802-442-8139 • Fax 802-442-5125



APPLICATION FOR HOUSING

Thank you for contacting Shires Housing regarding rental availabilities!
The first step in the process is to complete the attached Application.

INTRODUCTION

Shires Housing Inc. owns and manages housing in Bennington and surrounding communities in Bennington County. As an affordable housing provider, it is possible that the total income of your family is too much (or too little) to qualify for one of our apartments. Eligibility for an apartment is determined by the information provided in this Application. Provide all necessary information including names, complete mailing addresses, email address, and telephone numbers.

If the Application is incomplete at submission, it will be returned to you. Your application cannot be evaluated until all required information has been submitted.

The Shires Housing application process is as follows:

1. This Application is used to determine initial program eligibility and to place you on the appropriate waiting lists.
2. When your name comes up on the waiting list, you will be asked to update your application. This information is used to determine final program eligibility and suitability. As part of the application process, you will be required to sign a Shires Housing release form for collection of information. Copies of social security cards for all household members are also required. **WE CANNOT ACCEPT APPLICATIONS WITHOUT VERIFICATION OF THE SOCIAL SECURITY NUMBER(S).** *Please enclose a copy of 3rd party verification of each household member's social security number such as: social security card, insurance card, pay stub with social security number.*

INSTRUCTIONS

Please review the application carefully and **answer all questions** fully and accurately as they apply to you or any member of your household who will be living with you in the apartment. Provide as much information as possible. If you cannot fit all of the information in the space provided, add additional sheets. Incomplete applications will be returned to you. All adult household members must sign the Application. False statements or information are grounds for denial of the application or termination of assistance.

If you need assistance in completing this application, please contact us at 802-442-8139.

PRIVACY DISCLOSURE

Shires Housing will comply with the Federal Privacy Act Statement and will use the information on this application to determine maximum income for eligibility and recommended unit size. All information in applicant and tenant files is considered to be confidential, except that Shires Housing may disclose information in tenant or applicant files to other public agencies, utility companies or non-profit organizations in furtherance of the operations or business of Shires Housing. Shires Housing may also disclose information relating to the tenancy of former Shires Housing tenants to landlords who are seeking references and to credit bureaus. Medical information and information concerning a disability of any tenant or applicant will not be disclosed by Shires Housing to any person or organization without a written release form the tenant or applicant in question.

The Violence Against Women Reauthorization Act of 2013 provides protection for victims of domestic violence. An applicant who is or has been the victim of domestic violence, dating violence, sexual assault or stalking is not an appropriate basis on which to deny any applicant who otherwise qualifies for housing.

Except for disclosure of information to landlords seeking references and to credit bureaus, any tenant or applicant who wishes to limit disclosure of information by Shires Housing as provided above must notify Shires Housing of his/her wishes in writing.

DISCLOSURE TO APPLICANTS AND PROGRAM PARTICIPANTS WITH DISABILITIES

Shires Housing's policies and practices are designed to provide assurances that persons with disabilities will be given reasonable accommodations, upon request, so that they may fully access and utilize our housing programs and related services. Shires Housing will consider requests for Reasonable Accommodations from persons with disabilities in order to afford them an equal opportunity to obtain the same results, to gain the same benefit or to reach the same level of achievement as those who do not have disabilities.

All of Shires Housing's applications, forms annual recertification questionnaires, etc., may be requested in an alternative format. Additionally, persons with disabilities may request that our annual recertification interviews, and other meetings, be held in private or at their apartment.

If you need to request a reasonable accommodation, such as needing assistance in completing this application, please contact us at 802-442-8139.

EQUAL OPPORTUNITY AND NON-DISCRIMINATION STATEMENT

Shires Housing will comply with Title VI of the Civil Rights Act of 1964 and Title VIII of the Civil Rights Act of 1968; Section 504 of the Rehabilitation Act of 1973; Executive Order 11063; Fair Housing Amendments Act of 1989; The Americans with Disabilities Act of 1990; and with the laws of the State of Vermont prohibiting discrimination in public accommodations and in employment practices, and all related rules, regulations and requirements there under.

Shires Housing will not on account of race, color, creed, national origin, sex, sexual orientation, place of birth, age, U.S. military veteran status, familial status, marital status, or disability, deny to any person the opportunity to apply for admission, nor deny to any eligible applicant the opportunity to lease or rent a dwelling suitable for its needs. Further in the selection of tenants, there will be no discrimination against persons otherwise eligible for admission because their income is derived in whole or in part from public assistance. Shires Housing will not discriminate against selected tenants, and discrimination by one tenant against another is unacceptable and will not be tolerated.

