

Form <b>RENT</b>		<b>Common Rental Application for Housing in Vermont</b>	FORM REVISED
State of Vermont's Housing Community			OCTOBER 2022

Do you speak or read English?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you need an interpreter to complete the application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*If you need language translation or an interpreter, notify the management company.*

### INSTRUCTIONS (not for tenant-based vouchers)

<i>Please type or print in ink the information requested on this form. Please read through this application carefully. Incomplete or unsigned applications will be returned. Use <b>additional sheets if necessary.</b> Please return completed application to:</i>		<b>FOR OFFICE USE ONLY</b> Date/time received:
Management company	Agent name	
Housing Trust of Rutland County	(802) 775-3139 info@housingrutland.org	
I wish to apply for housing at (Property name)	Location	
	27 Wales Street, Suite 201 Rutland, VT 05701	

Please check the size of the apartment you are interested in:

Efficiency  
  1-bedroom  
  2-bedroom  
  3-bedroom  
  4-bedroom

### FAMILY COMPOSITION

Complete the following information for each person who will live in your apartment. Attach a separate sheet of paper if needed.

*\*\*The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service and US Department of Housing and Urban Development, that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, familial status, age, disability, marital status, receipt of public assistance, or because a person is a victim of abuse, sexual assault, or stalking are complied with.*

*You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants based on visual observation or surname.*

	Head of Household	Person 2	Person 3	Person 4
First name				
Middle initial				
Last name				
Relationship	Head of household			
Social Security number				
Place of birth (city, state)				
Birthdate (mm/dd/yyyy)				
Live in unit Full time	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Live in unit Part time	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Marital Status</b>				
Single				
Married				
Divorced				
Legally separated				
Estranged				<blank>
<b>Sex **</b>				
Male				
Female				
Other/Intersex				
<b>Ethnicity **</b>				
Hispanic or Latino				
Not Hispanic or Latino				
<b>Race (mark one or more)**</b>				
American Indian/ Alaska native				
Asian				
Black or African-American				
Native Hawaiian or Other Pacific Islander				
Other Race				
White				

Do you have primary custody of all children listed in the Family Composition Section?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you expect any additions to the household in the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any absent household members not listed in the Family Composition section? If "Yes", please explain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you live with others? If "Yes", please explain	<input type="checkbox"/> Yes	<input type="checkbox"/> No

What is your current address?	Please list current mailing address, if different
How long have you lived at this address? _____ Years _____ Months	How many bedrooms in your present home?
Home phone number	Cell phone number
Other phone number	Email address

Do you own your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", market value \$	Outstanding mortgage balance \$
Do you rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", Landlord's name	Landlord's phone number
Landlord's address & E-mail address		

## PREVIOUS HOUSING

*Fill out this information for all places you have lived in the past five (5) years, not including your present housing. Attach a separate sheet of paper if needed.*

Dates From (mm/yy):                      To (mm/yy):	
Landlord name	Rental property address
Landlord address	
Landlord phone number	Landlord email address

<b>Dates</b> From (mm/yy): _____ To (mm/yy): _____	
Landlord name	Rental property address
Landlord address	
Landlord phone number	Landlord email address

<b>Dates</b> From (mm/yy): _____ To (mm/yy): _____	
Landlord name	Rental property address
Landlord address	
Landlord phone number	Landlord email address

Do you currently live in a subsidized or Tax Credit apartment? For example, do you need to provide income information each year to your landlord?  Yes  No

Please list all states you have previously lived in

## INCOME

*Please list **all sources of income** for each person who will live in your apartment. Be sure to list gross amounts and where the income comes from. Attach a separate sheet of paper, if needed.*

<b>Employment income</b>		<input type="checkbox"/> N/A
Applicant Name	Employer address, phone, email	Gross weekly salary \$
Applicant Name	Employer address, phone, email	Gross weekly salary \$

Applicant Name	Employer address, phone, email	Gross weekly salary \$
Applicant Name	Employer address, phone, email	Gross weekly salary \$

Do you anticipate any changes to your income during the next 12 months?  Yes  No

**Other income**

N/A

*Child support, pension/annuity, Social Security, public assistance, unemployment, other periodic payments, unearned income, etc. If you receive Social Security, please attach a copy of your award letter with your application. Enter all other sources of income including current gross Social Security monthly amount. If self-employed, provide prior year's taxes with W-2's, 1099's etc. and current financial statement. Attach a separate sheet of paper, if needed.*

Applicant name	Income type	Source address, phone, email	Gross monthly amount \$
Applicant name	Income type	Source address, phone, email	Gross monthly amount \$
Applicant name	Income type	Source address, phone, email	Gross monthly amount \$

**Assets**

**Bank accounts and other cash accounts**

N/A

*Please list all accounts held by each person who will live in your apartment. Attach a separate sheet of paper, if needed.*

Bank/institution	Type of account	Interest rate	Current balance
------------------	-----------------	---------------	-----------------

