



Form <b>RENT</b>		<b>Common Rental Application for Housing in Vermont</b>	FORM REVISED
State of Vermont's Housing Community			APRIL 2024

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 additional sheets if necessary. Please return completed application to:</i>		<b>FOR OFFICE USE ONLY</b> Date/time received:
Management company	Agent name	
I wish to apply for housing at (Property name)	Location	
Please check the size of the apartment you are interested in:		
<input type="checkbox"/> Efficiency	<input type="checkbox"/> 1-bedroom	<input type="checkbox"/> 2-bedroom
<input type="checkbox"/> 3-bedroom	<input type="checkbox"/> 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	<blank>	<blank>	<blank>	<blank>
Married	<blank>	<blank>	<blank>	<blank>
Divorced	<blank>	<blank>	<blank>	<blank>
Legally separated	<blank>	<blank>	<blank>	<blank>
Estranged	<blank>	<blank>	<blank>	<blank>
<b>Sex **</b>				
Male	<blank>	<blank>	<blank>	<blank>
Female	<blank>	<blank>	<blank>	<blank>
Other/Intersex	<blank>	<blank>	<blank>	<blank>
<b>Ethnicity **</b>				
Hispanic or Latino	<blank>	<blank>	<blank>	<blank>
Not Hispanic or Latino	<blank>	<blank>	<blank>	<blank>
<b>Race (mark one or more)**</b>				
American Indian/ Alaska native	<blank>	<blank>	<blank>	<blank>
Asian	<blank>	<blank>	<blank>	<blank>
Black or African-American	<blank>	<blank>	<blank>	<blank>
Native Hawaiian or Other Pacific Islander	<blank>	<blank>	<blank>	<blank>
Other Race	<blank>	<blank>	<blank>	<blank>
White	<blank>	<blank>	<blank>	<blank>

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.*

Employment income		<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
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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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", where is it located (address, city, state)	Market value \$	
Mortgage holder and address	Mortgage balance \$	
Is this an income-producing property	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does anyone applying own any other asset not already listed? ( <i>Do not include furniture. Do not include motor vehicles used for personal transportation.</i> )	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If "Yes", please describe	Market value \$
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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
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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
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## 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
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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
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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
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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
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If offered an apartment and I accept, this apartment will serve as my sole residence	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are you displaced due to: Natural disaster	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Other governmental action	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Domestic violence	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are you currently homeless?	<input type="checkbox"/> Yes (Please complete Appendix 1)	<input type="checkbox"/> No
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Are you at risk of homelessness?	<input type="checkbox"/> Yes (Please complete Appendix 2)	<input type="checkbox"/> No
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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
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Is your household comprised entirely of full-time students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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:				
Are you currently residing in a Project Based Voucher apartment?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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?

Yes  No

If "Yes," please explain and give the state and date:

Do you have any pets? *Some properties do not allow pets*

Yes  No

Type

Number

<blank>

Do you have any service animals?

Yes  No

Type

Number

<blank>

Do you have any emotional support animals?

Yes  No

Type

Number

<blank>

All properties have a smoking policy. Would you like a copy of the policy for the property for which you are applying?

Yes  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**

**Rutland**

Town	Property	Address	1	2	3	4	
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"/>	<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"/>		

**Subsidiary**

Town	Property	Address	1	2	3	4
Brandon	Union & 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"/>

**Residential Apartments with Disabilities**

Town	Property	Address	1	2	3	4
Benson	Benson Heights	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"/>	<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.

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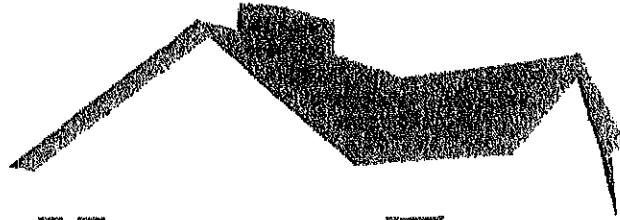
**Signature of Applicant**

**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

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## 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**

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**PLEASE DO NOT  
RETURN WITH  
APPLICATION**







## 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.

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



**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.**





## TENANT/RESIDENT SELECTION POLICY

### STATEMENT OF EQUAL OPPORTUNITY/NON-DISCRIMINATION

Housing Trust of Rutland County strongly supports the goals of equal access to housing and will comply with Title VI of the Civil Rights Act of 1964; Title VIII of the Civil Rights Act of 1968; Executive Order 11063; and the Age Discrimination Act of 1975; Section 504 of the Rehabilitation Act of 1973; Executive Order 11246; the Fair Housing Act and with any State or Local law prohibiting discrimination in housing.