Any inquiries or grievances concerning compliance with this Equal Opportunity and Non-Discrimination Statement may be addressed to Executive Director, Shires Housing, 307 North Street, P.O. Box 1247, Bennington, VT 05201 (802-442-8139). Complaints of discrimination may also be forwarded to the Vermont Human Rights Commission, 800-416-2010 (Voice and TTY) or 802-828-2480.

If you have any questions regarding your rights as a person with a disability or need assistance, you may also contact: Fair Housing Project of the CVOEO, 800-287-7971 or 802-864-3334 and/or Vermont Center for Independent Living, 800-639-1522 (Voice and TTY) or 802-229-0501 (Voice and TTY).

The information regarding race, national origin and sex designation solicited on this application is requested in order to assure the federal government that federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, familial status, age, and handicap are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluation of 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/national origin and sex of individual applicants on the basis of visual observation or surname.

Thank you! We appreciate you taking the time to complete our application. After you have completed the Application, please keep these introductory pages for further reference.

SHIRES HOUSING LOCATIONS

Map not to scale.
All locations approximate.



- ★ **Shires Housing Office - 307 North Street**
1. Torrey Knoll - Manchester - 8 buildings, 36 units
 2. Rte 313W, Arlington - 3 buildings, 8 units
 3. Arlington Village Center - 29 units
 4. VT Route 67E - 2 buildings, 7 units
 5. Lake Paran
 6. Applegate Apartments - 23 buildings, 104 units
 7. Willows Mobile Home Park - 24 lots
 8. 343-349 School St. - 2 duplexes, 4 units
 9. 132-142 Benmont Ave. - 3 buildings, 12 units
 10. 137-139 Benmont Ave. - 4 units
 11. 211-215 Depot St. - 2 buildings, 7 units
 12. 209-211 Park St. - 3 units
 13. Carrigan Lane/Safford St. - 4 buildings, 17 units
 14. 810 Gage St. - Duplex
 15. Cora B. Whitney Senior Living Facility - 22 units
 16. 100-115 Roaring Branch Lane, 7 buildings, 14 units
 17. 120-126 Benmont Ave. - 3 buildings, 12 units
 18. 233 School St. - 5 units
 19. 136-142 North St. - 4 units
 20. 119-121 Pleasant St. - 4 units
 21. 128-130 West Main St. - 4 units
 22. 102 Pleasant Street - 2 units
 23. 212 Safford Street - 5 units
 24. 302-304 South St. - 2 buildings, 8 units
 25. 501-507 South St. - 9 units
 26. Monument View - 24 units
- Use this location map to choose which waiting lists you would like to be listed on (Step #2 on your application)**



PO Box 1247 • Bennington, VT 05201
Phone: 802-442-8139
Email: hello@shireshousing.org



Scan with your QR code reader to visit our website
www.ShiresHousing.org



SHIRES HOUSING

307 North Street | P.O. Box 1247, Bennington, VT 05201

Phone: 802-442-8139 • Fax: 802-442-5125

FOR OFFICE USE ONLY

Date/time initially received:

Date/time completed app. received:

APPLICATION FOR HOUSING

Please type or print in ink the information requested on this form. Please read through this application carefully. Please complete all required sections. Incomplete or unsigned applications will be returned. Use additional sheets if necessary.

STEP

1

Tell Us About Your Family

Upon returning your completed application, please remember to submit proof of social security numbers for everyone who will be living with you.



FAMILY COMPOSITION

Complete the following information for all persons who will live in your apartment.

List additional family member information on a separate sheet of paper.

First and last name	Social Security number	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Will live in unit <input type="checkbox"/> Full time <input type="checkbox"/> Part time
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Place of birth (city, state)	birth date (m/d/y)	Relationship <i>Head of Household</i>
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Marital status Single Married Divorced Legally separated Estranged

First and last name	Social Security number	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Will live in unit <input type="checkbox"/> Full time <input type="checkbox"/> Part time
---------------------	------------------------	--	---

Place of birth (city, state)	birth date (m/d/y)	Relationship
------------------------------	--------------------	--------------

Marital status Single Married Divorced Legally separated Estranged

First and last name	Social Security number	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Will live in unit <input type="checkbox"/> Full time <input type="checkbox"/> Part time
---------------------	------------------------	--	---

Place of birth (city, state)	birth date (m/d/y)	Relationship
------------------------------	--------------------	--------------

Marital status Single Married Divorced Legally separated Estranged

First and last name	Social Security number	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Will live in unit <input type="checkbox"/> Full time <input type="checkbox"/> Part time
---------------------	------------------------	--	---

Place of birth (city, state)	birth date (m/d/y)	Relationship
------------------------------	--------------------	--------------

Marital status Single Married Divorced Legally separated Estranged

Do you expect any additions to the household within the next twelve (12) months? Yes No

NAME AND RELATIONSHIP: _____

EXPLANATION: _____

Do you have primary custody of all children listed above? Yes No

GENERAL INFORMATION

Yes No Have you ever filed an application with Shires Housing before?