Bank/institution	Type of account	Interest rate %	Current balance \$
Bank/institution	Type of account	Interest rate %	Current balance \$
Peer-to-peer account, eWallet, Direct Express Debit Card and other accounts such as Venmo, Paypal and Bitcoin, etc.	Type of account		Current balance \$
Cash on hand			Current balance \$

**IRA/Keogh/annuity/pension/stocks**

N/A

Name of account	# of shares	Share Price \$	Cash value \$	Quarterly dividend \$
Name of account	# of shares	Share Price \$	Cash value \$	Quarterly dividend \$
Name of account	# of shares	Share Price \$	Cash value \$	Quarterly dividend \$

**Bonds/insurance policies**

N/A

Type	Date of purchase	Current value/cash value \$
Type	Date of purchase	Current value/cash value \$

**Other assets**

Do you own real estate (other than the home you currently live in)?  Yes  No

If "Yes", where is it located (address, city, state)

Market value  
\$

Mortgage holder and address

Mortgage balance  
\$

Is this an income-producing property  Yes  No

Does anyone applying own any other asset not already listed? (*Do not include furniture. Do not include motor vehicles used for personal transportation.*)  Yes  No

If "Yes", please describe	Market value \$
---------------------------	--------------------

Have you or any member of the household disposed of, transferred, or otherwise given away any cash, property, or other assets for less than they are worth in the past two (2) years?  Yes  No

If "Yes", please describe

Cash value \$	Amount received \$	Date disposed of
------------------	-----------------------	------------------

Do you or any member of the household receive regular gifts or contributions from any person or organization? Gifts or contributions include cash, non-cash items, bills paid on your behalf, or items paid on your behalf.  Yes  No

If "Yes", please describe

Cash value \$	Received from	Frequency
------------------	---------------	-----------

## MONTHLY EXPENSES

### Child care N/A

*For care that enables you to work or attend school, complete for children 12 and younger*

Name of provider	Address of provider	Phone number of provider	Email of provider
Amount per month assisted \$	Amount per month unassisted \$		

### Medical expenses N/A

*Complete if head of household, co-head or spouse is elderly or disabled*

Physicians/health care provider name	\$
Medical premiums	\$
Hospitals/other health care facilities	\$
Prescription/non-prescription medicine	\$
Dental	\$
Other	\$
Auxiliary apparatus or attendant care	\$

List names of providers and contact information:

## GENERAL INFORMATION

Are you or any member of your family in need of an accessible apartment and/or if handicapped/disabled, requesting a reasonable accommodation to enable you to live in this unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------	-----------------------------

If "Yes", list accommodations needed:

Will you or any member of your household require a live-in attendant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-----------------------------------------------------------------------	------------------------------	-----------------------------

Do you have a disability that results in a disability-related need for a reasonable accommodation for an assistance animal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-----------------------------------------------------------------------------------------------------------------------------	------------------------------	-----------------------------

Are you requesting an adjustment to income? (This adjustment is available in federally-subsidized rental housing to households in which either the head or co-head is (1) age 62 or older, or (2) under age 62 and disabled)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------	-----------------------------

If offered an apartment and I accept, this apartment will serve as my sole residence	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--------------------------------------------------------------------------------------	------------------------------	-----------------------------

Are you displaced due to: Natural disaster	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-----------------------------------------------	------------------------------	-----------------------------

Other governmental action	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---------------------------	------------------------------	-----------------------------

Domestic violence	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-------------------	------------------------------	-----------------------------

Are you currently homeless?	<input type="checkbox"/> Yes (Please complete Appendix 1)	<input type="checkbox"/> No
-----------------------------	--------------------------------------------------------------	-----------------------------

Are you at risk of homelessness?	<input type="checkbox"/> Yes (Please complete Appendix 2)	<input type="checkbox"/> No
----------------------------------	--------------------------------------------------------------	-----------------------------

Are all members of the household citizens of the United States or non-citizens with eligible immigration status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------------------------------------------------------------------------------------------	------------------------------	-----------------------------

Is your household comprised entirely of full-time students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-------------------------------------------------------------	------------------------------	-----------------------------

If "Yes," check all that apply:

All household members are fulltime students, and such students are married and file a joint tax return  Yes

The household consists of single parents and their children, and such parents and children are not dependents of another individual  Yes



At least one member of the household receives assistance under Title IV of the Social Security Act (i.e. TANF assistance)	<input type="checkbox"/>	Yes		
At least one member of the household is enrolled in and a job training program receiving assistance under the Job Training Partnership Act or similar federal, state, or local laws	<input type="checkbox"/>	Yes		
Full-time student formerly in foster care	<input type="checkbox"/>	Yes		
Have you or any member of your household been a full-time student in the past year?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does the Head of household plan to enroll as a full-time student in the upcoming year?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes", please list all schools attended:				
Do you currently have a Section 8 Housing Choice Voucher (HCV)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes," which public housing authority or authorities?				
If "No," are you on the waiting list for a Section 8 HCV?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever lived in subsidized rental housing?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes," specify the agency and the years in which you lived there:				
Is anyone in your household subject to a lifetime registration requirement under a state sex offender registration program?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes," please explain:				
Have you or any member of the household ever committed fraud in a federally-assisted housing program or have been requested to repay money for knowingly misrepresenting information for such a housing program?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes," please explain and give the state and date:				
Has anyone in your household ever been charged with or convicted of a crime?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes," please explain and give the state and date:				
Has anyone in your household ever been charged with or convicted of illegal manufacture or distribution of a controlled substance?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes," please explain and give the state and date:				

