

## APPLICATION SCREENING COVER NOTICE

An application fee of \$25.00 is charged per adult. **NO CASH PLEASE** (check or money order only). The application fee covers the cost of checking landlord, credit, employment and criminal history. It is not refunded if the application is denied and does not apply toward the security deposit or rent if approved.

All applications will be screened using the criteria listed below. Applications not meeting the required criteria will be denied and the applicant will be notified in writing of the reason for denial. All applications are screened on the criteria stated without regard to race, color, religion, national origin, sex, marital status, familial status, sexual orientation, gender identity, disability or age, (provided that the applicant has the capacity to enter into a binding contract).

To be approved applicants must meet the following criteria:

### **CREDIT CRITERIA:**

The applicant or co-applicant must have a credit score of 550 on the Empirica scoring system of Trans Union Credit Screening Company. If the Empirica screening indicates an insufficient amount of information to provide a score the applicant or co-applicant must provide proof of one of the following: A) Steady income for at least one (1) year. B) Checking and/or Savings Account for at least one (1) year. C) Payment history of at least one (1) year with no late payments on an account such as; Utility Payments, Insurance Payments, In-House Financing (buy-here, pay-here car dealership for example) or D) Excellent rental history for at least one (1) year.

If you have previously filed for Bankruptcy protection, you must show proof the bankruptcy has been dismissed, finalized, or discharged.

### **RESIDENTIAL CRITERIA:**

Must not have a residential history of repeated late rent payments, non-payment of rent, noise complaints, cleanliness problems, damages to the dwelling, history of unauthorized occupants, unauthorized pets, failure to comply with required certification procedures, a history of eviction; skip out, or of breaking a lease without just cause. Applicant must provide sufficient residential history for the previous two years to the present without gaps. Applicant must certify that the unit will serve as the household's primary residence.

### **INCOME CRITERIA:**

Must provide all income and asset information as requested. Must meet the income guidelines for all federal programs pertaining to the apartment community for which you are applying. If rental assistance is not available; the gross monthly income must be equal to or more than two and a half (2 1/2) times the rental amount. For example; if the rent is \$500.00 per month, the household must have documented sources of income of \$1250.00 per month, before taxes in order to income qualify for the apartment.

### **ADDITIONAL CRITERIA:**

All information provided must be factual. Any materially false or misleading information will be grounds for immediate denial of the application or termination of the lease. Should the applicant have any pending offenses; the applicant agrees that the application will be put on hold until the charges are no longer pending and additional information is available. When the application is put on hold for this reason an apartment or waiting list position will not be held.

Must not have any household members currently engaged in illegal use of drugs or any household members that have a pattern of illegal drug or alcohol use which may interfere with the health, safety and right to peaceful enjoyment of the community by other residents.

Within the previous 3 years; applicant must not have any convictions for misdemeanor battery, unless there is proof that an anger management program was successfully completed since the conviction. Applicants currently involved in an anger management program agree to place the application on hold until participation in the program is completed.

Within the previous 5 years; applicant must not have any felony convictions or a pattern of arrests (considered felony or misdemeanor) with convictions; for drug related offences, unless there is proof that a substance abuse recovery program was successfully completed since the arrest or conviction. Applicants currently involved in the substance abuse recovery program agree to place the application on hold until participation in the recovery program is completed.

Within the previous 10 years, applicant must not have any convictions related to Felony Battery with Bodily Injury, Breaking & Entering, Burglary, Property Damage, Theft, or Auto Theft.



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap, or familial status.



**Return to Independence Place/Liberty Place  
740 K St. SE, #9 Office  
Linton, IN 47441**

**Rita Smith: Property Mgr. ( 812-847-2690 )**

**Fax: ( 812-847-2692 )**

**Email: [rsmith@dsiservices.org](mailto:rsmith@dsiservices.org)**

**Please include copy of your picture ID**

**And**

**Social Security card**

During the applicant's lifetime; the applicant must not have any convictions related to Violent Crimes or Sexual Crimes, or Stalking. Applicants and prospective household members must not be currently required to register on a sex offender registry, or were previously required to register on a sex offender registry. Violent Crimes are defined as: Child Abuse, Sexual Abuse, Child Sexual Abuse, All forms of Assault, Cruelty to Animals, Domestic Violence, Harassment, Sexual Harassment, Homicide, Arson, All forms of Murder, All forms of Manslaughter, All forms of Rape and Robbery.