Yes No Have you ever been a tenant of Shires Housing before? If yes, where and when:

Yes No Have you ever lived in any other assisted or Public Housing? If yes, where and when:

Yes No If offered an apartment and I accept, this apartment will serve as my primary residence.

Yes No Are you displaced due to domestic violence?

Yes No Are all members of the household citizens of the United States or non-citizens with eligible immigration status?

Yes No Have you ever participated in a Section 8 Housing Program? If yes, name the Agency or Property Manager, Dates of Occupancy and Address:

Agency / Property Manager _____ Address _____

Dates of Occupancy _____

Yes No Are you currently receiving rental assistance from some other subsidized housing provider? If yes, Name of Agency:

Yes No Do you currently have a Section 8 Housing Choice Voucher (HCV)?

Yes No If no, are you on the waiting list for a Section 8 HCV?
Which public housing authority or authorities?

Yes No Are you currently engaging in the illegal use of a controlled substance? If yes, which substance:

Yes No Has anyone in your household ever been charged with or convicted of a crime, including but not limited to illegal manufacture or distribution of a controlled substance?
If yes, please explain

Yes No Is anyone in your household subject to a lifetime registration requirement under a state sex offender registration program?
If yes, please explain

Yes No Do you have any pets?
If yes, what type and how many?

Yes No Do you or any members of your household smoke?*

Yes No Is any adult (18 years of age or older) in the household currently a full-time student, or planning to be one within the next 12 months? If Yes, list the name of the student and the school. *You will need to provide verification from the school.*

Students Name _____ Name of School _____

GENERAL INFORMATION

Yes No Is your household comprised entirely of full-time students?

If yes, please check all that apply

- All household members are full-time students, and such students are married and file a joint tax return
 - The household consists of single parents and their children, and such parents and children are not dependents of another individual
 - At least one member of the household receives assistance under Title IV of the Social Security Act (o.e. TANF assistance)
 - At least one member of the household is enrolled in a job training program receiving assistance under the Job Training Partnership Act or similar federal, state, or local laws
 - Full-time student formerly in foster care
-

Are you or any member of your household in need of an accessible apartment and/or if handicapped/disabled requesting a reasonable accommodation to enable you to live in this unit?

Yes No

If yes, list needed features

Yes No Will you or any member of your household require a live-in attendant?

Name of Live-In Attendant

Relationship (if any)

Are you displaced due to

Natural disaster?

Yes No

Other government action?

Yes No

Domestic violence?

Yes No

Are you currently homeless?

Yes (Please complete Appendix 1) No

Are you at risk of homelessness?

Yes (Please complete Appendix 2) No

Why do you want to move to this property?

How did you hear about us?

- Print ad
- Facebook
- Current Tenant
- Other

- Radio ad
 - Craigslist
 - Friends/Family
-

STEP 2 Tell Us About Your Living Arrangements

What is your current address?	Please list your mailing address, if different:
What is your phone number?	What is your e-Mail address?
How long have you lived at this address?	How many bedrooms is your present living quarters?

Do you rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who is your landlord?	Landlord's phone number
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Landlord's address

Do you own your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, market value \$	Outstanding mortgage balance \$
---	----------------------------	------------------------------------

Do you live with others? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain your living arrangements
--	--

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

efficiency (or 0-br) 1-br 2-br 3-br 4-br

Please check the towns you are interested in*:

Bennington Arlington Shaftsbury Manchester

Do you need a handicap accessible unit?

Yes No

Are you interested in a development designated for elderly (55+) and/or disabled residents?

Yes No

Is there a specific unit or property that you are interested in?

PREVIOUS HOUSING

*In this section, please indicate where you have lived for **the past five years**, not including your present housing. If you do not have 5 years' rental history because you are either a homeowner or have only lived with family, please indicate this in the space below.* Attach a separate sheet of paper if necessary.*

Landlord name and mailing address*	Rental property location address
Landlord phone number	Dates you lived there From (m/y): To (m/y):
Landlord name and mailing address	Rental Property location address
Landlord phone number	Dates you lived there From (m/y): To (m/y):
Landlord name and mailing address	Rental Property location address
Landlord phone number	Dates you lived there From (m/y): To (m/y):

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?) Subsidized Tax Credit

Have you experienced any problems in the past in your ability to pay rent or your ability to respect the rights and property of others? If yes, explain: Yes No

Have you ever been evicted from an apartment for any reason? If yes, explain: Yes No

In addition to previous landlords, creditors, criminal records, references and other information disclosed by applicants, Shires Housing reserves the right to contact any landlords or creditors not disclosed, but whom Shires Housing becomes aware of during the application screening process. If you anticipate that we might receive any negative references or information that would affect our decision, please use this space to make us aware of any mitigating or changed circumstances.