Is anyone in your household currently engaging in the illegal use of a controlled substance? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," please explain and give the state and date:

Do you have any pets? <i>Some properties do not allow pets</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Type	Number
----------------------------------------------------------------------------------------------------------------------------	------	--------

All properties have a smoking policy. Would you like a copy of the policy for the property for which you are applying?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------------------------------------------------------------------------------------------------	------------------------------	-----------------------------

Why do you want to move to this property?
-------------------------------------------

## EMERGENCY

*Please provide the name of any family or friends you would like involved in this application process. Please also list any family or friends we may contact if we are unable to reach you.*

Name	Address (Street, city/town, state)
Phone number	Relationship
Email address	
Name	Address (Street, city/town, state)
Phone number	Relationship
Email address	
Name	Address (Street, city/town, state)
Phone number	Relationship
Email address	

*Please provide three (3) character references who have known ALL adult applicants for at least one (1) year. References may not be related to the applicant(s).*

Name	Phone number & E-mail address
Name	Phone number & E-mail address
Name	Phone number & E-mail address

**PLEASE READ THE FOLLOWING STATEMENT CAREFULLY  
BEFORE SIGNING THIS APPLICATION:**

I/we certify that the information given on household composition, income, net family assets, allowances and deductions, as well as all other information provided is accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable by federal law with fines up to \$10,000 or imprisonment for up to 5 years. I/we understand that false statements or information are grounds for termination of housing assistance, termination of tenancy and/or retroactive rent increases.

My/Our signature(s) below constitute(s) my/our consent to have the MANAGEMENT COMPANY conduct a background check, including verification of the information contained herein. I/we hereby expressly consent to the release of information by prior landlords, employers, credit bureaus/references, criminal information centers, Vermont Adult Abuse Registry, and/or the Vermont Child Protection Registry, and other individuals or entities with information relevant to the information provided herein to representatives of the MANAGEMENT COMPANY processing this application and performing the background check as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d). I also consent to release wage matching data to RHS and the MANAGEMENT COMPANY.

I/We understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to, poor credit, landlord references, police records indicating unacceptable criminal behavior, and/or poor personal interview.

***WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.***

**"I have read and understand this statement."**

Signature – Head of household	Date
Signature – Other adult household member	Date
Signature – Other adult household member	Date
Signature – Other adult household member	Date

**ALL APPLICANTS MUST BE INCOME ELIGIBLE AND MEET ALL  
ADMISSIONS CRITERIA FOR THEIR PROSPECTIVE APARTMENT**

## APPENDIX 1

If you indicated "yes" that you are currently homeless on Page 7 of the Common Rental Application for Housing in Vermont, check one box to describe your household:

CRITERIA FOR DEFINING HOMELESS	<input type="checkbox"/> <b>Category 1</b>	Literally Homeless	<p>(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <ul style="list-style-type: none"> <li>(i) Has a primary nighttime residence that is a public or private place not meant for human habitation;</li> <li>(ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); <u>or</u></li> <li>(iii) Is exiting an institution where (s)he has resided for 90 days or less <u>and</u> who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution</li> </ul>
	<input type="checkbox"/> <b>Category 2</b>	Imminent Risk of Homelessness	<p>(2) Individual or family who will imminently lose their primary nighttime residence, provided that:</p> <ul style="list-style-type: none"> <li>(i) Residence will be lost within 14 days of the date of application for homeless assistance;</li> <li>(ii) No subsequent residence has been identified; <u>and</u></li> <li>(iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing</li> </ul>
	<input type="checkbox"/> <b>Category 3</b>	Homeless under other Federal statutes	<p>(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:</p> <ul style="list-style-type: none"> <li>(i) Are defined as homeless under the other listed federal statutes;</li> <li>(ii) Have not had a lease, ownership interest in permanent housing during the 60 days prior to the homeless assistance application;</li> <li>(iii) Have experienced persistent instability as measured by two moves or more during the preceding 60 days; and</li> <li>(iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers</li> </ul>
	<input type="checkbox"/> <b>Category 4</b>	Fleeing/ Attempting to Flee DV	<p>(4) Any individual or family who:</p> <ul style="list-style-type: none"> <li>(i) Is fleeing, or is attempting to flee, domestic violence;</li> <li>(ii) Has no other residence; and</li> <li>(iii) Lacks the resources or support networks to obtain other permanent housing</li> </ul>

## APPENDIX 2

If you answered "yes" that you are at risk of homelessness on Page 7 of the Common Rental Application for Housing in Vermont, please confirm that your household falls into one of the three categories below:

Yes, my household falls into one of these categories.

