

Randolph Area Community Development Corporation



INSTRUCTIONS FOR COMPLETING THE APPLICATION

Thank you for your interest in residency at Joslyn House. The following instructions, if followed properly, will ensure timely processing of your application and will prevent delays.

- 1) Please print clearly, in black or blue ink.
- 2) All questions must be answered. Incomplete applications will be returned.
- 3) Please provide all required verifying documentation as requested in each section of the application. Not providing all required documentation will delay processing.
- 4) Applications for VSHA and a VSHA Section 8 are included for applicants that would like to apply for housing assistance. These should be filled out and mailed with their required documents to Vermont State Housing Authority, One Prospect Street, Montpelier, VT 05602.
- 5) Be sure that all household members 18 years of age or older sign the Authority to Verify Application Information, located on the last page of the application.

All information provided on this application must be true and accurate to the best of your knowledge. Any false information provided will be grounds for denial of the application or termination of residency after occupancy.

Please call our office at 802-728-4305 if you have any questions, or e-mail us at racdc@racdc.com

***** PLEASE MAIL YOUR COMPLETED APPLICATION TO: *****

RACDC
PO BOX 409
RANDOLPH, VT 05060



RACDC is an Equal Opportunity Provider, Lender and Employer. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed with USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410.

Randolph Area Community Development Corporation



Required Application Documents

References:

- Letters from two (2) personal references – non-relatives
- Letters from two (2) creditors detailing history of payments
- Letter from landlord detailing history of payments

Income:

- Last four(4) paystubs if paid weekly or last 2 paystubs if paid bi-weekly
- Social Security Statement
- Current federal/state income taxes
- Annuity Statement
- Pension distribution statement
- 1099 statement for self-employed
- Unemployment statement/1099-G

Assets:

- Bank Statements for checking/savings accounts
- Statement of Cash in safe deposit boxes
- Statements for any Stocks, bonds, mutual funds, retirement accounts, and/or pensions
- Mortgage/loan/documentation for any real estate, such as a home, rental house, or commercial property
- Documentation for all vehicles of any kind

Debts:

- Vehicle loan statements
- Credit Card statements
- Mortgage statements
- Loan statements
- Buy now, pay later statements (ex: Affirm/Amazon/Paypal/Klarna/Afterpay)
- Rent to Own statements (ex: Rent-A-Center/Aaron's)
- All other outstanding debts documentation

Randolph Area Community Development Corporation



Application for Joslyn House Residency

Applicant Name: First _____ Middle (*not initial*) _____ Last _____

Current Home Address: Street _____

Town/City _____ State _____ ZIP _____

Move In: _____ Move Out: _____ Rent or Own? _____

Prior Home Address: Street _____

Town/City _____ State _____ ZIP _____

Move In _____ Move Out _____

Phone Number: (home) _____ (cell) _____

Email address: _____

Social Security #: _____ Birth Date: _____ Age: _____

Joslyn House provides shared, independent living with a range of supportive services for seniors with the ability to live independently in this environment. Joslyn House residents each have a private room and access to shared common rooms for dining, relaxation, crafts and other pursuits. Joslyn House also provides supportive services, including three meals a day, housekeeping, access to laundry facilities, and activities.

Joslyn House does *NOT* offer medical or nursing care. As such, the Joslyn House Staff may not administer or take possession of any of our residents' medications. Residents are expected to care for their own needs and function with a high degree of independence, which includes responsibility for medications. Residents who require assistance may hire service providers to help them. Residents may also take advantage of a Medicare-supported program offered through RACDC known as SASH, Support and Services at Home, which is provided free of charge to eligible residents.

Based on the description of Joslyn House, do you believe that you are able to function with a high enough degree of independence to live safely at Joslyn House? ☐ YES ☐ NO

Do the level of services or any other aspect of life at Joslyn House lead to concerns for your safety and comfort if you moved in, or that of other residents or staff? ☐ YES ☐ NO

Please elaborate on any concerns below or contact a staff person to discuss them. This information will be kept confidential. _____

Employment:

Occupation: _____ Employer: _____

Retired: ☐ YES ☐ NO

Social Security: ☐ YES ☐ NO (*Must Provide SocSec Benefit Verification Letter)

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced

Will spouse or partner be applying to live at Joslyn House at this time? ☐ YES ☐ NO

If yes, please list name and relationship: _____

Criminal Background: Have you ever been convicted of a crime? ☐ YES ☐ NO

If yes, provide details of the crime(s): what, when, where: _____

Criminal Background: Is there a restraining order against you? ☐ YES ☐ NO

If yes, provide details: _____

Financial: Have you experienced any past difficulties in paying your rent or mortgage? ☐ YES ☐ NO

If yes, provide details: _____

Community Living: Do you have the ability to live in a communal setting and to respect the rights and property of others? ☐ YES ☐ NO

If No, provide details: _____

References

Personal references~ should be non-relatives. List **two** personal references.

*(*Be sure to include contact information)*

Name	Address	Phone	Email	Relation

Credit references: List at least one credit reference.

*(*Provide a letter from a creditor detailing your history of payments)*

Name	Address	Phone	Email	Type

Landlord references: list at least one landlord reference, if you rented within past 5 years

*(*Provide a letter from a landlord detailing your history of payments)*

Name	Address	Phone	Email	Type

Other Contacts

With whom do we have permission to discuss this application and the information in it?