STEP 3 Tell Us About Your Income

Please list all sources of income for each person who will live in your apartment. Be sure to list gross annual amounts and where the income comes from.

Employment Income

Applicant name	Employer name, address, phone, fax	Gross weekly salary \$	Gross annual amount \$
Applicant name	Employer name, address, phone, fax	Gross weekly salary \$	Gross annual amount \$
Applicant name	Employer name, address, phone, fax	Gross weekly salary \$	Gross annual amount \$
Applicant name	Employer name, address, phone, fax	Gross weekly salary \$	Gross annual amount \$

Bank Accounts

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 \$
Bank / Institution	Type of account	Interest rate %	Current balance \$
Bank / Institution	Type of account	Interest rate %	Current balance \$

Bonds / Insurance policies

Date of purchase	Current value / cash value \$
Date of purchase	Current value / cash value \$
Date of purchase	Current value / cash value \$

IRA / Keogh / Annuity / Pension / Stocks

Name of stock	# of shares	Share price \$	Cash value \$	Quarterly dividend \$
Name of stock	# of shares	Share price \$	Cash value \$	Quarterly dividend \$
Name of stock	# of shares	Share price \$	Cash value \$	Quarterly dividend \$

Other Income

Child support, pension/annuity, Social Security, Reach-Up, unemployment, other periodic payments, 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.

Applicant name	Income type	Source address, phone, fax	Gross monthly amount \$
Applicant name	Income type	Source address, phone, fax	Gross monthly amount \$
Applicant name	Income type	Source address, phone, fax	Gross monthly amount \$

Other Assets

Do applicants own real estate other than the home you live in? Yes No

If yes, what is the location?	Market value \$
Mortgage balance \$	Mortgage holder and address

Is this an income-producing property? Yes No

Does anyone applying own any other asset not already listed? (**Do not include furniture. Do not include motor vehicles used for personal transportation.**) Yes 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 and 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

Cash value \$	Received from	How often (i.e. monthly)
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STEP 4 Sign the Application

Upon returning your completed application, please remember to submit proof of social security numbers for everyone who will be living with you.

The information regarding race, ethnicity, sex designation solicited in 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, familiar status, age, and disability 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 on the basis of visual observation or surname.

Ethnicity	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Race (Mark one or more)	<input type="checkbox"/> American Indian / Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> White	<input type="checkbox"/> Black or African-American	<input type="checkbox"/> Native Hawaiian or other Pacific Islander

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



**— ATTACH TO THE APPLICATION COPIES OF —
Social Security Cards
or
Medical Cards with Social Security Number
or
Pay Stubs with Social Security Number
for everyone who will be living in the apartment.**

We CANNOT Process Your Application Without Third Party Verification of Social Security Numbers.

If you have questions, please call 802-442-8139, ext. 1

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 de-ductions, 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 denial of my/our application, termination of housing assistance, termination of tenancy and/or retroactive rent increases.

My/Our signature(s) below constitutes my/our consent to have Shires Housing 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, office of VTCS or VT Department of Children and Families, and other individuals or entities with information relevant to the information provided herein to representatives of Shires Housing 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 Shires Housing.

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 creditor, landlord references, police records indicating unacceptable criminal behavior, and/or poor personal interview.

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

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/We have read and understand this statement.”

**Anyone 18 years or older living in the household MUST sign below.
This must be a physical signature, not electronic.**

Head of Household Signature

Head of Household Printed Name

Date

Social Security Number

Co-Head of Household Signature

Co-Head of Household Printed Name

Date

Social Security Number

Co-Head of Household Signature

Co-Head of Household Printed Name

Date

Social Security Number

REMEMBER - BE SURE TO PROVIDE PROOF OF SOCIAL SECURITY NUMBER(S)

APPENDIX 1

If you indicated yes that you are currently homeless on page 3 of the application, check one box to describe your household

CRITERIA FOR DEFINING HOMELESS

<p>Category 1 <input type="checkbox"/></p>	<p>Literally Homeless</p>	<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 institutions where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
<p>Category 2 <input type="checkbox"/></p>	<p>Imminent Risk of Homelessness</p>	<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
<p>Category 3 <input type="checkbox"/></p>	<p>Homeless under other Federal statutes</p>	<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, or occupancy agreement 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; <u>and</u> (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers
<p>Category 4 <input type="checkbox"/></p>	<p>Fleeing/Attempting to Flee DV</p>	<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; <u>and</u> (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 3 of the application, 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 AT RISK OF HOMELESSNESS

<p>Category 1</p>	<p>Individuals and Families</p>	<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
<p>Category 2</p>	<p>Unaccompanied Children and Youth</p>	<p>A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute</p>
<p>Category 3</p>	<p>Families with Children and Youth</p>	<p>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.</p>