

Vermont Directory of Affordable Rental Housing (DoARH)

PROJECT FORM

Submitted by: Owner Manager Other

NAME _____

ORGANIZATION _____

E-MAIL _____

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/.

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.

E-Mail/fax completed forms to: MULTIFAMILY OPERATIONS SPECIALIST
doarh@housingdata.org / (802) 864-5746 (FAX)
 Direct questions to: doarh@housingdata.org

SECTION 1 — PROJECT

PROJECT NAME _____

ADDRESS _____

CITY _____ STATE VT ZIP _____

COUNTY _____ FIRST YR OCCUPIED _____ TOTAL UNITS _____

OF UNITS RESTRICTED TO: ELDERLY ONLY _____ DISABLED ONLY _____ ELDERLY & DISABLED _____

RENTAL AGENT PHONE _____ RENTAL AGENT E-MAIL _____

DOES THIS PROPERTY ACCEPT THE VT COMMON RENTAL APPLICATION? Yes No

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

WRITE THE NO. OF UNITS WITH CAPITAL FUNDING:

_____ 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: _____
 _____ 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: _____

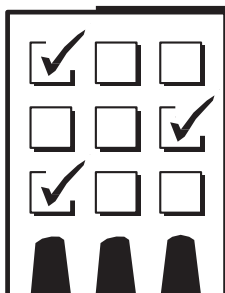
SECTION 7 – SMOKE-FREE HOUSING

1. Does this Property have a 100% smoke free indoor policy? Yes No

If you answered "NO" to #1 above,

a. Is smoking allowed in specific units? Yes No

b. Is this Property working toward a 100% smoke free Indoor policy? Yes No



Vermont Directory of Affordable Rental Housing ^(DoARH)

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.

VT Common Rental Application: Please indicate whether this property accepts the state-wide common rental application.

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

Capital funding: Indicate the total number of units for which each type of funding source helped pay development costs. Since some units likely receive funding from multiple sources, totaling this column may exceed the total number of units in the project. If not all units in a project are subsidized or income-restricted, please indicate the number of market rate units.

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.

SECTION 7 — SMOKE FREE HOUSING

Please indicate whether the Property has designated 100% of its units as smoke-free. If not please continue to questions a and b.