



Dear Applicant,

Thank you for your interest in our apartments. Enclosed you will find a Rental Application, our Resident Selection Policy, and basic information about the Housing Trust of Rutland County. After you have filled out your application, please return it to us in the self addressed envelope provided or in person at our office located at 13 Center Street, 2nd Floor in Rutland.

When filling out the application, please remember that **all** of the information requested is needed to determine your eligibility. The more complete your application is, the faster it will be processed when we have a vacancy that fits your needs. This includes good, **complete mailing addresses** and phone numbers for your references.

All decisions are based on eligibility guidelines and must comply with equal opportunity and fair housing laws. If your application satisfactorily meets these requirements, you will receive a letter notifying you that you have been placed on a waitlist(s). If your application is denied, you will receive a letter with the reasons for the decision.

When an apartment fitting your needs becomes available, you will be notified by mail or phone and an interview with you and your family will be scheduled.

If you find you need help or have questions with the application, please call me at 775-3139 extension 207. Our office hours are Monday through Thursday, 8:00 AM to 4:30 PM.

Sincerely,

A handwritten signature in blue ink that reads "Krey Kellington".

Krey Kellington
Property Manager



Who is the Housing Trust of Rutland County, Inc.?

We are a non-profit organization based right here in Rutland County. We develop and manage affordable rental housing and mobile home parks.

We are governed by a board of directors made up of residents, community organization representatives and general community members. The board sets the policy for the organization.

Day to day operations are handled by a full time staff. We have a full property management and maintenance team and provides emergency service on a 24-hour a day/7 day a week basis.

We believe strongly that a rental relationship is a partnership. Both the owner and the tenant have rights and responsibilities and it is up to both parties to work closely together to make the tenancy work.

We welcome your application. Please complete it thoroughly and return it to our office. Our property management staff will work with you closely through the application and lease-up process.

Sincerely yours,

A handwritten signature in black ink that reads "Elisabeth Kulas".

Elisabeth Kulas
Executive Director

Vision

Energizing Neighborhoods. Housing You Can Trust!

Mission

We build quality housing that is affordable and provide exceptional service that is responsive to residents and neighborhoods.

Values

Housing First, Lead by example and Be the Positive Change



Common Rental Application for Housing in Vermont

FORM REVISED

DEC 2011

INSTRUCTIONS

(not for tenant-based vouchers)

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:

FOR OFFICE USE ONLY
 Date/time received:

Management company	Agent name
I wish to apply for housing at:	
Property name	Location

FAMILY COMPOSITION

Complete the following information for each person who will live in your apartment:

First and last name	Social Security number	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Place of birth (city, state)	Birthdate (m/d/y)	Relationship <i>Head of household</i>
First and last name	Social Security number	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Place of birth (city, state)	Birthdate (m/d/y)	Relationship
First and last name	Social Security number	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Place of birth (city, state)	Birthdate (m/d/y)	Relationship
First and last name	Social Security number	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Place of birth (city, state)	Birthdate (m/d/y)	Relationship
First and last name	Social Security number	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Place of birth (city, state)	Birthdate (m/d/y)	Relationship
First and last name	Social Security number	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Place of birth (city, state)	Birthdate (m/d/yw)	Relationship

Do you have primary custody of all children listed above?

Yes No

What's your current address?	Please list your mailing address, if different
How long have you lived at this address?	How many bedrooms in your present living quarters?
Home phone number	Cellular phone number
Other phone number	Email address

Do you rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," who's your landlord?	Landlord's phone number
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Landlord's address

Do you own your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," market value \$	Outstanding mortgage balance \$
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Do you live with others? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," explain your living arrangements
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Please check the size of the apartment you're interested in:

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

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.

Landlord name	Rental property address	
Landlord address		
Landlord phone number	Dates you lived there From (m/y):	To (m/y):

Landlord name	Rental property address	
Landlord address		
Landlord phone number	Dates you lived there	
	From (m/y):	To (m/y):
Landlord name	Rental property address	
Landlord address		
Landlord phone number	Dates you lived there	
	From (m/y):	To (m/y):

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?)

Subsidized
 Tax Credit
 No

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.

Employment income

Applicant name	Employer address, phone, fax	Gross weekly salary \$
Applicant name	Employer address, phone, fax	Gross weekly salary \$
Applicant name	Employer address, phone, fax	Gross weekly salary \$

Other income

Child support, pension/annuity, Social Security, Reach-Up, unemployment, other periodic payments, 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.