Housing Trust of Rutland County will not discriminate, deny any household the opportunity to apply for admission, or deny any applicant the opportunity to lease or rent a dwelling unit suitable to its needs if such is available; on account of age, race, color, disability, familial status, national origin, sex, sexual orientation, gender identity or gender-related characteristics or because the applicant intends to occupy the unit with minor children or because the applicant is a recipient of public assistance.

### RESIDENT SELECTION PROCESS

#### **APPLICATIONS**

In order to be considered for a rental in any property managed by the Housing Trust of Rutland County ("HTRC"), a household must complete and submit an HTRC rental application to the Housing Trust at 27 Wales Street, Suite 201, Rutland, VT 05701. The application must be filled out completely and signed before it will be processed.

Applications may be picked up at the main office located at 27 Wales Street, Suite 201, Rutland, VT 05701. Applications can also be accessed from the Housing Trust of Rutland County website, [www.HousingRutland.org](http://www.HousingRutland.org). Additionally, applications can be mailed to you by calling the Housing Trust of Rutland County at 802-775-3139 and requesting an application.

#### **ELIGIBILITY**

APPLICANTS WILL BE DETERMINED ELIGIBLE IF THEY SUBMIT A COMPLETED APPLICATION AND MEET THE FOLLOWING REQUIREMENTS:



Applicants for LIHTC, HOME, USDA RD, HTF and Section 8 Project-Based or New Construction/ Substantial Rehabilitation, must satisfy the applicable income standards, program restrictions and household size restrictions relative to the size of the apartment.

Applicants for Market units, must satisfy applicable program restrictions (if any).

**Citizenship Requirements:** Only U.S. citizens or eligible noncitizens may receive assistance under USDA RD and Section 8 programs. All members of the applicant household will be required to submit evidence of citizenship or eligible immigration status at the time of application. In the event one or more members of the household are not deemed eligible due to non-citizenship, financial assistance will be prorated in accordance with the applicable federal program regulations.

**Social Security Number Requirements:** Applicants must disclose social security numbers or alien registration numbers for all family members and provide documentation of each, with the exception of those individuals who do not contend eligible immigration status or tenants who were 62 or older as of January 31, 2010 and whose initial determination of eligibility was begun before January 31, 2010. Failure to do so will result in the applicant not being admitted.

**Marijuana Requirements:** Even though Vermont law allows for use of marijuana, federal regulations supersede state law. Federal regulations require HTRC to screen for illegal use of a controlled substance as defined by the Controlled Substances Act, which includes the use of medical marijuana. HTRC is required to deny admission to any applicant it determines is illegally using a controlled substance at the time of application.

## **WAITLISTS**

Housing Trust of Rutland County maintains waitlists for all properties. Applicants are placed on the waitlist for which bedroom size they are eligible in the date order the application is received, and by applicable programmatic income levels (see below). Transfers for reasonable accommodation take priority over all other waitlist applicants. Once there is an available apartment, applicants are called in the order they are listed on the waitlist. Applicants must meet all eligibility requirements for the property and unit as described above in the Eligibility section.

Housing Trust of Rutland County may elect to close current waitlist(s) by following applicable program guidelines, for one or more bedroom size when the average wait is one year or more. In the event a waitlist is closed, it is published on the Housing Trust of Rutland County website. When a previously closed waitlist is reopened, it will be published on the Housing Trust of Rutland County website and at its offices.



## INCOME LIMITS

All of these income limits are based on the median income for a metropolitan statistical area (MSA) and supplied by HUD annually. This table shows the four income limits as a percentage of median income in an MSA.

A copy of the applicable current income limits are available through our office by request.