Must not have any history of fraud related to any government assistance program.

Must not have a history of presenting checks for payment that are returned unpaid from the bank for any reason. If such circumstances present themselves; personal checks will not be accepted for any type of payment: Rent, Late Fees, Security Deposit etc.

Must provide proof that applicant is at least 18 years old or be legally emancipated and able to sign a binding contract. Proof of emancipation must be provided before application is approved or denied.

Must provide verification of the social security number for all household members over the age of 18 when applying. Verification of the social security number can be from the following sources:

1. Original Social Security Card
2. Driver's License with Social Security Number
3. ID Issued By a State
4. Local or Federal Agency or Medical Insurance Provider, Employer or Trade Union.
5. IRS Form 1099

Must not have any false social security numbers listed on the credit report.

By my signature below, I certify that I have read and understand the above listed information regarding my application.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant signature

\_\_\_\_\_  
Date



**FOR OFFICE USE:**

DATE REC'D: \_\_\_\_\_

TIME REC'D: \_\_\_\_\_

References: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# RENTAL APPLICATION

Section 42 Tax Credit, HOME, CDBG, NSP, AHP, and Trust Fund Communities  
Note: Applicants must be over 18 and/or have the legal capacity to sign a lease

This application is to be completed fully and in detail. If additional pages are necessary, please attach them. The information provided will be used in the tenant selection process by Landlord and is subject to verification by Landlord. In the event any information provided is later determined to be false, Landlord will have the right, in Landlord's discretion, to terminate any lease. The Landlord's gathering of information from and about prospective tenants is for the benefit of the Landlord, only, and does not create any right of reliance on the part of any tenant or occupant part regarding the behavior or character of any other tenant or occupant of the community. Additionally, the information provided is subject to verification by the IRS as part of the Section 42 Tax Credit Program, HUD and or Rural Development.

**(Please Print)**

Applicant's Full Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Apt. Community Desired: \_\_\_\_\_ Desired Move-In Date: \_\_\_\_\_

Type and Size of Apartment Desired: \_\_\_\_\_

**PRESENT RESIDENCE:**

**2-YEAR HISTORY REQUIRED**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Lived There From: \_\_\_\_\_ to: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Reason for Moving: \_\_\_\_\_ Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord Telephone: \_\_\_\_\_ Comments: \_\_\_\_\_

**PREVIOUS RESIDENCE #1:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Lived There From: \_\_\_\_\_ to: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Reason for Moving: \_\_\_\_\_ Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord Telephone: \_\_\_\_\_ Comments: \_\_\_\_\_

**PREVIOUS RESIDENCE #2:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Lived There From: \_\_\_\_\_ to: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Reason for Moving: \_\_\_\_\_ Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord Telephone: \_\_\_\_\_ Comments: \_\_\_\_\_

**HOUSEHOLD COMPOSITION:**

NAMES OF HOUSEHOLD MEMBERS <small>(First, Middle Initial, Last)</small>	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	ESTIMATED ANNUAL INCOME	DATE OF BIRTH	Are You A STUDENT?
	HEAD				



- Does the head of household possess legal capacity to enter into a legal contract? Yes: \_\_\_\_\_ No: \_\_\_\_\_
- Do you expect any additions to the household within the next twelve months? Yes: \_\_\_\_\_ No: \_\_\_\_\_
- Do you currently live in a subsidized housing community? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**DISABILITY STATUS:**

1. Would you or anyone in your household benefit from the features of a handicap-accessible unit? Yes: \_\_\_\_\_ No: \_\_\_\_\_
2. Would you like to be placed on a priority waiting list for a handicap-accessible unit? Yes: \_\_\_\_\_ No: \_\_\_\_\_
3. Do you require any accommodation for any disability? Yes: \_\_\_\_\_ No: \_\_\_\_\_
4. If you are disabled, do you require any modifications to the unit for any disability? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If so, please list the specific modifications needed: \_\_\_\_\_  
 \_\_\_\_\_