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

ASSETS

Bank accounts

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 \$
Bank/institution	Type of account	Interest rate %	Current balance \$

IRA/Keogh/Annuity/Pension/Stocks

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

Bonds/insurance policies

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

Other assets

Do applicants own real estate other than the home you live in?

Yes No

If "Yes," where is it located?

Market value
\$

Mortgage balance

\$

Mortgage holder and address

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

How often (i.e. monthly)

\$

EXPENSES

Child care

Complete for children 12 and younger that enable you to work or attend school.

Amount per month assisted

Amount per month unassisted

\$

\$

Medical expenses

Complete if head of household, co-head or spouse is elderly, disabled or handicapped. Per month.

Physicians/health care providers

Medical premiums

Hospitals/other health care facilities

\$

\$

\$

Prescription/non-prescription medicine

Dental

Other

\$

\$

\$

Auxiliary apparatus or handicapped/attendant care

\$

GENERAL INFORMATION

Are you or any member of your family in need of an accessible apartment and/or if handicapped/disabled, requesting a reasonable accomodation?

Yes No

Will you or any member of your household require a live-in attendant?

Yes No

If offered an apartment and I accept, this apartment will serve as my primary residence

Yes 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 all members of the household citizens of the United States or non-citizens with eligible immigration status?

Yes No

Have you or any member of your household been a full-time student in the past year or plan to enroll as a full-time student in the upcoming year?

Yes No

If "Yes," please list all

Do you currently have a Section 8 Housing Choice Voucher (HCV)?

Yes No

If "No," are you on the waiting list for a Section 8 HCV?

Yes No

If "yes", which public housing authority or authorities?

Has anyone in your household ever been charged with or convicted of a crime, including but not limited to illegal manufacture or distribution of a controlled substance?

Yes No

If "Yes," please explain

Is anyone in your household subject to a lifetime registration requirement under a state sex offender registration program?

Yes No

If "Yes," please explain

Do you have any pets?*	Type	Number
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Do you or any members of your household smoke? **

Yes No

Why do you want to move to this property?

**Some properties do not allow pets **Some properties do not allow smoking*

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

Please provide three (3) character references who you have known for at least one (1) year (not related)

Name	Phone number
Name	Phone number
Name	Phone number

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

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, familial status, age, and disability 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 on the basis of visual observation or surname:

Ethnicity

Not Hispanic or Latino Hispanic or Latino

Race (Mark one or more)

American Indian/Alaska native Asian White
 Black or African-American Native Hawaiian or other Pacific Islander
 Multi-racial Other race

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



Application Questionnaire

How did you hear about the Housing Trust of Rutland County? (Circle one)

Newspaper Website Poster Employer Word of mouth Former resident

Referred by an agency or a current resident, who? _____

CURRENT HOUSING SITUATION:

How long have you lived at your present address? _____

Do you have a lease? **YES** **NO** If yes, when does it expire? _____

Please explain why you wish to leave your current residence: _____

What date do you wish to move in? _____

Do you own a vehicle(s) that requires a parking space? (circle one) **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: \$ _____

Are you a U.S. Veteran? (circle one) **YES** **NO** Branch: _____

Are you a U.S. citizen? (circle one) **YES** **NO**

Do you have pets? (circle one) **YES** **NO** Type of Pet: _____

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? (circle one) **YES** **NO**

AGENCY & ORGANIZATIONS:

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

Organization: _____

Who is your contact person? _____ Phone # _____

Organization: _____

Who is your contact person? _____ Phone # _____

SECURITY DEPOSIT: You will be required to pay first month's rent and a security deposit at lease-up.

Do you have enough money for a security deposit, equaling one month's rent, or will it be available to you from family, friends, or other sources at the time of move in? (circle one)

YES NO

If **YES**, how much will you have? \$ _____

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

HOUSING NEED:

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

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 & Waitlist Preference:

Do you want 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**

Please check all that apply: (Property locations & listing)