Name	Address	Phone	Email	Relation

Have you designated a Power of Attorney? _____

If so, who is that person? _____

*****Attach Power of Attorney document.**

HOUSEHOLD INCOME STATEMENT

Section I. To be completed by applicant

APPLICANT NAME: _____

APPLICANT ADDRESS: _____

The number of persons living in my household is ____ as of ____/____/_____. RACDC provides affordable housing and we work with state and federal partners to make our development projects possible. Accurate information on your income and your expenses is essential so that we can fulfill our stated mission and our commitment to the public and our funders, and so that we can determine whether the housing situation will be a good financial fit for our applicants. It is necessary for us to determine the current total gross income for your household, and this includes assets and debts. Please fill out the tables below accurately and completely.

My TOTAL ANNUALIZED HOUSEHOLD INCOME IS: \$_____ (total of all Annualized Income Listed Below).

Documentation of income is required. Please provide statement of earnings from employer, social security statement, or federal or state income taxes.

Annualized Family Income					
Name	Income Source	Type of Income	Monthly Income	Annual Income	How long can you expect to receive income

***Be sure to list ALL sources of income (Provide Documentation)**

Assets

Section II. To be completed by applicant

Assets are defined by HUD as items of value that may be turned into cash. Please list all items on which you pay monthly (such as a vehicle payment), as well as the current cash value of your bank accounts at time of application. Please include the interest rates you pay/receive. Be sure to attach documentation (such as your current checking and savings account statements) for each asset listed as possible.

List All Assets Owned in Whole or Part by All Household Members					
List All Owners of Asset & % Ownership	Type of Asset	Who Holds Asset	Asset Value	Outstanding Asset Debt	Dividend, Interest & Rate

***Be sure to list ALL assets (Provide Documentation)**

***If "No Assets", please write No Outstanding Assets**

Debts

Section III. To be completed by applicant

Please list all your outstanding debt. Be sure to attach documentation (such as: current credit cards, loans etc.)

List All Your Outstanding Debt ~ (credit cards, loans, etc.)					
Type of Debt	Company	Credit Card Limit	Outstanding Debt	Interest Rate	Minimum Monthly Payment

***Be sure to list ALL debt (Provide Documentation)
*If "No Debt", please write No Outstanding Debt***

Section IV. To be completed by applicant

Please check each of the following that apply to you or members of your household in all categories

Race and Ethnicity (select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Hispanic or Latino (Cuban, Mexican, Puerto Rican, South/Central American, or other Spanish culture/origin, regardless of race). | <input type="checkbox"/> American Indian/Alaskan Native and White |
| <input type="checkbox"/> Not Hispanic/Not Latino | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> White | <input type="checkbox"/> Black African American and White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian and White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other Multi-racial |
| <input type="checkbox"/> American Indian/Alaskan Native | |
| <input type="checkbox"/> American Indian/Alaskan Native and Black African American | |

Other Information

- | | | |
|--|---|--|
| <input type="checkbox"/> Over the Age of 62 | <input type="checkbox"/> Handicapped/Disabled | <input type="checkbox"/> I am currently Homeless |
| Have you previously lived in subsidized or affordable housing? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you have a 'portable' Housing Choice Section 8 Voucher? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Affordable Housing Organizations like RACDC are collecting data on homelessness in Vermont. Please facilitate these efforts by voluntarily circling which (if any) of the following criteria applies to your current living situation:

- a. My current living situation is in a place not meant for human habitation, in emergency shelter, or in transitional housing; or I am exiting an institution where I temporarily resided and living in shelter or a place not meant for human habitation.
- b. Currently, I have lost my primary nighttime residence, which may include a motel or hotel or a doubled-up situation and lack the resources or support networks to remain in housing.
- c. My current situation is as a member of a family unit with children or unaccompanied youth in a consistently unstable housing situation.
- d. I am fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening situations related to violence; I have no other residence; and I lack the resources or support networks to obtain other permanent housing.

Have you experienced any of the above situations within the past 6 months/1 year? ☐ YES ☐ NO
If so, which one: A, B, C, D, or E. Please Explain?

I certify that my answers in this application, attachments, and information in any related inquiries or documentation is true and complete to the best of my knowledge. By completion of this application, I understand and certify that:

- I am applying for admission to Joslyn House and, if accepted, I am ready when a room is available.
- I authorize Randolph Area Community Development Corporation (RACDC) to conduct a criminal background search and credit check and I waive all rights of action for any consequences resulting from any information obtained as a result of the authorized search.
- I authorize RACDC to verify any and all the information contained in this application.
- I understand that RACDC is relying on these representations and that they will survive the approval of residency. If any information submitted in the application process is found to be untrue or incorrect, RACDC may immediately deny my application, and/or immediately terminate any subsequent lease agreement.

Signature of Applicant: _____ **Date:** _____

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1400 Independence Avenue, SW, Washington, DC 20250-9410

Notice

Each person applying must submit a completed, signed application form along with required back-up documentation to the offices of Randolph Area Community Development Corporation (RACDC) at 21 Main Street, P.O. Box 409, Randolph, VT 05060.

Applications cannot be processed until we have all the information requested. Verification of income and assets can take up to one month. Please plan in advance accordingly, and alert us to any special circumstances or a request to expedite the review. Expedited reviews may incur fees.

This form must be completed to comply with Federal and State regulations.

AUTHORITY TO VERIFY APPLICATION INFORMATION

I, _____ authorize Randolph Area Community Development Corporation (RACDC) to verify my bank accounts, employment, household income, out-standing debts, present or previous mortgages. I also authorize RACDC to order a consumer credit report, check my references, perform a criminal background check, and to make any other inquiries pertaining to my qualifications for residency.

Privacy Act Notice: This information is to be used by RACDC, or its assignees in determining whether you qualify as a prospective resident under its housing programs/properties. It will not be disclosed outside RACDC except as required and permitted by law.

Applicant Signature

Date

EACH APPLICANT MUST SIGN THEIR OWN AUTHORITY TO VERIFY FORM

COPY THIS PAGE FOR MULTIPLE APPLICANTS