

Vermont Housing Improvement Program

VHIP Round 2 Eligibility Application

Program Overview:

- The Vermont Housing Improvement Program (VHIP) offers grants up to \$50,000 per unit for repairs needed to bring vacant rental units up to Vermont Rental Housing Health Code guidelines, or to add new or accessory dwelling units.
- VHIP Round 2 Per Unit Funding Caps
 - Up to \$30,000 per unit for 0-1-2 Bedroom Units.
 - Up to \$50,000 per unit for 3+ Bedroom Units and the creation of New or Accessory Dwelling Units (ADU).
- Existing units must be vacant for a minimum of 90 days before the Property Owner can apply to VHIP.
- To be eligible for the program the Property Owner must be current on their property taxes and mortgage payments.
- Property Owner is required to contribute at least a 20% match of the grant funds prior to first grant disbursement. An “in-kind” match or defer match timeline may be approved at the discretion of the Homeownership Center overseeing project management.
- VHIP requires Property Owners to commit to providing housing to households exiting homelessness; households that are working with an immigrant or refugee resettlement program; or low income tenants.
- Property Owners are required to work with a Coordinated Entry Lead Organization or an Immigrant or Refugee Resettlement Program to find suitable renters who have experienced homelessness or displacement. This engagement shall continue at unit turnover for a minimum of 5 years.
- If households meeting these criteria are not available to lease the unit to, the Property Owner may petition the Department of Housing and Community Development (DHCD) to lease the unit to a household with an income equal to or less than 80 percent of the Area Median Income (AMI) for a minimum of 5 years.
- For newly created Accessory Dwelling Units as defined in 24 V.S.A. § 4412(E), Property Owners are exempt from seeking homeless tenants through a Coordinated Entry Lead Organization or an Immigrant or Refugee Resettlement Program.
- All units assisted must be rented at or below HUD Fair Market Rents (FMR) for the appropriate County (published annually) or at a rate allowed by a recognized housing assistance voucher for at least five years and Landlord must sign a Housing Affordability Covenant outlining this.
- Alternative tenant selection processes may be considered for approval by the Department of Housing and Community Development during the 5-year program covenant timeframe.
- Grant funds are considered taxable income.
- Project scope may be reviewed and altered if the property is on or eligible for the State or National Historic Register.
- Completed units must comply with the Vermont Rental Housing Health Code and local ordinances.
- **Eligible applicants MUST have the ability to meet the deadline for completion, see below***



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48 Elm Street, PO Box 259, Lyndonville, VT 05851 • 802-473-3916

Funds provided by ARPA and The State of Vermont Agency of Commerce and Community Development



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Complete Application Packet includes the following:

- 1) Completed Application Form, signed by the Applicants (Property Owners)
- 2) Copy of Property Insurance
- 3) Copy of the Tax Bill and Deed for each property
- 4) Standard Lease Agreement
- 5) Completed W-9 form
- 6) Scopes of work and budget for each project
- 7) Copy of Contractor contracts, if available
- 8) Copy of any applicable permits, if available

****Incomplete Application will be returned.***

Please complete this eligibility form and return with requested documentation to:

RuralEdge
Attn: Vermont Housing Improvement Program (VHIP)
48 Elm Street, PO Box 259
Lyndonville, VT 05851

Email: RentalRehab@ruraledge.org | Phone: David Deluca 802-473-3916

Services Provided by RuralEdge

- Attend an initial site visit of the property/units with Property Owner
- Review proposed scope of work and budget, help to define and finalize the project
- Verify that all permitting and compliance with local, state, and federal regulations are satisfied
- Confirm construction deadlines are being met and provide progress payments
- Conduct progress and final inspection to ensure all repairs have been completed
- Collect and verify all program documents: pre-work, during-work, post-work as required.

**All units must be done with construction, occupied (with a Certificate of Occupancy) and all invoices submitted to Downstreet no later than 18 months after signing of the grant agreement for the project
By missing this deadline, you will assume the remaining payments due to the contractor and/or supplier.*

Initial here that you understand the project deadline: _____



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Information on this form will be used to assess your eligibility for the Vermont Housing Improvement Program.

Section A. Property Owner Information (please list all owners, attach extra sheet if necessary):

Property Owner/Applicant Name: _____ Date of Birth: _____

Co-Owner/Applicant Name: _____ Date of Birth: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Phone: _____ Can you receive texts: Yes No

Email: _____ Best Way to Reach You: _____

What is your current process to screen potential tenants and qualifying factors (i.e. background and credit check, applications)? _____

Do you have any experience working with the Section 8 program? Yes No

Are you willing to receive referrals for rental applicants from the Continuum of Care? Yes No

Are you willing to accept the Vermont Common Rental Application? Yes No

Are you willing to maintain HUD Fair Market Rents for Rehabbed Units? Yes No

Section B. Property One Information:

Continue to page 5 for property information related to New or Accessory Dwelling Unit (ADU) creation.

