Accessory Dwelling Unit Program
Homeowner Intake

SEND TO: HomeShare Vermont
412 Farrell Street, Suite 300, South Burlington, VT 05403
OR Fax: (802) 651-0881 or email: kirby@homesharevermont.org

HOUSEHOLD INFORMATION (Please Print)

Name of homeowner(s): ______________________________________
Physical Address: _____________________________________________
Mailing Address (if different) __________________________________
Phone Number: ___________________________ Email: _______________

Why do you want to add an ADU to your home?
I am interested in: General Information □  Technical assistance □  Design support □
Finding a tenant □  Grants or deferred loan products □  Other _______________________

Program Eligibility:

YES □  NO □  Are you the sole owner(s) of the home at the above listed address?
YES □  NO □  Is the home above your primary residence?
YES □  NO □  Are you current with mortgage, taxes and insurance for the home?
YES □  NO □  Is the home now or expected to be on the market for sale?
YES □  NO □  Is the home a single-family residence?
YES □  NO □  Is your annual household income less than the corresponding amount below for household size?
(Regardless of income, Please circle your household size below)

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Project Feasibility:

YES □  NO □  Have you explored financing for the project through savings, loan or credit?
YES □  NO □  Do you have a design or concept for the project?
YES □  NO □  Do you have a builder selected?
When do you plan to start construction? now _____ in 3 months _____ 6 mo. _____ 12 mo._______

I acknowledge that the information above is true to the best of my knowledge.

Signature_________________________________________ Print Name _____________________________

Date ________________________________

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