**STUDENT STATUS:**

1. Are you or anyone in your household currently a full-time or part-time student enrolled in a public or private elementary school, middle or junior high school, senior high school, college or university, technical, trade, or mechanical schools or planning to be one within the next 12 months? (Do not include on-the-job training) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

2. Were you or was anyone in your household enrolled as a full-time student in public or private elementary school, middle or junior high schools, senior high school, college universities, technical, trade, or mechanical schools during any 5 months of the calendar year? (Do not include on-the-job training) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**MARITAL STATUS:**

I understand that if I am currently single but have been previously married, I must provide copies of the divorce decree proving my current single status. I also understand that if I am currently court ordered to receive any income from any court settlement such as alimony or child support I must provide copies of the court order(s) showing the ordered amount I am to receive. This is true of all court ordered amounts whether I am actually receiving them or not. All court ordered amounts will be included in my income unless I provide documentation of legal action being taken as a result of the failure to receive the court ordered sum(s).

Applicant: I duly state that my current marital status is: (Check the one that applies)

Married\_\_\_\_ Separated\_\_\_\_ Divorced\_\_\_\_ Widowed\_\_\_\_ Single, Never Married\_\_\_\_

Co-Applicant: I duly state that my current marital status is: (Check the one that applies)

Married\_\_\_\_ Separated\_\_\_\_ Divorced\_\_\_\_ Widowed\_\_\_\_ Single, Never Married\_\_\_\_

**GENERAL INFORMATION:**

Have you, your spouse, or any other proposed occupant ever:

1. Filed for bankruptcy? Yes: \_\_\_\_\_ No: \_\_\_\_\_
2. Been evicted from any residence? Yes: \_\_\_\_\_ No: \_\_\_\_\_
3. Been arrested and charged with any misdemeanor or felony? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

4. Been arrested for drug usage, sale or delivery of any illegal or controlled substance? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

5. Been required to register as a sex offender? Yes: \_\_\_\_\_ No: \_\_\_\_\_

6. Have you or any other proposed occupant ever, had tenancy or assistance terminated for fraud, nonpayment of rent, failure to comply with the lease or failure to cooperate with the recertification procedures? Yes: \_\_\_\_\_ No: \_\_\_\_\_

7. Do you have any pets? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please describe (include breed and weight): \_\_\_\_\_

8. How did you hear about our apartment community: \_\_\_\_\_



**VEHICLES:** List any cars, trucks, or other vehicles owned.

Type of Vehicle \_\_\_\_\_ Year/Make: \_\_\_\_\_

Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_

**EMERGENCY CONTACT:** Please provide information for one person not planning to occupy the Premises whom we may contact in the event of an emergency, or to locate you:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**EMAIL ADDRESS:** List the email addresses of adult members of household

Head of Household: \_\_\_\_\_

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

**NOTE:** In considering this application from you, Management will rely heavily on the information which you have supplied. It is most important that the information be accurate and complete. By signing this application, you represent and warrant the accuracy of the information and you authorize Management to verify any references that you have listed.

I do hereby certify that the information listed on this form and the questions answered are true and complete to the Best of my knowledge. I further certify that I have revealed all assets currently held or previously disposed of and that I have no other assets than those listed on this form (other than personal property). I realize that false statements are fraudulent and are a criminal offense which is punishable by fine or imprisonment or both. As part of the Housing Program, there is an established process to match resident wage and benefit date with federal and state records to assure that applicants/residents are fully disclosing income. I hereby consent to release wage matching data to Landlord and the Housing Finance Authority for the State in which I reside.