<b>CRITERIA FOR DEFINING HOMELESSNESS</b>	<b>Category 1</b>	Individuals and Families	<p>An individual or family who:</p> <ul style="list-style-type: none"> <li>(i) Has an annual income below <u>30%</u> of median family income for the area; <u>AND</u></li> <li>(ii) Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the "homeless" definition; <u>AND</u></li> <li>(iii) Meets one of the following conditions: <ul style="list-style-type: none"> <li>(A) Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; <u>OR</u></li> <li>(B) Is living in the home of another because of economic hardship; <u>OR</u></li> <li>(C) Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; <u>OR</u></li> <li>(D) Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; <u>OR</u></li> <li>(E) Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; <u>OR</u></li> <li>(F) Is exiting a publicly funded institution or system of care; <u>OR</u></li> <li>(G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved Con Plan</li> </ul> </li> </ul>
	<b>Category 2</b>	Unaccompanied Children and Youth	A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute
	<b>Category 3</b>	Families with Children and Youth	An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her.



# HOUSING TRUST of Rutland County

## Application Questionnaire

How did you hear about the Housing Trust of Rutland County? (Check One)

- Community-Partner/Business  Craigslist  Facebook  HTRC Website  Newspaper  Previous Applicant  
 Previous Resident  Resident Referral  Lawn Sign  Walk-In  Word of Mouth  Other

If an agency or resident, who? \_\_\_\_\_

### CURRENT HOUSING SITUATION:

How long have you lived at your current address? \_\_\_\_\_

Do you have a lease?  YES  NO If yes, when does it expire? \_\_\_\_\_

Please explain why you wish to leave your current housing situation:

\_\_\_\_\_

Date you wish to move in? \_\_\_\_\_

Do you own a vehicle(s) that requires a parking space?  YES  NO

Color \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

### CURRENT HOUSING COSTS: What are your current monthly housing costs?

Rent/Mortgage: \_\_\_\_\_ Electric: \_\_\_\_\_ Heat: \_\_\_\_\_

Trash Removal: \_\_\_\_\_ Snow Removal: \_\_\_\_\_ Other: \_\_\_\_\_

Would you or anyone in the household benefit from a fully accessible unit?  YES  NO

Do you have pets?  YES  NO Type of Pet: \_\_\_\_\_

The HTRC has a No Pet Policy; if necessary, would you be willing to find your pet another home, in order to move into the apartment?  YES  NO

**HOUSING NEED:**

Do you expect any changes in your household size within the next year?  YES  NO

If you answered YES, please explain: \_\_\_\_\_

Do you have any special housing needs?  YES  NO

If you answered YES, please explain: \_\_\_\_\_

**HOUSING HISTORY:** Have you ever:

Rented from the Housing Trust of Rutland County or the Rutland County Community Land Trust?

If yes, where \_\_\_\_\_ If yes, when \_\_\_\_\_

Yes or  No Rented on your own?

Yes or  No Been evicted?

Yes or  No Been taken to court by a landlord?

Yes or  No Been asked to leave by anyone?

Yes or  No Left owing rent?

Yes or  No Had money kept from your security deposit?

**AGENCY & ORGANIZATIONS:**

What organizations or agencies are you, or anyone in your household, working with?

(Example: Homeless Prevention Center, Economic Services, BROCC, Etc.)

Organization: \_\_\_\_\_

Who is your contact person: \_\_\_\_\_ Phone or Email: \_\_\_\_\_

Organization: \_\_\_\_\_

Who is your contact person: \_\_\_\_\_ Phone or Email: \_\_\_\_\_

Are you currently enrolled in any housing programs? If yes, please explain \_\_\_\_\_

**SECURITY DEPOSIT:** You will be required to pay first month's rent and security deposit at lease-up. Do you have enough money for a security deposit, or will it be available to you from family, friends, or other sources at the time of move in?  YES  NO

If YES, how much will you have? \_\_\_\_\_

If NO, please explain how you will pay the security deposit: \_\_\_\_\_

**HOUSING & WAITLIST PREFERENCE:**

Have you or anyone in your household ever used a different first or last name? If yes, please list: \_\_\_\_\_

Are you a U.S. Veteran?  YES  NO Branch: \_\_\_\_\_

Are you interested in subsidized housing? (A portion of your rent to be paid by another source)  YES  NO

Would you like to be put on a waiting list if housing is currently unavailable?  YES  NO

Property Location Interest:  Rutland  West Rutland  Brandon  Benson  Fair Haven  Poultney



**PROPERTIES MANAGED BY THE HOUSING TRUST OF RUTLAND COUNTY, INC.**

Name(s): \_\_\_\_\_ How many bedrooms do you need? (Circle one)      **1**      **2**      **3**      **4**

