

Rutland Housing Authority
LOCAL PREFERENCE CERTIFICATION
FOR THE SECTION 8 HOUSING CHOICE
VOUCHER PROGRAM

I HEREBY CERTIFY THAT I AM ENTITLED TO THE FOLLOWING LOCAL (NON-FEDERAL) PREFERENCES:

CHECK ALL BOXES THAT APPLY TO YOU:

1. I/we:
- have resided in the State of Vermont for a period of at least one year, OR
 - have a family member who works, or has been notified that they are hired to work, in the State of Vermont.
2. I, or my spouse, are:
- currently employed (working 20+ hours per week), OR
 - 62 years old or older, OR
 - persons with disabilities.
3. I have been a victim of domestic violence, or have been a victim of domestic violence within the past 6 months. (A restraining order and/or evidence of a shelter stay must be provided if you check this box.)
4. I/we are currently homeless and have assistance of supportive services.
5. I/we have been displaced due to a disaster (e.g. fire, flood, earthquake).
6. I am a med-waiver applicant.

Applicant Name (Print Clearly)

Applicant Signature

Date