



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)

1	2	3	4	5	6
\$51,350	\$58,650	\$66,000	\$73,300	\$79,200	\$85,050

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 _____