**Available**

Town	Property	Address	Bedrooms				
Check all properties that you are interested in moving to:			<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	
Rutland	CPWD Housing	221 Dorr Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		76 Williams Street			<input type="checkbox"/>		
		42 & 44 Pine Street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		25 Cottage Street	<input type="checkbox"/>	<input type="checkbox"/>			
		Columbian Ave	194 & 196 Columbian Ave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Rutland AFS Housing	44 Allen Street		<input type="checkbox"/>	<input type="checkbox"/>		
		35 Forest Street	<input type="checkbox"/>	<input type="checkbox"/>			
	Rutland	Rutland Rehab LP	8 Seabury Street		<input type="checkbox"/>		
			51 Summer Street	<input type="checkbox"/>	<input type="checkbox"/>		
			52-54 Williams Street	<input type="checkbox"/>	<input type="checkbox"/>		
30 Elm Street			<input type="checkbox"/>	<input type="checkbox"/>			
37 Bellevue Avenue				<input type="checkbox"/>	<input type="checkbox"/>		
35 Baxter Street				<input type="checkbox"/>			
69 1/2 Baxter Street				<input type="checkbox"/>			
18 & 18 1/2 Cottage Street				<input type="checkbox"/>			
West Rutland	Tuttle Block Building	133 Library Avenue	<input type="checkbox"/>	<input type="checkbox"/>			
		13 Center Street	<input type="checkbox"/>	<input type="checkbox"/>			
West Rutland	Stanislaus Housing	95 Barnes Street	<input type="checkbox"/>	<input type="checkbox"/>			
		113 Barnes Street	<input type="checkbox"/>	<input type="checkbox"/>			
		259 Marble Street	<input type="checkbox"/>		<input type="checkbox"/>		

**Subsidized**

Town	Property	Address	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Brandon	Unlon & Barlow	2-4 Barlow Ave/40 Union St	<input type="checkbox"/>	<input type="checkbox"/>		
		Thayer BTS Housing	29-35 Conant Square	<input type="checkbox"/>	<input type="checkbox"/>	
		149 Mulcahy Drive	<input type="checkbox"/>	<input type="checkbox"/>		
Fair Haven	Appletree Housing LP	Appletree Lane		<input type="checkbox"/>	<input type="checkbox"/>	
Rutland	64 School Street	64 School Street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Hopkins St. Family Housing	Hopkins Street			<input type="checkbox"/>	

**Sections of applicants with disabilities**

Town	Property	Address	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Benson	Benson Helghts	2747 Stage Road	<input type="checkbox"/>	<input type="checkbox"/>		
Brandon	Conant Square	30 Conant Square	<input type="checkbox"/>	<input type="checkbox"/>		
Fair Haven	Adams House	5-7 South Park Place	<input type="checkbox"/>			
	Appletree Housing LP	Appletree Lane	<input type="checkbox"/>	<input type="checkbox"/>		
W. Rutland	Colonial West	Marble & Barnes Street	<input type="checkbox"/>	<input type="checkbox"/>		
Rutland	Watkins School	22-26 Watkins Avenue	<input type="checkbox"/>			
Poultney	Heritage Court	624 York Street	<input type="checkbox"/>	<input type="checkbox"/>		

See our website for more detailed descriptions of the properties. [www.housingrutland.org](http://www.housingrutland.org)

Lincoln Place Apartments:

If you are interested in more information about Lincoln Place in Rutland, please reach out to our office. If you would like an application for this site, please call the Rutland Housing Authority at (802) 775-2926



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

--	--

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.





# HOUSING TRUST of Rutland County

---

## GENERAL RELEASE

I hereby authorize the Housing Trust of Rutland County and its staff to contact any, but not limited to, all agencies, offices, employers, landlords, banks or other financial institutions, credit bureaus, the Social Security Administration and law enforcement agencies to obtain any information or materials which it deems necessary to verify information supplied by me, the Applicant / Co-Applicant, to determine my eligibility for a rental unit.

I certify that all of the information provided is true and complete to the best of my knowledge.

I agree that photocopies of this authorization may be used for the purposes stated above.

Print Name : \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature: Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature: Co-Applicant

\_\_\_\_\_  
Date

The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, national origin, religion, sex, familial status and handicap. Federal laws also prohibit discrimination on the basis of age.



