

# Vermont Directory of Affordable Rental Housing (DoARH)

## PROJECT UPDATE FORM

Submitted by:  Owner  Manager  Other

If "Other":

NAME \_\_\_\_\_

BUSINESS \_\_\_\_\_

PHONE \_\_\_\_\_

Use this form to submit new projects for inclusion in or changes to the **DIRECTORY OF AFFORDABLE RENTAL HOUSING** (DoARH). Managers with unit vacancies can post them directly online at [www.housingdata.org/doarh/](http://www.housingdata.org/doarh/).

Please print legibly or type your information. **Use one form per project site.** A copy of this form, in PDF format, can be downloaded from the Vermont Housing Data Web site: [www.housingdata.org/doarh/doarhform.pdf](http://www.housingdata.org/doarh/doarhform.pdf).

Mail/fax completed forms to: ROBIN HOWE  
VERMONT HOUSING FINANCE AGENCY  
PO BOX 408, BURLINGTON VT 05402-0408  
(802) 864-5746 (FAX)

Direct questions to: (802) 652-3448 or [doarh@housingdata.org](mailto:doarh@housingdata.org)

### SECTION 1 — PROJECT

PROJECT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE VT ZIP \_\_\_\_\_

COUNTY \_\_\_\_\_ FIRST YEAR OCCUPIED \_\_\_\_\_ TOTAL UNITS \_\_\_\_\_

NO. OF UNITS RESTRICTED TO: ELDERLY ONLY \_\_\_\_\_ DISABLED ONLY \_\_\_\_\_ ELDERLY/DISABLED ONLY \_\_\_\_\_

RENTAL AGENT PHONE \_\_\_\_\_ RENTAL AGENT EMAIL \_\_\_\_\_

### SECTION 2 — MANAGEMENT AGENT

MANAGEMENT COMPANY \_\_\_\_\_

MANAGEMENT CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

TDD# \_\_\_\_\_ TOLL-FREE \_\_\_\_\_

EMAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

### SECTION 3 — OWNER REPRESENTATIVE

OWNER REPRESENTATIVE \_\_\_\_\_

OWNER REPRESENTATIVE CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 EMAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

**SECTION 4 — LEGAL OWNER ENTITY**

LEGAL OWNER ENTITY \_\_\_\_\_  
 LEGAL OWNER CONTACT \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 EMAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

**SECTION 5 — PROJECT FUNDING**

CHECK ALL CAPITAL FUNDING THIS PROJECT RECEIVED:

- COMMUNITY DEVELOPMENT BLOCK GRANT
- FHLB'S AFFORDABLE HOUSING PROGRAM
- HOME PROGRAM
- LOW INCOME HOUSING TAX CREDITS
- PUBLIC HOUSING
- RURAL DEVELOPMENT SECTION 515
- SECTION 202 HOUSING FOR ELDERLY
- SECTION 236
- SECTION 811 HOUSING FOR DISABLED
- VHCB GRANT/LOAN
- VHFA FINANCING
- OTHER: \_\_\_\_\_
- PROJECT INCLUDES SOME MARKET RATE UNITS

WRITE THE NO. OF UNITS WITH RENTAL ASSISTANCE:

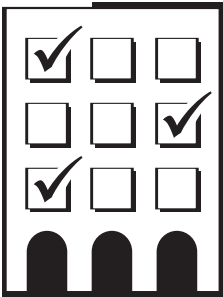
- \_\_\_\_\_ PUBLIC HOUSING
- \_\_\_\_\_ RURAL DEVELOPMENT SECTION 521
- \_\_\_\_\_ SECTION 202/811 PRAC
- SECTION 8 PROJECT-BASED ASSISTANCE
  - \_\_\_\_\_ FROM LOCAL HOUSING AUTHORITY (OR VSHA)
  - \_\_\_\_\_ HOPWA
  - \_\_\_\_\_ MODERATE REHAB
  - \_\_\_\_\_ NEW CONSTRUCTION/SUBSTANTIAL REHAB

**SECTION 6 — HOUSING UNITS**

SIZE OF UNITS\*:  
 \_\_\_\_\_ SROS \_\_\_\_\_ 1 BRS \_\_\_\_\_ 3 BRS  
 \_\_\_\_\_ 0 BRS \_\_\_\_\_ 2 BRS \_\_\_\_\_ 4 BRS  
 \_\_\_\_\_ 5+ BRS

*\*TOTAL NUMBER OF UNITS SHOULD MATCH TOTAL UNITS IN SECTION 1*

NO. OF WHEELCHAIR ACCESSIBLE UNITS: \_\_\_\_\_



# Vermont Directory of Affordable Rental Housing <sup>(DoARH)</sup>

## SECTION 1 — PROJECT

**Project name:** Name by which the project is known.

**Address, City, State, ZIP:** Specific address of the property. If scattered-site, please list each address.

**County:** County where project is located.

**First year occupied:** Year the project began occupancy under an affordable housing program.

**Total units:** Total number of units at the address in Section 2. **Do not include** manager's, maintenance or rental agent's units.

**No. of units restricted to:** If any units have restricted tenancy, write the number next to the population served.

**Rental agent phone:** Number for prospective tenants to call for rental information.

**Rental agent email:** Email address for prospective tenants to use for inquiries.

## SECTION 2 — MANAGEMENT AGENT

**Management company:** Management company of the project.

**Management contact:** Name of the specific individual or position at the management company who can answer questions about this property.

**Address, City, State, ZIP:** Management contact's address.

**Phone, Fax, Toll-free, TDD numbers:** Management contact's phone and fax numbers. If toll-free or TDD are offered, please include.

**Email:** Email address of the management contact.

**Website:** Management company's public website.

## SECTION 3 — OWNER REPRESENTATIVE

**Owner representative:** Entity or person who has a related ownership interest and can answer questions on behalf of the legal owner. In case of co-general partners, use the local entity with an affiliation to the co-general partners.

**Owner representative contact:** Name of the specific individual or position who can answer questions about this property. **Do not leave blank.**

**Address, City, State, ZIP:** Owner representative contact's address.

**Phone, Fax:** Owner representative contact's phone and fax numbers.

**Email:** Email address of the owner representative contact.

**Website:** Owner representative company's public website.

## SECTION 4 — LEGAL OWNER ENTITY

**Legal owner entity:** Legal name of the project's owner (e.g., name of corporation, partnership, or limited liability corporation/partnership).

**Contact name:** Name of the specific individual who can answer questions about this entity.

**Address, City, State, ZIP:** Owner's address of record.

**Phone, Fax:** Owner's telephone and fax numbers.

**Email:** Email address of the owner contact.

**Website:** Owner's public website.

## SECTION 5 — PROJECT FUNDING

**Check all capital funding this project received:** Check all funding sources that were used to create this affordable housing project. Note: If not all units in a project are subsidized or income-restricted, please check the "Project includes some market rate units" box.

**Write the no. of units with rental assistance:** Indicate the total number of units with some kind of rental subsidy tied to the unit. **Do not count** units where the current resident has a tenant-based voucher, since that assistance is not tied to that unit.

## SECTION 6 — HOUSING UNITS

**Size of units:** Number of each bedroom size at the address listed in Section 1:

**SR0s:** One room, often with shared kitchen and/or bathroom facilities  
**0 BRs:** Efficiency units                      **3 BRs:** 3 bedrooms  
**1 BRs:** 1 bedroom                              **4 BRs:** 4 bedrooms  
**2 BRs:** 2 bedrooms                              **5+ BRs:** 5 or more bedrooms

**No. of wheelchair accessible units:** Self-explanatory.