

**City of Essex Junction, VT
Affordable Housing
Rent Reporting Form**

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|-------------------------|
| Reporting Period |
|-------------------------|

INSTRUCTIONS:

See City of Essex Junction, VT Affordable Housing Height Bonus Criteria and Reporting Requirements prior to completing this form. The report must include all Affordable Housing Units on the property.

Property description (address) for application: _____

General information

Applicant _____ Day Phone _____

Address _____

Email Address _____

Property Owner of Record (attach affidavit if not applicant)

Applicant _____ Day Phone _____

Address _____

Email Address _____

Property Management

Name of Company _____ Day Phone _____

Email Address _____

Date of Report: _____ Total Units: _____ Total Affordable Units: _____

Minimum number of affordable units: 20% of Total number of units **OR** 5 units, whichever is greater= _____

Affordability Requirement Dates (minimum 15 years)

Date of original approval, if renewing (yyyy-mm): _____ Valid until (yyyy-mm): _____

| What utilities are included in the rent? Circle all that apply, specify type if applicable: | | | | | |
|--|---------------------|---|---------------------------------|--------------|----------|
| Utility | Not Included | -OR- | Type of Included Utility | | |
| HEAT: | Not Included | Natural Gas | Bottle Gas | Oil/Electric | Kerosene |
| WATER HEATING: | Not Included | Natural Gas | Bottle Gas | Oil | Electric |
| COOKING: | Not Included | Natural Gas | Bottle Gas | Electric | Kerosene |
| ELECTRIC: | Not Included | other electric lights, appliances etc.) | | | |
| WATER | Not Included | Included | | | |
| TRASH COLLECTION | Not Included | Included | | | |
| OTHER | | | | | |



| Unit Number | Number of Bedrooms | Initial Lease Date | Monthly Rent |
|-------------|--------------------|--------------------|--------------|
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I certify that the information on this application is true and correct. I agree to abide by all the requirements specified in the Land Development Code and any conditions placed upon approval of this application.

Applicant

Date

Land Owner (if different)

Date

Staff Action

Date received _____ Approved _____ Denied _____

In compliance with affordable housing requirements? Yes _____ No _____

Explain (if denied) _____

Other approvals/conditions (note type/attach other signed approvals): _____

Staff Signature

Date