**Documentation**

**FOR YOUR**

**RECORDS**

**PLEASE DO NOT**

**RETURN WITH**

**APPLICATION**







**HOUSING TRUST**  
of Rutland County

**NOTICE OF RIGHT TO REASONABLE ACCOMMODATION**

**If you have a disability and as a result of your disability you need:**

- a change in Housing Trust of Rutland County's rules or policies or how we do things that would give you an equal opportunity to live here and enable you to use and enjoy the facilities or take part in programs on site; or,
- a change or repair in your apartment or unit or special type of apartment or unit that would give you an equal opportunity to live here and enable you to use and enjoy the facilities or take part in programs on site; or,
- a change or repair to some other part of the housing site that would give you an equal opportunity to live here and enable you to use and enjoy the facilities or take part in programs on site; or,
- a change in the way we communicate with you or give you information,

**You may ask for this kind of change, which is called a Reasonable Accommodation.<sup>1</sup>**

If you can show you are a person with a disability and if your request is reasonable, we will try to make the change(s) you request. "Reasonable" means the change or changes requested are practical and feasible. We do not have to provide an accommodation that would impose an "undue burden" or result in a "fundamental alteration" in our programs. An "undue burden" is an unreasonable financial cost. A "fundamental alteration" is an accommodation that would change our basic operation or nature of the services we provide. For example, fair housing laws would not require us to pay for a social worker or home care worker to help you live independently if our housing does not normally provide such assistance. If the accommodation is reasonable, *with certain expectations*, we cannot impose the expense, if any, of providing the accommodation on you.

If you are asking for a reasonable accommodation, we will ask you to provide proof that you have a covered disability, that an accommodation is necessary, and the particular accommodation you are proposing will help to overcome the effects of your disability.

If you are a person with a covered disability, yet we determine your accommodation request is not reasonable, we will discuss with you whether there is an alternative accommodation that would effectively address your needs.

---

<sup>1</sup> Reasonable accommodations may be requested when you are applying for housing, during tenancy, or to prevent eviction.



**HOUSING TRUST**  
of Rutland County  
**RESIDENT SELECTION POLICY**  
**Rental and Community Ownership Properties**  
Approved by the Board of Directors on May 22, 2014

**EQUAL OPPORTUNITY POLICY**

The Housing Trust of Rutland County strongly supports the goals of equal access to housing and will comply with the Title VI of the Civil Rights Act of 1964, Title VIII of the Civil Rights Act of 1968, Executive Order 11063, Section 504, the Americans with Disabilities Act and all related rules, regulations and requirements. The Housing Trust of Rutland County will provide, upon request, the application in alternative forms.

The Housing Trust of Rutland County will not deny any family or individual the opportunity to apply for admission nor the opportunity to lease or rent a suitable and available dwelling unit on account of age, race, color, religion, national origin, sex, sexual orientation, marital status, family composition, physical or mental condition or receipt of public assistance.

**ELIGIBILITY FACTORS**

For All Housing Units: Residents will be selected from among a pool of eligible candidates who satisfactorily address the following factors:

1. Applicant's past performance in meeting financial obligations including rent payment and payment of utility bills.
2. Applicant's ability to meet current and projected financial obligations. The Housing Trust of Rutland County will make effort to ensure that the applicant's rent and utility payments will not exceed 50% of the applicant's gross income.
3. Applicant's record of disturbance of neighbors, destruction of property, or living or housekeeping habits which might adversely affect the safety, health, or welfare of residents or which might result in unusual maintenance services, in the sole discretion of HTRC.
4. Applicant's history of criminal convictions and subsequent rehabilitation efforts.



Applications from applicants with criminal convictions will be rejected. An applicant who chooses to appeal the rejection may request a waiver from the Executive Director. All requests for waivers of this policy will be considered on a case by case basis. We will not rent to applicants whose history demonstrates they could harm or be harmful to HTRC residents, staff, neighbors and/or property.

5. Applicant's documentation of family status –

All applicants must disclose their marital status, and if applicable provide court divorce decree, separation documents or documentation of divorce filing plus the docket # and mailing and physical addresses of his/her spouse.

All applicants must demonstrate at least 50% custody of a minor child in order for the child to be included as a dependent in the household for income certifications and occupancy requirements. This must be demonstrated through the court documents.

All applicants with a ward in the household must provide court documentation of guardianship.

6. Applicable criteria established in agreements, covenants and other promises arising from the participation of any of the following organizations or agencies: Vermont State Housing Authority, Vermont Housing and Conservation Board, U.S. Department of Housing and Urban Development or any other organization or agency providing funding.
7. Applicant must be at least 18 years of age. In order to be eligible to rent an apartment from the Housing Trust of Rutland County Inc., applicants must be of an age or legal status that is recognized by the Vermont State Court System. In other words, the HTRC must have legal recourse in the event of default on the lease.
8. Such other factors as might be reasonably expected to affect the applicant's ability to fulfill the responsibilities of the lease.

In the event of the receipt of unfavorable information with respect to an applicant, consideration shall be given to the time, nature and extent of the applicant's conduct and to evidence, which might indicate a reasonable probability of favorable future conduct.

General Priorities (except for Rural Development 515 and HUD-contract properties where priority is solely based on completed applications, and waitlist placement. See below for these program requirements):

1. Applicant's need for affordable housing
2. Satisfactory financial history



Applications from applicants with criminal convictions will be rejected. An applicant who chooses to appeal the rejection may request a waiver from the Executive Director. All requests for waivers of this policy will be considered on a case by case basis. We will not rent to applicants whose history demonstrates they could harm or be harmful to HTRC residents, staff, neighbors and/or property.