INCOME LIMIT	MEDIAN INCOME FOR THE AREA
Low-income limit	80% of median income
60% Limit	60% of median income
Very low-income limit	50% of median income
Extremely low-income limit	30% of median income

## INCOME LIMITS BY PROGRAM

PROGRAM	TYPE OF INCOME LIMIT (% of median income)
Section 8 (pre-1981)	Low (80%), very low (50%), and extremely low-income (30%) limit
Section 8 (post-1981)	Very low (50%) and extremely low-income (30%) limit
Low Income Housing Tax Credit	60% Limit
USDA Rural Development (RD)	Low-income (80%) limit

We are required to ensure that during a fiscal year, at least 40% of applicants housed in Section 8 units are below 30% of the area median income level or the Federal Poverty Level, whichever is higher (Extremely Low Income, or "ELI").



## OCCUPANCY STANDARDS

These occupancy standards are typical for the Housing Trust's rental apartments. In a few cases, municipal ordinances further restrict the maximum number of people allowed based on the square footage of the unit.

NUMBER OF BEDROOMS	MINIMUM # OF PEOPLE	MAXIMUM # OF PEOPLE
0	1	2
1	1	2
2	2	4
3	3	6
4	4	8

## RESIDENT SCREENING STANDARDS

RESIDENTS WILL BE SELECTED FROM AMONG A POOL OF ELIGIBLE APPLICANTS WHO MEET ALL OF THE FOLLOWING SCREENING CRITERIA. ALL APPLICANTS IN THE HOUSEHOLD WHO ARE 18 AND OLDER MUST:

- 1) Have six months of positive credit history. (Insufficient credit history is not a factor for applicants applying for HUD housing.)
- 2) Demonstrate satisfactory past performance in meeting financial obligations including but not limited to rent payment and payment of utility bills. Negative credit history is a factor for denial. We exclude medical bills and deferred student loans.
- 3) Have no felonies of any type or convictions of violent crimes, crimes against children or other crimes that may adversely affect the safety, health or welfare of other residents or HTRC staff or agents within the last 10 years or be listed on the lifetime sex offender registry in any state of former residence.

Federal regulations require HTRC to reject applicants with household members who:

- have been evicted from federally assisted housing for drug-related criminal activity within the past 3 years;
- are currently engaging in illegal drug use;
- subject to a lifetime registration requirement under a state sex offender registration program;

OR where HTRC determines there is reasonable cause to believe that a member of the applicant household:

- Illegally uses or has a pattern of use of a drug that may interfere with the health, safety,





or right to peaceful enjoyment of the premises by other residents;

- Abuses or has a pattern of abuse of alcohol that may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents.

4) Provide 5 years of housing history.

5) Have positive, formal rental history totaling one year or longer or complete a renter education class through Homeless Prevention Center or other housing counseling organization (a verifiable participant record will be obtained); or have been a homeowner for the entirety of the past five years.

6) Have no record of lease violations, eviction, disturbance of neighbors, and destruction of property or housekeeping habits that may adversely affect the safety, health, or welfare of other residents or the property.

7) Demonstrate ability to meet current and projected financial obligations. The applicant's projected rent and utility payments must be under 50% of their gross income to be considered affordable.

8) Have fewer than \$100,000 in household assets. Effective: 1/1/2024. These include (but are not limited to) real property, checking and savings accounts, recreational vehicles, collectible items, etc. (Does not apply to HTF or HOME units)

Assets are third party verified.

Applicants will be denied until the situation has been cured. This is not applicable to current residents who may fall into this category.

In addition, any other criteria may be grounds for an application denial if Housing Trust of Rutland County determines it might be reasonably expected to affect the applicant's ability to successfully fulfill the responsibilities of the lease. **ANY APPLICANT DETERMINED TO HAVE WILLFULLY MADE FALSE STATEMENTS ON THEIR APPLICATION OR DURING THE APPLICATION PROCESS (e.g. interview, conversations, etc.) WILL BE DENIED.**

## **RESIDENT SCREENING STANDARDS FOR HOMELESS PREFERENCE**

Residents will be selected in accordance with any homeless preference in place for the project's waitlist, if a HUD or USDA RD subsidized property, and/or a Memorandum of Understanding (MOU) with the local partner(s) specific to that project for the available unit. All Applicants must meet the HUD definition of homeless, and meet the requirements of the homeless preference rules and/or MOU in the Resident Screening Standards above.