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

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

For Management Use Only:  
\_\_\_\_\_  
\_\_\_\_\_



# CONSENT FOR RELEASE OF INFORMATION

Apartment Community Requesting the Information: Independence & Liberty Place 1 & 2  
Street Address of Apartment Community: C/O Independence Pl 740 K St SE #9 Office  
City, State, and Zip Code: Linton , IN 47441  
Phone Number: 812-847-2690 Fax Number: 812-847-2692  
Email: rsmith@dsiservices.org

Your signature on this form authorizes Landlord/Management Agent to obtain any information that is pertinent to eligibility, according to federal law, for residency at the housing complex in which you reside/have applied. Any individual or organization may be asked to release information.

Inquiries including, but not limited to, the following information may be made:

Employment Income	Social Security Income	Family Composition
Self-Employment Income	Disability Income	
Pension Income	Other Sources of Income	
Assets of Any Kind	Medical/Pharmaceutical Expenses	
Credit References	Childcare Expenses	
Credit Report & Score	Handicap Apparatus Expenses	
Benefits	Other Qualifying Expenses	
Student Status	Landlord References	
Federal, State, Tribal, and Local	Personal References	
Prescriptions	Criminal History	

Photocopies of this authorization may be used for the purpose indicated above. The original is retained by the requesting organization.

## Please Complete This Section:

I understand that failure to consent to the release of this information will render me ineligible for housing complex at which I have applied. I give my permission for Landlord, as mentioned above, to obtain any information that is pertinent to my eligibility, and to any reference or entity I have identified to release such information to Landlord.

## Applicant Information:

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Co-Applicant Information:

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or employee of HUD, the PHA or the Owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.00. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the Owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at U.S.C. 208(f)(g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 f, g, and h.



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**TENANT INCOME CERTIFICATION QUESTIONNAIRE**

(\*NOTE: A separate questionnaire must be completed by each adult member of the household)

NAME: \_\_\_\_\_

Initial Certification       Recertification       Addition of Household Member

YES NO

1.	<input type="checkbox"/> <input type="checkbox"/>	I receive Section 8 rental assistance. If yes, list the housing authority below. (HAP Contract or current Letter)	Amount of monthly rental assistance \$ _____
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**INCOME INFORMATION**

Include all income sources, including unearned income of minors.

YES NO

**MONTHLY GROSS INCOME**

2.	<input type="checkbox"/> <input type="checkbox"/>	I am self employed. (List nature of self employment) This includes but not limited to: Rideshare companies such as Uber/Lyft, multi-level marketing companies such as Mary Kay, Total Life Changes, 1099-contractors, etc. (Use CF #19A / 19B)	(use net income from business) \$ _____
3.	<input type="checkbox"/> <input type="checkbox"/>	<p>I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you:</p> <p align="center"><u>Name of Employer</u></p> <p style="text-align: right;">1) _____ \$ _____</p> <p style="text-align: right;">2) _____ \$ _____</p> <p style="text-align: right;">3) _____ \$ _____</p>	
		Use CF #8	
4.	<input type="checkbox"/> <input type="checkbox"/>	I receive cash contributions of gifts, including but not limited to: rent, utility payments, cell phone, transportation, ongoing basis from persons not living with me. (Use CF #8)	\$ _____
5.	<input type="checkbox"/> <input type="checkbox"/>	I receive unemployment benefits. (Need copy of Benefit Letter)	\$ _____
6.	<input type="checkbox"/> <input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income. (Need Letter)	\$ _____
7.	<input type="checkbox"/> <input type="checkbox"/>	I receive periodic Social Security payments or Supplemental Social Security Income (SSI). (Need Letter)	\$ _____
8.	<input type="checkbox"/> <input type="checkbox"/>	The household receives <u>unearned</u> income from or for family members age 17 or under (example: Adoption Assistance, Social Security, Trust Fund payments, etc.). (Use CF #28 or copy of Benefit Letter, TF log)	\$ _____
9.	<input type="checkbox"/> <input type="checkbox"/>	I received periodic payments from lottery winnings. (Use CF #28)	\$ _____
10.	<input type="checkbox"/> <input type="checkbox"/>	I receive disability or death benefits other than Social Security. (Use CF #28)	\$ _____
11.	<input type="checkbox"/> <input type="checkbox"/>	I receive Public Assistance Income (examples: TANF, AFDC) (Use CF #22) <b>DO NOT INCLUDE FOOD STAMPS</b>	\$ _____
12.	<input type="checkbox"/> <input type="checkbox"/>	<p>I am entitled to receive child support payments via court order or other agreement. (Use CF #4 or #49 or #60)</p> <p style="padding-left: 20px;">If yes, how many orders/agreements do you have? _____</p> <p style="padding-left: 20px;">If yes, from how many persons do you receive _____</p> <p style="padding-left: 20px;">List the amount received if not receiving the full agreement amount _____</p>	\$ _____ \$ _____ \$ _____
13.	<input type="checkbox"/> <input type="checkbox"/>	I am entitled to receive alimony/spousal maintenance payments. (Use CF #28)	\$ _____
14.	<input type="checkbox"/> <input type="checkbox"/>	<p>I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies or bank donations (such as plasma donations) (Use CF#28)</p> <p style="padding-left: 20px;">If yes, list sources:</p> <p style="padding-left: 40px;">1) _____ \$ _____</p> <p style="padding-left: 40px;">2) _____ \$ _____</p>	
15.	<input type="checkbox"/> <input type="checkbox"/>	I receive income from real or personal property. (Use Asset Calc Worksheet Real Property Section)	\$ _____
16.	<input type="checkbox"/> <input type="checkbox"/>	<p>I receive student financial assistance (grants, scholarships, etc.) not including loans</p> <p>*NOTE: Count as income only if household receives Section 8 rental assistance. (If #1 above is YES) (Use CF</p>	\$ _____ per semester
17.	<input type="checkbox"/> <input type="checkbox"/>	I am claiming zero income. (Use CF #27 if <b>ALL</b> household members answer YES)	