9. Applicant's documentation of family status –

All applicants must disclose their marital status, and if applicable provide court divorce decree, separation documents or documentation of divorce filing plus the docket # and mailing and physical addresses of his/her spouse.

All applicants must demonstrate at least 50% custody of a minor child in order for the child to be included as a dependent in the household for income certifications and occupancy requirements. This must be demonstrated through the court documents.

All applicants with a ward in the household must provide court documentation of guardianship.

10. Applicable criteria established in agreements, covenants and other promises arising from the participation of any of the following organizations or agencies: Vermont State Housing Authority, Vermont Housing and Conservation Board, U.S. Department of Housing and Urban Development or any other organization or agency providing funding.

11. Applicant must be at least 18 years of age. In order to be eligible to rent an apartment from the Housing Trust of Rutland County Inc., applicants must be of an age or legal status that is recognized by the Vermont State Court System. In other words, the HTRC must have legal recourse in the event of default on the lease.

12. Such other factors as might be reasonably expected to affect the applicant's ability to fulfill the responsibilities of the lease.

In the event of the receipt of unfavorable information with respect to an applicant, consideration shall be given to the time, nature and extent of the applicant's conduct and to evidence, which might indicate a reasonable probability of favorable future conduct.

General Priorities (except for Rural Development 515 and HUD-contract properties where priority is solely based on completed applications, and waitlist placement. See below for these program requirements):

3. Applicant's need for affordable housing
4. Satisfactory financial history



For HUD Units:

Applicants must satisfy applicable income and occupancy standards and submit a completed application including third party verification of income as required by HUD. Applicants must also supply a valid social security number and card for every member of the household. Applicants will also be required to sign form HUD-9887, Notice and Consent for the Release of Information and HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, so that information to determine employment, income and eligibility for HUD rental assistance can be determined using the HUD EIV system.

Applications with all necessary information provided will be considered, and added to the waitlist in chronological order of receipt if eligibility thresholds are met. When a unit becomes available, the application at the top of the waitlist is processed, and if approved, the applicant is offered the unit. If an approved applicant on the waitlist is contacted for a vacant unit and refuses it, s/he/they will be removed from the waiting list and notified via certified mail and first class mail.

**AFFIRMATIVE MARKETING PLAN**

It is the policy of the Housing Trust of Rutland County to provide information and otherwise attract eligible persons from all racial, ethnic and gender groups and persons having disabilities in the housing market.

In order to achieve this goal and to ensure that all eligible persons are aware of housing opportunities, the Housing Trust of Rutland County will:

1. Display the Equal Housing Opportunity logo and the fair housing poster in a prominent public location at the office where applications are accepted.
2. Include the Equal Housing Opportunity logo or Equal Housing Opportunity statement in any advertising and marketing materials for the apartments.
3. Notify the following agencies of any vacancies:
  - Vermont State Housing Authority
  - Bennington-Rutland Opportunity Council (BROC)
  - Rutland Mental Health
  - Department of Economic Services
  - Rutland County Parent/Child Center
  - Rutland ARC
  - Rutland County Women's' Network and Shelter
  - Dismas House
  - Rutland Housing Authority



- Neighborworks of Western Vermont
  - Homeless Prevention Center
  - Southwestern Vermont Council on Aging
  - Other agencies/professionals who serve eligible populations and request notification
4. Publish advertisements in one or more media outlets, including but not limited to:
- Rutland Herald – Daily Newspaper
  - Rutland Tribune – Weekly Newspaper
  - On-site signage
  - Bulletin boards

### **SELECTION PROCEDURE**

Applications: Applications for tenancy are available at the offices of the Housing Trust of Rutland County, 27 Wales Street, Suite 201, Rutland, Vermont 05701. Applications are also available on our website at [www.housingrutland.org](http://www.housingrutland.org) and can be mailed to those requesting one by phone at (802)775-3139 or 1-800-545-7989.

Review Process:

Stage 1: Within two weeks of the receipt of an application, HTRC staff will review the application for program eligibility and notify the applicant in writing. Any non-complying aspects such as pets are addressed directly with the applicant. All decisions are based on eligibility factors and comply with equal opportunity and fair housing laws. If the application is not suitable, a rejection letter including reasons for the decision is sent. If the application is suitable, a letter is sent to the applicant advising him/her that s/he has been placed on a waitlist(s). Applicants are placed on waitlists in chronological order of their conditional acceptance under stage 1.

Stage 2: When a unit becomes available, the next applicants on the waitlist are contacted to determine interest in the apartment, to update the application, and to arrange for a face to face interview. At this time, landlord references, character references, income and criminal history are verified and household composition is confirmed. Any additions to the household must go through Stage 1 before an apartment can be offered. If the household qualifies after these verifications, the application is approved and they are offered the apartment. If they do not qualify, they are sent a written notice that their application has been rejected including reasons for this decision.

