

Dear \_\_\_\_\_,

You recently contacted us for information on our Housing Stabilization Grant Program. This program is to assist low to moderate income households who have been directly affected by COVID-19 resulting in financial instability. This program will provide financial capabilities and/or housing stabilization counseling services and may provide delinquent payment assistance to qualifying households who have delinquent mortgage and utility (electric, gas, municipal water, municipal sewer, oil, and alternative heating cost) payments.

Enclosed you will find the following:

1. Intake Form
2. Items Needed for Processing Checklist
3. Privacy Policy and Practices Disclosure

Once you complete the Intake and return all related documents to our office, you will be contacted to set up a time to be contacted by our Housing Counselor to go over your request and develop an action plan together to help stabilize your current situation.

During this process, please feel free to contact our office with any questions or concerns you may have regarding this request at (802) 535-3555 or (800) 234-0560.

Thank you,

HomeOwnership Center

## Items Needed for Processing Checklist

In addition to the completed Intake packet, please provide copies of the following documentation to help us assess your current situation and determine your eligibility for this Program. **Please provide copies of the following information that pertains to your situation.**

### Required Documentation

- Proof of Hardship – Briefly describe your current situation and how your finances have been adversely affected by COVID-19.
- 1 month of Pay Stub(s), Unemployment Statement(s) and/or Social Security Statement(s)
- 2 months of Bank Statements.



### Housing Stabilization Intake Form

#### CUSTOMER

Name: \_\_\_\_\_  
First MI Last

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Physical Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Separated \_\_\_ Civil Union

Military Status: \_\_\_ Active \_\_\_ Non-Active \_\_\_ Not Applicable

Handicapped or Disabled? \_\_\_ Yes \_\_\_ No Veteran? \_\_\_ Yes \_\_\_ No

#### CUSTOMER EMPLOYMENT

EMPLOYER: \_\_\_\_\_ Can you be contacted at work? \_\_\_ Yes \_\_\_ No  
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ Town State

\_\_\_\_\_ Part-Time or \_\_\_ Full-Time \_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Title or Job Description Hire Date

#### CO-CUSTOMER

Name: \_\_\_\_\_  
First MI Last

Mailing Address: \_\_\_\_\_  
Street City State Zip code

Physical Address: \_\_\_\_\_  
Street City State Zip code

Home phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Separated \_\_\_ Civil Union

Military Status: \_\_\_ Active \_\_\_ Non-Active \_\_\_ Not Applicable

Handicapped or Disabled? \_\_\_ Yes \_\_\_ No Veteran? \_\_\_ Yes \_\_\_ No

#### CO-CUSTOMER EMPLOYMENT

EMPLOYER: \_\_\_\_\_ Can you be contacted at work? \_\_\_ Yes \_\_\_ No  
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ Town State

\_\_\_\_\_ Part-Time or \_\_\_ Full-Time \_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Title or Job Description Hire Date

**HOUSEHOLD**

**Household Type:**

Female-Headed Single Parent Household   
  Male-Headed Single Parent Household   
  Single Adult  
 Two or More Unrelated Adults   
  Married with Children   
  Married Without Children  
 Other (Describe) \_\_\_\_\_

**Family/Household Size:** \_\_\_\_\_ (Use back of page if more space is required)

**Age(s) of Dependent(s):** \_\_\_\_\_

**Are there any other adults (18+) who will be living in the home?**     Yes     No  
 If yes:

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_  
Name                      Phone                      Mailing Address

**All Household Income**

Type of Income	Customer Monthly Amount	Co-Customer Monthly Amount	Other Household Income
Income (Gross, Before Taxes)			
Unemployment			
Alimony/Child Support			
Public Assistance/Food Stamps			
Social Security, Disability, Etc.			
Other Income:			
<b>Total Monthly Income</b>			

**ALL HOUSEHOLD EXPENSES**

<u>Your Bills and When They Are Due</u>		Next Due Date of Bill	Monthly Payment	Amount Past Due	Principal Balance
<b>Housing</b>	Mortgage (1 <sup>st</sup> ) / Rent				
	Mortgage (2 <sup>nd</sup> ) / Rent				
	Mortgage (3 <sup>rd</sup> ) / Rent				
	Electricity				
	Heating				
	Telephone / Cell Phone				
	Cable TV / Satellite				
	Internet				
	Water / Sewer / Septic				
	Trash				
	Home Repair / Maintenance				
	Insurance - Escrowed: <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Property Taxes - Escrowed: <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Food</b>	Groceries				
	Dining Out				
<b>Vehicles</b>	Vehicle #1				
	Vehicle #2				
	Gas				
	Car Insurance				
<b>Credit, Loans, Savings &amp; Other</b>	Credit Card #1:				
	Credit Card #2:				
	Credit Card #3:				
	Loan #1:				
	Loan #2:				
	Loan #3:				
	Savings for				
	Other:				
	Other:				
<b>Other</b>	Health Insurance Premium				
	Out of Pocket Medical				
	Child Care				
	Clothes – All Family Members				

Please complete and return to:  
 RuralEdge NeighborWorks® HomeOwnership Center  
 PO Box 259 ~ 48 Elm Street, Lyndonville, VT  
[homeownership@ruraledge.org](mailto:homeownership@ruraledge.org)

802-535-3555 ♦ www.ruraledge.org ♦ toll free at 1-800-234-0560

“The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. 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 to not furnish it, we are required to note the race/national origin of the individual applicant(s) on the basis of visual observation or surname.”

**CUSTOMER**

**Ethnicity: (Select One)**

Hispanic or Latino \_\_\_\_\_  
 Not Hispanic or Latino \_\_\_\_\_

**Race (Select One or More):**

White \_\_\_\_\_  
 American Indian/Alaskan Native \_\_\_\_\_  
 Native Hawaiian/Other Pacific Islander \_\_\_\_\_  
 Black or African American \_\_\_\_\_  
 Asian \_\_\_\_\_  
 Other \_\_\_\_\_

**Gender (Select One):**

Male \_\_\_\_\_  
 Female \_\_\_\_\_

**Education (Select One):**

No High School Diploma \_\_\_\_\_  
 High School Diploma or Equivalent \_\_\_\_\_  
 Two Year College Degree \_\_\_\_\_  
 Bachelor’s Degree \_\_\_\_\_  
 Graduate Level Degree \_\_\_\_\_

**Were you born in the US?** Yes \_\_\_\_\_ No \_\_\_\_\_

**CO-CUSTOMER**

**Ethnicity: (Select One)**

Hispanic or Latino \_\_\_\_\_  
 Not Hispanic or Latino \_\_\_\_\_

**Race (Select One or More):**

White \_\_\_\_\_  
 American Indian/Alaskan Native \_\_\_\_\_  
 Native Hawaiian/Other Pacific Islander \_\_\_\_\_  
 Black or African American \_\_\_\_\_  
 Asian \_\_\_\_\_  
 Other \_\_\_\_\_

**Gender (Select One):**

Male \_\_\_\_\_  
 Female \_\_\_\_\_

**Education (Select One):**

No Highschool Diploma \_\_\_\_\_  
 High School Diploma or Equivalent \_\_\_\_\_  
 Two Year College Degree \_\_\_\_\_  
 Bachelor’s Degree \_\_\_\_\_  
 Graduate Level Degree \_\_\_\_\_

**Were you born in the US?** Yes \_\_\_\_\_ No \_\_\_\_\_