## **RESIDENT SCREENING STANDARDS FOR MOBILE HOME PARKS**

All Applicants applying to rent a mobile home lot in an HTRC-managed mobile home park must meet the following:

1) Have six months of positive credit history or no credit history; and show the ability to finance



a mobile home purchase.

- 2) Demonstrate satisfactory past performance in meeting financial obligations, including but not limited to, rent payment and payment of utility bills.
- 3) Have no felonies of any type or convictions of violent crimes, crimes against children or other crimes that may adversely affect the safety, health or welfare of other residents within the last 10 years or be listed on the lifetime sex offender registry in any state of residence.
- 4) Provide 5 years of housing history.
- 5) Have no record of lease violations, eviction, disturbance of neighbors, and destruction of property or housekeeping habits that may adversely affect the safety, health, or welfare of other mobile home residents.
- 6) Demonstrate ability to meet current and projected financial obligations.

## **APPLICANT BEHAVIOR**

HTRC may deny tenancy to an applicant household if the HTRC determines that any member of the household has engaged in harassing behavior or has threatened any violence toward the HTRC's agents or staff.

Abusive or violent behavior towards HTRC agents or staff includes, but is not limited to verbal as well as physical abuse or violence, use of racial epithets, or other harsh, threatening or discriminatory language, whether written or oral through any and all means/forms of communication, that is customarily used to intimidate may be considered abusive, threatening or violent behavior.

*Threatening* refers to oral or written threats or physical gestures that communicate intent to abuse, harm or commit violence.

*Harassing behavior* refers to the act of repeatedly disturbing, alarming, or threatening someone, to the extent that such conduct either causes harm or results in the person complaining of harassment to reasonably fear that harm may be caused to them. Harassing behavior may also include the electronic dissemination to third parties of embarrassing or inaccurate information about staff/agents.

It also includes using the legal system to harass the HTRC's staff/agents (litigation abuse) by continuously filing retaliatory and frivolous complaints with outside, third party governmental entities whether criminal or civil in nature against the HTRC and/or its staff/agents.

## **REJECTED APPLICATIONS AND APPEALS PROCESS**

Applications from applicants who do not satisfactorily meet the eligibility requirements will be rejected. Housing Trust of Rutland County will mail a written notice to each denied applicant



specifying the reason their application was rejected. HUD Forms 5380 and 5382 will be included with each rejection letter to inform denied applicants of their VAWA protections.

A denied applicant has 10 calendar days from the date the denial letter is sent to request an informal meeting to go over the reasons for rejection or to provide additional written documentation for consideration by the Appeals Officer, to be designated by the Executive Director. If written documentation is provided, each reason for the denial of the application must be addressed and explained in detail. No apartment will be held during this period, but if the denial is overturned, the applicant will retain his/her place on the waiting list. A decision will be made by the Appeals Officer within 14 days of receipt of a written appeal or meeting.

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 Family Housing must utilize the appeals process required by USDA Rural Development as outlined in the rejection letter.

### **UNIT TRANSFER REQUESTS**

A UNIT TRANSFER WILL BE DEEMED APPROPRIATE FOR ONE OR MORE OF THE FOLLOWING REASONS:

- 1) A request for emergency transfer was made under Violence Against Women Act (VAWA).
- 2) The household is under-housed (too many occupants for the unit size).
- 3) The household is over-housed (too few occupants for the unit size).
- 4) The household lives in a designated project based unit and is no longer eligible for the program.
- 5) The household becomes eligible for a project based voucher and must move to a designated project based unit.
- 6) The household is in a designated handicapped accessible unit and doesn't need the features and there is a family in need of the accessibility features of the unit.
- 7) The household needs to move from one municipality to another based on family requirements.

A transfer for medical reasons or to accommodate a person with a disability is considered a reasonable accommodation and takes priority over all waitlist applicants including non-RA transfers.