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**ASSET INFORMATION**

Include all asset sources, including assets of minors.

YES NO			INTEREST RATE	CASH VALUE
18.	<input type="checkbox"/> <input type="checkbox"/>	I have a checking account Use CF #3 # of accounts _____ If yes, list bank (s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	6 MONTH AVERAGE BALANCE \$ _____ \$ _____ \$ _____
19.	<input type="checkbox"/> <input type="checkbox"/>	I have a saving account (s). Use CF #3 # of accounts _____ If yes, list bank (s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	CURRENT BALANCE \$ _____ \$ _____ \$ _____
20.	<input type="checkbox"/> <input type="checkbox"/>	I have a debit card or paycard for direct deposit of Use CF #33 # of cards held _____ (not from checking or savings) 1) _____ 2) _____ 3) _____		CURRENT BALANCE \$ _____ \$ _____ \$ _____
21.	<input type="checkbox"/> <input type="checkbox"/>	I have a revocable trust Use CF #2 If yes, list bank (s) 1) _____	_____%	\$ _____
22.	<input type="checkbox"/> <input type="checkbox"/>	I own real estate. Use CF #50 / #51 If yes, provide description: _____ I intend to: <input type="checkbox"/> Keep <input type="checkbox"/> Sell <input type="checkbox"/> Rent <input type="checkbox"/> Give Away <input type="checkbox"/> Foreclosure		\$ _____
23.	<input type="checkbox"/> <input type="checkbox"/>	I own stocks, bonds, or Treasury Use CF #2 If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
24.	<input type="checkbox"/> <input type="checkbox"/>	I have Certificates of Deposit (CD)/Money Market/Mutual Use CF #3 # of accounts held _____ If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
25.	<input type="checkbox"/> <input type="checkbox"/>	I have an IRA/Lump Sum Pension/Keogh Use CF #1 If yes, list bank (s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
26.	<input type="checkbox"/> <input type="checkbox"/>	I have a whole life insurance policy. Use CF #2 If yes, name of insurance company _____ If yes, how many policies _____		\$ _____
27.	<input type="checkbox"/> <input type="checkbox"/>	I have cash on hand.		\$ _____
28.	<input type="checkbox"/> <input type="checkbox"/>	I have received lottery winnings paid in a one lump sum Use CF #2 (not reoccurring periodic payments)		\$ _____

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