If you are applying for one building, complete the information for building one and proceed to Section C.

Building One Property Address: _____

Does this property have a mortgage? Yes No If yes, are you current on payments? Yes No

Name of Municipality where you pay Property Taxes: _____ Are taxes current? Yes No

★ Include a copy of the Property Tax Bill and the Deed

*Total number of units in building: _____ *How many units need repairs? _____

*Are units to be repaired vacant? Yes No *How long have units been vacant? _____

*Apartment numbers to be repaired: _____ Describe code violations and necessary repairs: _____

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

Contractor name (if available/applicable): _____

Other notes: _____

★ Attach the Scope of Work and Project Cost Estimate/Budget for Building 1 (include contractor contract, if available)

*Field not required for accessory dwelling units.



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Section B. Property Two Information (Continued):

Building Two Property Address: _____

Does this property have a mortgage? Yes No If yes, are you current on payments? Yes No

Name of Municipality where you pay Property Taxes: _____ Are taxes current? Yes No

★ Include a copy of the Property Tax Bill and the Deed

Total number of units in building: _____ How many units need repairs? _____

Are units to be repaired vacant? Yes No How long have units been vacant? _____

Apartment numbers to be repaired: _____ Describe code violations and necessary repairs: _____

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

Contractor name (if available/applicable): _____

Other notes: _____

★ Attach the Scope of Work and Project Cost Estimate/Budget for Building 2 (include contractor contract, if available)

Section B. Property Three Information (Continued):

Building Three Property Address: _____

Does this property have a mortgage? Yes No If yes, are you current on payments? Yes No

Name of Municipality where you pay Property Taxes: _____ Are taxes current? Yes No

★ Include a copy of the Property Tax Bill and the Deed

Total number of units in building: _____ How many units need repairs? _____

Are units to be repaired vacant? Yes No How long have units been vacant? _____

Apartment numbers to be repaired: _____ Describe code violations and necessary repairs: _____

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

Contractor name (if available/applicable): _____

Other notes: _____

★ Attach the Scope of Work and Project Cost Estimate/Budget for Building 3 (include contractor contract, if available)



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Section B. Property Information New or *Accessory Dwelling Unit (ADU):

New Unit or Accessory Dwelling Unit (ADU): New ADU

New Unit New Unit/ADU Property Address: _____

Does this property have a mortgage? Yes No Na If yes, are you current on payments? Yes No

Name of Municipality where you pay Property Taxes: _____ Are taxes current? Yes No

★Include a copy of the Property Tax Bill and the Deed

*NOTE: An Accessory Dwelling Unit is a distinct unit that is subordinate to a single-family dwelling where either unit is occupied by the Property Owner as a permanent residence.

Describe the work that will need to be completed to create this New Unit or Accessory Dwelling Unit (ADU):

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

Contractor name (if available/applicable): _____

Other notes: _____

★Attach the Scope of Work and Project Cost Estimate/Budget for New Unit (include contractor contract, if available)

Section C. Authorization and Acknowledgement

Each of the undersigned attests to the RuralEdge and to the RuralEdge'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. RuralEdge 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 RuralEdge, 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. 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: _____



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Section D. Project Deadline

I understand that if my rehabilitation project is not completed and occupied within 18 months of signing the grant agreement that I will forfeit the unspent portion of the grant, and I will be responsible for any unpaid amounts owed to the contractors that I hire. RuralEdge or the Vermont Department of Housing and Community Development may seek recovery of funds for incomplete units, or any other violation of the program rules or the Housing Subsidy Covenant to the full extent allowable by law.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Demographic Information of Applicant

The following information is required by program funders and will not be sold or shared with any third parties, nor will it have an impact on program eligibility.

Applicant:

- Handicapped/Disabled Veteran
 Foreign Born Not applicable

Marital Status:

- Married Not Married Divorced
 Widowed Separated Civil Union

Gender ID:

- Female Male
 Non-binary _____
 Prefer not to answer

Ethnicity:

- Hispanic or Latino Not Hispanic or Latino
 Prefer not to answer

Applicant Household Type:

- Not married Married with children
 Married without children
 2 or more unrelated adults

Annual Household Income (from all sources): _____

Race:

- White Black/African American
 Asian Native Hawaiian/ Pacific Islander
 Native American /Alaskan Native
 Native American /Alaskan Native and White
 Asian and White
 Black African American and White
 Native American /Alaskan Native and Black
 Other Multi-Racial _____
 I do not wish to provide this information

Education Level of Applicant:

- No High School Diploma
 High School Diploma or equivalent
 Two Year College Degree
 Bachelor's Degree Master's Degree
 Above a Master's Degree

Permanent Vermont Resident:

- Yes No

Number of Household Members (include Dependents): _____



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