## **REQUIREMENTS:**

Resident must be a tenant/resident in good standing and current on their rent.

Only one transfer will be permitted during the resident's tenancy unless an additional transfer is deemed appropriate by the Property Manager.

All transfer requests must be made in writing and approved in advance by the Property Manager. Residents have the right to appeal a unit transfer denial to the Executive Director.

Residents with an approved transfer request will be added to the waitlists with applications according to the date of HTRC's receipt of the written transfer request. A completed application will be required.

A transfer for medical reasons or to accommodate a person with a disability is considered a reasonable accommodation and takes priority over all waitlist applicants including non-RA transfers.

## **REASONABLE ACCOMMODATIONS AND MODIFICATIONS**

It is the Housing Trust of Rutland County's policy to provide a reasonable accommodation in housing for applicants and residents with disabilities and/or to permit applicants or residents with disabilities to make reasonable modifications where reasonable accommodation and/or modification is necessary to provide those individuals with an equal opportunity to use and enjoy HTRC housing.

A resident or an applicant makes a reasonable accommodation or modification request whenever he/she makes clear to HTRC staff that he/she is (i) requesting an exception, change, or adjustment to a rule, policy, practice, or service because of his/her disability; or (ii) requesting a structural modification to his/her apartment or to a common area because of his/her disability.

HTRC shall make available to all persons applying for an apartment with HTRC and to all current HTRC residents, notice of the option to request a reasonable accommodation or modification and a form for requesting a reasonable accommodation or modification.

## **HARDSHIP EXEMPTIONS & MINIMUM TENANT PAYMENTS:**

We will grant a Section 8 Hardship Exemption of the minimum tenant rent if:

- 1) The resident or applicant has to request a Minimum Rent Hardship Exemption; and
- 2) The net Cash Value Of Assets for the entire family is \$50000 or less; and
- 3) The family's total Annual Income is at or below the current Extremely-low Income Limit



Asset enforcement for current residents?

## **SAFE HARBOR – HUD SUBSIDIZED PROPERTIES**

HUD also formally acknowledges a new “safe harbor” provision. HTRC will continue to utilize 3<sup>rd</sup> party verification process unless all other verification methods have proved unsuccessful.

## **VIOLENCE AGAINST WOMEN AND JUSTICE DEPT REAUTHORIZATION ACT**

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. 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.

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All applicants to the Housing Trust of Rutland County for housing under the Section 8, HOME, National Housing Trust Fund, Low Income Housing Tax Credit and/or USDA Rural Housing Programs, cannot and will not be denied admission or denied assistance because they are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Notice 5380 explaining applicant rights under VAWA, as well as a HUD-approved certification form 5382 is included with each application package, and also with any rejection letter. Applicants seeking protection under VAWA should fill out and submit form 5382 provided in the packet to demonstrate that they are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that they wish to be protect under VAWA.

**NOTE:** Any information submitted, including the fact that an individual is a victim of domestic violence, dating violence, sexual assault, or stalking shall be maintained in confidence by HTRC and may not be entered into any shared database or disclosed to any other entity or individual, except to the extent that the disclosure is (A) requested or consented to by the individual in writing; (B) required for use in an eviction proceeding; or (C) otherwise required by applicable law.

## **EMERGENCY TRANSFERS UNDER VAWA:**

HTRC’s emergency transfer plan allows victims protected under VAWA to transfer to another available unit if:

- (1) the renter is a victim of domestic violence, dating violence, sexual assault, or stalking; and
- (2) the renter expressly requests the emergency transfer; and



(3) the renter reasonably believes they are threatened with imminent harm from further violence if they remain in the current unit.

OR

The renter is a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before a transfer was requested.

## FOR HUD SUBSIDIZED PROPERTIES

### ENTERPRISE INCOME VERIFICATION SYSTEM (EIV)

The EIV system will be used to process Verification Reports on applicants seeking housing subsidized through the HUD housing assistance according to the procedures as noted in HUD Notice H 2013-06 and any subsequent release. A copy of this notice is available upon request.

