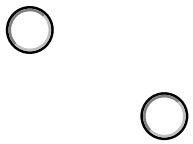

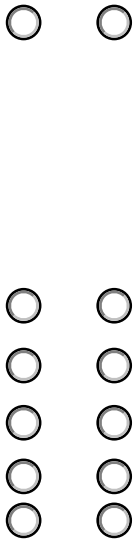

Application: Accessory Dwelling Units

Vermont Housing Improvement Program 2.0 (VHIP 2.0)

If a tenant has not been identified, what will your screening process and qualifying criteria be? (Background checks, credit history, etc.) ____

Grants only: Do you agree to receive rental referrals from a CE agency or DHCD-approved agency? Yes ◯ No ◯

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

Are you willing to maintain Fair Market Rent for the ADU for the entirety of the compliance period? Yes ◯ No ◯

Section D: Project Deadline

I understand that if my rehabilitation project is not completed and occupied within 18 months of signing the grant or loan agreement I will forfeit the unspent portion of the grant or loan, and I will be responsible for any unpaid amounts owed to the contractors that I hire. **ORGANIZATION** 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: ____________________

Section E: Authorization and Acknowledgement

Each of the undersigned attests to the **ORGANIZATION** and to the **ORGANIZATION'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. **ORGANIZATION** 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 **ORGANIZATION**, its servicers, successors and assigns, may verify or reverify any information contained in this packet or obtain any information or data relating to the packet, for any legitimate business purpose through any source, including a financial institution, employer, creditor, or any other source listed in this form. If the application is approved, the undersigned agrees to watch videos on Fair Housing Laws and Landlord-Tenant Mediation. Each of the undersigned also understands that this application is for eligibility purposes only and submitting this form does not constitute a commitment of funds.

Applicant Signature: ______________________________ Date: ____________________

Co-Applicant Signature: ______________________________ Date: ____________________