In some locations, a resident selection committee interview occurs before final approval.



Applicants who have been rejected are given an opportunity to appeal. The following procedures will be included in the rejection letter to advise the applicant of how to appeal the decision:

### **PROPERTY MANAGEMENT APPEALS POLICY**

The applicant has ten (10) days to request an appeals hearing in writing. The written request must be addressed to the Chief Operating Officer at the Housing Trust of Rutland County, 27 Wales Street, Suite 201, Rutland, VT 05701. To request a meeting or a hearing, the written request must include:

- The reasons for the grievance or contest, and'
- The action or relief sought.

The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, national origin, religion, sex, familial status and disability. Federal law also prohibits discrimination on the basis of age.

The Chief Operating Officer will schedule a meeting and invite the applicant(s) to attend to present the appeal in person. The applicant may bring one advocate. This meeting will normally occur within fourteen (14) days of receipt of the request for appeal. The Property Manager and Chief Operating Officer (or designee) will hear the appeal. The Executive Director will hear the appeal request, make a decision and notify the applicant of his/her decision. The notice of decision will be sent to the applicant within five (5) business days of the appeals hearing.

In the event the applicant chooses to appeal the Executive Director's decision, a written request for appeal may be made to the Housing Trust of Rutland County Appeals Committee. A date for the meeting between the applicant and HTRC Appeals Committee will normally be determined within seven (7) days of the receipt of request and will normally occur within twenty-one (21) days of receipt of the request for appeal. The HTRC Appeals Committee will hear the appeal request, make a decision and notify the applicant of his/her decision. This decision will be final. The notice of decision will normally be sent to the applicant within two (2) business days of the appeals hearing.



HTRC applicant files are confidential and for HTRC use only. An applicant appealing a rejection of tenancy has the right to examine those documents, records and regulations of the HTRC on which the HTRC based its decision of rejection. All other information in the file will NOT be made available to the applicant at any time.

Applicants rejected for Hopkins Street Family Housing, Union & Barlow Family Housing, School Street Family Housing and Thayer BTS Housing L.P. must utilize the appeals process required by USDA Rural Development as outlined in the rejection letter.

Accordingly, the Housing Trust of Rutland County Appeals Committee is considered the hearing panel. The Appeals Committee of the Board of Directors is made up of three members, each one representing a subset of board members (1 resident representative, 1 community representative and 1 general representative).





**Who qualifies as a person with a disability under fair housing laws?**

If you are requesting a reasonable accommodation, you must be an individual with a physical or mental impairment that substantially limits your ability to perform a major life activity as compared to most people in the general population. "Major life activities" include, but are not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working.

However, the law does not protect an individual with a disability whose tenancy would constitute a "direct threat" to the health or safety of other individuals or result in substantial physical damage to the property of others, unless the threat can be eliminated or significantly reduced by reasonable accommodation(s).

**Eviction:**

If your behavior has resulted in a lease violation and you believe that a reasonable accommodation will enable you to comply with the terms of your lease, then you may ask for the accommodation and explain how it will change your compliance.

**Physical changes that may be needed:**

Sometimes a person with a covered disability needs to make physical changes to a dwelling. If the modifications you request are reasonable and necessary for you to use and enjoy the dwelling unit, we will allow you to make the necessary modifications. We are allowed to condition approval of a modifications request on assurances that the modifications will be done properly and will comply with all necessary building and architectural codes. In some instances, we may also require that when you move out that, at your expense, you leave the unit in a condition acceptable to someone who does not need the modifications you need to make. Who must pay to make these modifications depends on many factors that we will need to discuss and explore with you when you make your request.

**The process:**

If you wish us to consider a reasonable accommodations request, we ask that you fill out a Reasonable Accommodation Request Form. If you need help in filling out this form, or if you wish to give us this request in another way, please notify us and we will help you.

We will attempt to be prompt in giving you an answer to your request, unless there is a problem getting the information we need. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

You can obtain a Reasonable Accommodation Request Form from the Housing Trust of Rutland County by calling 802-775-3139 between 8:00 and 4:30, Monday through Thursday, or by mailing a request to or stopping by the office at 27 Wales Street, Suite 201, Rutland, VT 05701.

**NOTE: All information you provide will be kept confidential and be used only to help you have an equal opportunity to enjoy your housing and common areas.**

**Housing Trust of Rutland County**

**Notice of Occupancy Rights under the Violence Against Women Act<sup>1</sup>**

**To all Tenants and Applicants**

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.<sup>2</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that the **Section 8, HOME, National Housing Trust Fund, Low Income Housing Tax Credit and USDA Rural Housing Programs** are in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence; dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.

**Protection for Applicants**

If you otherwise qualify for assistance under the **Section 8, HOME, National Housing Trust Fund, Low Income Housing Tax Credit and USDA Rural Housing Programs**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

---

<sup>1</sup> Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

<sup>2</sup> Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.