- Benson** **Brandon** **Fair Haven** **Rutland** **West Rutland**

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

Name(s): _____

How many bedrooms do you need? (Circle one) **1 2 3 4**

Affordable

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

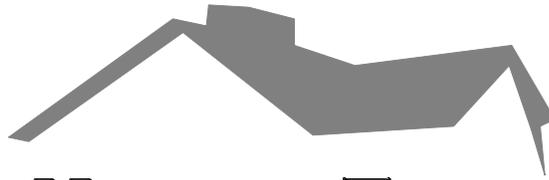
Subsidized

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

Seniors or applicants with disabilities

<u>Town</u>	<u>Property</u>	<u>Address</u>	1	2	3	4
Benson	Benson Heights	<input type="checkbox"/> 2747 Stage Road	■	■		Subsidized
Brandon	Conant Square	<input type="checkbox"/> 30 Conant Square	■	■		Subsidized
Fair Haven	Adams House	<input type="checkbox"/> 5 - 7 South Park Place	■			Subsidized
W. Rutland	Colonial West	<input type="checkbox"/> Marble & Barnes Street	■	■		Subsidized
Rutland	Watkins School	<input type="checkbox"/> 22 - 26 Watkins Avenue	■			Affordable

See our website for more detailed descriptions of the properties. www.housingrutland.org



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.

Optional and Supplemental 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.

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

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<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	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.	

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.

STOP

INCLUDE with this application the following items:

- Verification of Income: Copies only DO NOT send originals
 - Last 2 Pay Stubs
 - Unemployment
 - Social Security Statement (if you don't have one, contact Social Security office at the Asa Bloomer Building or call (800)-772-1213)
 - Benefits Statement – Reach Up
 - Child Support Order (copy)
 - Other Income, alimony, retirement, pensions, annuity

If you have ANY questions or concerns, please do not hesitate to call.

ATTACHMENTS INCLUDED WITH APPLICATION:

(Keep for your records)

- Supplement to application/optional contact information for HUD-assisted housing applicants
- Notice of Right to Reasonable Accommodation
- Resident Selection Policy



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.¹

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 exceptions*, 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.

¹ 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 13 Center Street, 2nd Floor, 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.



RESIDENT SELECTION POLICY
Rental and Community Ownership Properties
Approved by the Board of Directors on November 30, 2011

EQUAL OPPORTUNITY POLICY

The 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, 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.

Applicants who have criminal convictions will not be considered. An applicant who chooses to appeal this policy 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 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 program properties where priority is solely based on completed applications and HUD-contract properties. See below for these program requirements–):

1. Applicant's need for affordable housing
2. Satisfactory financial history
3. Proven responsibility
4. Limits of the specific project
5. Ownership potential (where applicable)

Unless otherwise required, priority is given to those households with completed applications who:

- pay more than 50% of income for rent and utilities,
- live in substandard housing or are homeless, and/or
- are involuntarily displaced.

For HOME Units:

Applicants must satisfy applicable income and occupancy standards and submit a completed application including third party verification of income.

For Rural Development Units:

Applicants must satisfy applicable income and occupancy standards and submit a completed application including third party verification of income as required by the Rural Development 515 program (RD 3560 Chapter 6). Priority is given to completed applications. If an approved applicant is contacted for a vacant unit and refuses it, they will be moved to the bottom of the waiting list. If the applicant rejects a second unit, they will be removed from the waiting list and notified via certified mail.

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 your employment, income and eligibility for HUD rental assistance can be determined using the HUD EIV system.



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
 - Rutland Mental Health
 - Department of Economic Services
 - Rutland County Parent Child Center
 - Rutland ARC
 - PRIME Family Resources
 - Rutland County Womens' Network and Shelter
 - Dismas House
 - Rutland Housing Authority
 - Neighborworks of Western Vermont
 - Rutland County Housing Coalition
 - 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 in grocery and convenience stores, laundromats, etc.



SELECTION PROCEDURE

Applications: Applications for tenancy are available at the offices of the Housing Trust of Rutland County, 13 Center Street, 2nd Floor, Rutland, Vermont 05701. Applications will also 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

Approved by the Board of Directors September 28, 2000

To be revised at a later date

The applicant has ten (10) days to request an appeals hearing in writing. The written request must be addressed to the Executive Director at the Housing Trust of Rutland County, 13 Center Street, 2nd Floor, 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.

Equal Housing Opportunity



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.

This Executive Director will set a meeting and invite the applicant(s) to attend to present the appeal in person. This meeting will normally occur within fourteen (14) days of receipt of the request for 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 two (2) 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 meeting between the applicant and HTRC Appeals Committee will normally be scheduled within seven (7) days of the receipt of request. This meeting 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 from the Hopkins Street Family Housing, Union & Barlow Family Housing and School Street Family Housing 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).

