



VERMONT STATE HOUSING AUTHORITY  
WAITING LIST REQUEST FOR  
REINSTATEMENT FORM

APPLICATION ID #:

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This Request for Reinstatement Form may be completed if your application was removed due to no response to the update mailing. The form must be submitted in writing by one of the following methods:

- Emailed to: [vermont@affordablehousing.com](mailto:vermont@affordablehousing.com)
- Dropped off at Vermont State Housing Authority (One Prospect St Montpelier, VT 05602-3556)
- Mailed to: AffordableHousing.com, P.O. Box 272530, Boca Raton, FL 33427

AffordableHousing.com, based in Florida, has partnered with Vermont State Housing Authority and its affordable housing across Vermont participating in the Section 8 and Project-Based Waiting List programs, and manages the update and reinstatement process on their behalf.

The Request for Reinstatement Form must be complete with supporting documentation, if necessary. The request will then be reviewed and a written decision will be sent back within 30 calendar days of the review.

Please note, per housing authority policy, applicants who are approved for reinstatement to a Vermont State Housing Authority Waiting List will retain their original date and time of application. However, all applicants that are "In Process" (have been selected for a voucher and/or a unit from the waiting list) at a VSHA housing provider as of the date of reinstatement shall have priority for funding over the reinstated application.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Last 4 Digits of your Social Security Number: \_\_\_\_\_ or Applicant ID Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

Mailing Address (if different than your current address): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Reason for Not Responding Before Deadline:

☐ I was unable to respond due to a medical issue or condition related to my disability (please provide documentation from a qualified provider of service).

☐ I mailed in a response, but it was not received. My response was mailed back on (date): \_\_\_\_\_

☐ Other (please describe the reason you were unable to respond to the update mailing): \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If your reinstatement request is approved, you will be asked to complete an updated application either online or by mail.