HUD provides Housing Trust of Rutland County with information about an applicant's current status as a HUD housing assistance recipient. Housing Trust of Rutland County will use the Enterprise Income Verification System to determine if the applicant or any member of the applicant household is currently receiving HUD assistance. Nothing prohibits a HUD housing assistance recipient from applying to this property. However, the applicant must move out of the current property and/or forfeit any voucher before HUD assistance on this property will begin. Special consideration applies to some dependents where members of two households share 50% custody.

If the applicant or any member of the applicant household fails to fully and accurately disclose rental history, the application may be denied based on the applicant's "misrepresentation" of information.

In accordance with HUD procedures noted in HUD Notice H 2013-06 the following EIV reports are used to determine if a household has reported their income and identity correctly. They are pulled according to this schedule:

Income Reports	Used at each recertification both annual and interim
Existing Tenant Report	At the time of processing an applicant for admission
Multiple Subsidy Report	At least quarterly
Identity Verifications Report	Monthly
Deceased Tenants Report	At least quarterly



New Hires Report	At least quarterly
Income discrepancy report	Used at each recertification both annual and interim

An interim is a midyear income change update supplied to HTRC staff. These are only required if the change is over 10% of gross income, cannot consider earned income increase unless the family just had an interim recertification for a decrease, may not conduct interims in the last three months of the certification period.

Households that have verified a ZERO INCOME status will be periodically reviewed. It is expected that households will seek an acceptable form of income to remove themselves from this status.

## **FULL TIME STUDENT RULES**

### **FULL TIME STUDENTS AND SECTION 8**

A student enrolled in an Institute of Higher Education must meet at least one of the following requirements in order to be eligible for Section 8 assistance:

- 1) living with parents/guardian, or
- 2) 24 or older, or
- 3) a veteran of the United States armed services, or
- 4) married, or
- 5) has a dependent child, or
- 6) can prove independence of parents including
  - i) The parents did not claim the student on the most recent tax return; and
  - ii) The student has lived independent of the parents for at least one year or meets the Department of Education's definition of an independent student; and
  - iii) Can legally sign a lease
- 7) is disabled and was receiving assistance as of November 30, 2005, or
- 8) has parents who are income eligible for the Section 8 program or
- 9) were ever a foster child.

### **FULL TIME STUDENTS AND LOW INCOME HOUSING TAX CREDITS (LIHTC)**

A household cannot be comprised of all full-time students (Kindergarten through 12th grade



and institutions of higher education) unless they meet one of the following exceptions:

- 1) A student receiving assistance under Title IV of the Social Security Act (TANF); or
- 2) A student who was previously in the foster care program; or
- 3) A student enrolled in a job training program receiving assistance under the Job Training Partnership Act or under other Federal, State or local laws; or
- 4) The household is comprised of single parents and their children and such parents are not dependents of another individual and such children are not dependents of another individual other than a parent of such children. In the case of a single parent with children, the legislative history explains that none of the residents (parent or children) can be a dependent of a third party; or
- 5) The household contains a married couple entitled to file joint tax returns.

Note that for the LIHTC program, a student who is a full-time student for 5 months out of the current calendar year is considered a full-time student for the entire calendar year. The months do not need to be consecutive.





# For VSHA Project Based Section 8 Properties

## POLICY SPECIFIC INFORMATION:

### PROJECT BASED SUBSIDY UNITS

The Housing Trust of Rutland County will follow the applicable process required by the voucher provider unless any of the below situations are present. At that time, HTRC may request a waiver to proceed with a direct referral:

- There is a current, leased resident within the project who is experiencing a financial hardship, causing the unit to be unaffordable and is in danger of eviction/homelessness
- The referral list supplied by the voucher provider has proven unsuccessful after appropriate effort has occurred to locate an applicant qualified to fill the vacancy, causing a financial hardship to the project due to the vacancy
- There is an unused subsidy within the project but no current vacancy
- If there is a referral received from a local Coordinated Entry for an eligible household engaged in a homelessness support program (example - VSHA CoC-PSH "A Way Home Program").

There may be circumstances where the Housing Trust of Rutland County may request a hold to on a voucher temporarily when the project is pending re-development.

The Housing Trust of Rutland County holds the right to review and edit this document. Should any changes occur, a copy of the updates would be supplied to the voucher provider.



